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Perceived Patient Satisfaction with Hospital Services and Interventions

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Perceived Patient Satisfaction with Hospital Services and Interventions

by

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A thesis submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the
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Date

Date

Abstract

The patient and family voice should be heard in the healthcare setting. Gaining knowledge and insight from a parent of a pediatric patient will allow hospital staff and administrators to see the hospital experience from the vantage point of a patient and family member (Uhl, Fisher, Docherty, & Brandon, 2013). It is important to continually review feedback and suggestions from families of pediatric patients to improve the care of future patients. Ultimately, this will improve patient satisfaction scores, but most importantly, it will improve the experience of pediatric patients (Creating patient and family advisory councils, 2010). The investigator interviewed ten families of patients on the pediatric unit and received feedback on things that are going well, opportunities for improvement, and suggestions for improving the patient experience. Overall, nursing care was highlighted as a positive aspect of the patient's hospitalization. Opportunities for improvement noted were the meal tray delivery process, communication between surgical services and parents of pediatric patients, and the focus of pediatric patients in the Emergency Department. Suggestions and ideas expressed by the patients' parents were focused on physical environment improvements, emotional support, and amenities to improve the hospitalization. By asking families about their experiences, changes can be made to enhance how care is delivered, services offered, or amenities provided for future patients. Results from the interviews will be shared with the Family Advisory Council (FAC) for Jeff Gordon Children's Hospital, staff, and administrators in order for action plans to be developed and implemented.

Keywords: Family advisory council, patient centered care, children's hospital, patient experience, patient satisfaction

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CHAPTER I

Introduction

Significance

When considering what is best for the patient and family, the best people to ask are those who have been a direct recipient of that care. While each individual experience is different, being able to see the hospital experience from a family's perspective is very important (Franck, Gay, & Rubin, 2013). Jeff Gordon Children's Hospital (JGCH), located in Concord, North Carolina is a small, community-based 53 bed children's hospital, admitting patients 0-17 years of age (Children's Services, 2014). At JGCH, patient satisfaction is measured using a survey the Press Ganey survey tool (D. Sutton, personal conversation, November 2, 2014). The main question of focus on the survey for the pediatric population is, *likelihood to recommend this hospital*. There are ten survey loyalty questions that correlate and impact the *likelihood to recommend this hospital* composite rating (Dempsey, Wojciechowski, McConville, & Drain, 2014).

It is important to receive feedback from patients and families regarding their experiences while being a patient at JGCH. Both positive and negative feedback is encouraged so the hospital staff can continue to build upon positive aspects of the patient experience and alter the processes resulting in negative feedback.

Problem Statement

Teammates at JGCH recognized the significance of soliciting and utilizing feedback from parents in order to make appropriate changes in delivery of care and amenities for patients and families while in the acute care setting. Results from 2014 Press Ganey surveys served as baseline data for this study.

From January 1, 2014 to December 31, 2014, 42 surveys were returned from 808 discharged patients. Of the 42 surveys returned, JGCH received 73.8% top box ratings for the *likelihood to recommend this hospital* question. The hospital goal for *likelihood to recommend this hospital* was 85% top box (D. Sutton, personal conversation, April 10, 2015). Top box is defined as “the percentage of respondents who gave the highest response possible on the survey scale” (HCAHPS Summary Report Guide, 2014, p. 2). For Press Ganey, the top box rating is very good.

For purposes of this research, there was focused attention on four Press Ganey survey questions which could assist the nursing leadership team in creating action plans to improve patient outcomes and perceptions of care at the top box rating level. The four focused questions that impact the overall *likelihood to recommend this hospital* score are: 1. Staff efforts to include you in decisions about your treatment, 2. Response to concerns/complaints made during your stay, 3. Staff attitude toward your visitors, and 4. Staff concern for your privacy (D. Sutton, personal communication, November 2, 2014). The study was designed to use accounts of family experiences to promote better patient care.

Purpose

The purpose of this study was to more fully understand the overall experience of the hospitalization as realized by parents of pediatric patients. All information obtained will be used by nursing staff, physicians, and administration at Jeff Gordon Children’s Hospital to design and implement strategies which will improve the overall patient experience and *likelihood to recommend this hospital* Press Ganey scores.

Theoretical Framework

Watson's Caring Science Theory was selected to provide the theoretical underpinnings for this study. Watson's theory states caring involves "values, a will, a commitment to care, knowledge, caring action, and consequences" (Lusk & Fater, 2013, p. 90). The use of feedback from patients and families is the epitome of patient and family centered care (Lusk & Fater, 2013). Asking families to give feedback on their subjective experiences of their child's hospitalization reinforces human caring science principles by instilling faith, developing trusting relationships, being open to the expression of positive and negative feelings, promoting creative problem solving between the caregivers and care receivers, and to create an environment where healing and satisfaction is experienced (Watson, 2009).

In Watson's theory, three main concepts of the nursing meta-paradigm are defined: human being, health, and nursing. Watson defined human being as "a valued person to be cared for, respected, nurtured, understood, and assisted" (Wills, 2011, p. 176). The human being concept relates to this research study by focusing on pediatric patients and their family members. It is important to treat the patient and their family with respect and to care for them, nurture them, and assist them while they are hospitalized.

Watson defines health as "unity and harmony within the mind, body, and soul; health is associated with the degree of congruence between the self as perceived and the self as experienced" (Wills, 2011, p. 176). Health should be a focus of any hospitalization. The concept of health includes the patient and family's perception of

physical, emotional, and spiritual well-being and the subjective meaning of being hospitalized (Watson, 2009).

Watson defined nursing as “a human science of persons and human health. Illness experiences that are mediated by professional, personal, scientific, esthetic, and ethical human care transactions” (Wills, 2011, p. 176). Patients receive 24 hour nursing care while hospitalized, and this care should be professional, personal, and ethical (Wills, 2011).

Constructing a CTE Diagram

Important concepts in Watson’s caring theory relevant to this research project include caring moments, transpersonal relationships, and healing environments. As Watson explains, it is important that nurses “engage in a more authentic process to cultivate and sustain caring healing” moments (Watson, 2003, p.198). By utilizing the opportunity for caring moments, one can draw upon the heart and soul. It is a “more expanded way of thinking about the power, beauty, and energy of love” (Watson, 2003, p. 200).

Transpersonal relationships are our shared human connections. Each thought and interaction carries energy to our lives and others. It “becomes transformative, liberating us to live and practice love and caring in our ordinary lives in no ordinary ways” (Watson, 2003, p. 201).

Healing environments are conducive to the patient being able to heal physically and spiritually. It is exemplified when the healthcare team “recognizes the connection between body, mind, and spirit” (DiNapoli, Nelson, Turkel, & Watson, 2010, p. 17).

The theoretical portion of the CTE structure is based on specific concepts that arise from the conceptual model. Watson developed ten caritas processes that describe nursing practice that is intentional and authentic:

1. Practice loving kindness with an intentional caring consciousness.
2. Be fully present and in the moment, especially when interacting with patients.
3. Cultivate one's own spiritual practice of connectedness.
4. Develop and sustain helping, trusting, and authentic relationships.
5. Support positive and negative feelings that come about in self and others.
6. Use all ways of being, knowing, and caring in the nursing process.
7. Engage in teaching and learning experiences through interconnectedness.
8. Create and sustain a healing environment so wholeness, beauty, comfort, dignity, and peace are supported.
9. Administer human essentials to enable wholeness in all aspects of care.
10. Be open to spiritual dimensions of existence (Watson, 2006, p. 131-132).

For purposes of this research, the theoretical variables focused on the subjective meaning of the acute care experience and family feedback on opportunities of improvement. Ensuring staff deliver safe, quality care in a compassionate way will improve the connections between patient/family/nurse. Empirical variables for this research are parent interviews and Press Ganey scores (see CTE diagram: Figure 1).

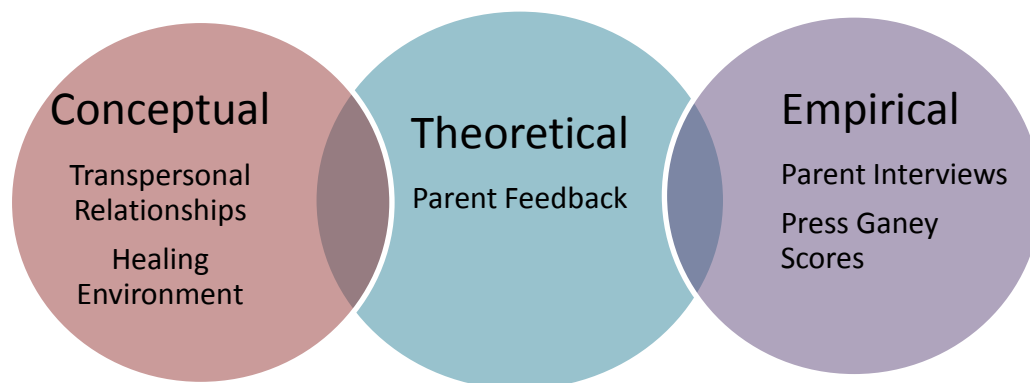


Figure 1: Conceptual-Theoretical-Empirical (CTE) Diagram

Research Question

The research question for this study was: What is the perception of the hospital care experience as voiced by parents of pediatric patients at JGCH?

Summary

Patient experience is important in sustaining patients and families choosing a children's hospital. Quality health care is expected from consumers. Parents expect their child to receive high quality care. Hospitals are evaluated by quality and patient experience measures. Sometimes it is the experience, amenities, or conveniences that set one children's hospital apart from another, and contribute to customer loyalty and likelihood of returning for future services. Gone are the days of going to the local hospital for all health services. Now with more hospitals being closer to home and with better access, parents have choices regarding their children's care. The patient and family experience can be that tipping point on whether the patient will return for future hospitalizations or go to another hospital for care (Perucca, 2001). By asking families about their experiences, changes can be made in how care is delivered, services offered, or amenities provided for future patients.

CHAPTER II

Literature Review

Patient experience and family perceptions are important to sustain the reputation of a children's hospital. Every patient that is hospitalized has a story that can be shared with family and friends about their hospital experience, perceived care received, and opportunities for improvement noted. The purpose of this study was to understand the perception of the hospitalization from the viewpoint of parents of pediatric patients.

Review of Literature

In order to fully understand the breadth and depth of patient experience, especially in a children's hospital, an extensive literature review was conducted. An in-depth search was conducted through EBSCO host database and Cumulative Index for Nursing and Allied Health Literature (CINAHL) database through John R. Dover Memorial Library at the University. The database search was conducted with exclusion criteria being any article published before 2000. The search was also limited to only articles or research that had been peer reviewed. The keywords searched included the following words or phrases: *Family advisory council, patient centered care, children's hospital, patient experience, and patient satisfaction.*

Theoretical and Conceptual Literature

Customer Service

Customer service and patient experience is not a transaction. Rather, it is a relationship with the caregivers who interact with the patient and family from the first point of contact until the patient is discharged (Perucca, 2001). Patients used to be *recipients of care*, and now they are *consumers of health care* (Swift & Drach, 2010). If

relationships are not established or if they are not positive interactions, there is no loyalty to returning for future services (Perucca, 2001). The paradigm has shifted and people now have choices in healthcare and do not necessarily return to hospitals if the experience was not satisfactory (Swift & Drach, 2010).

As Perucca (2001) noted, the main success factor for a hospital was its service excellence. Customer service in the hospital setting has been compared to that of the service industry. There are four main components of guest relations that were similar for service or healthcare industries: safety, courtesy, show, and efficiency (Perucca, 2001).

Establishing a relationship between patient-parent-nurse is important to build the foundation of customer satisfaction and perceived quality of care. Perucca (2001) cited the most important aspect of “recommending a hospital was how staff responded to the patients’ needs” (p.22). There were five expectations related to customer service: attitude, responsiveness, sensitivity, privacy, and appearance (Perucca, 2001). All of these are currently measured with the Press Ganey patient satisfaction survey.

Working with pediatric patients, as it relates to customer satisfaction, is even more complicated than working with adult patients (Chandra, 2006). Healthcare professionals not only have to satisfy the pediatric patient, they also have to satisfy the parent or caregiver (Chandra, 2006). This leads to a focus on family-centered care.

Patient and Family-Centered Care

Family-centered care is the “planning, delivery, and evaluation of healthcare that is grounded in mutually beneficial partnerships between patients, patients’ families, and healthcare providers” (Halm, Sabo, & Rudiger, 2006, p. 58). Patient and family-centered care redefines the relationship between the patient and caregiver to the patient-caregiver-

nurse (Shaw, Pemberton, Pratt, & Salter, 2014). Lusk and Fater (2013) reviewed published literature about patient centered care. The purpose of their study was to perform a concept analysis on the term *patient centered care*, using Watson's theory as the underpinning of the research. Based on the in-depth literature review, the concepts of power, autonomy, caring, and individualizing patient care were identified as being closely related to patient centered care (Lusk & Fater, 2013). The Institute for Patient- and Family-Centered Care defined four core concepts: dignity and respect, information sharing, participation, and collaboration (Johnson et al., 2008).

Dignity and respect is reflected in the culture of a hospital and is important when attempting to create positive patient experience (Shaw et al., 2014). One hospital system chose to assess the patient experience through a shadowing program in which employees could follow a patient or family through a hospitalization and see the experience through their eyes; which is the most important aspect of family-centered care. Positive outcomes of shadowing encouraged staff to be innovative with solutions of problems they identified, and challenged their expectations about patient perceptions (Shaw et al., 2014).

An example of a change in expectation was that caregivers recognized family members of patients have a right to be with the patient and should not be considered visitors (Shaw et al., 2014). The visitor within the patient-family-caregiver relationship is the caregiver. Patient and family centered care encourages and supports partnerships among patients, families, and healthcare providers (Rhinesmith & Newman, 2006). Many leaders believe family centered care improves outcomes and reduces costs (Ahmann & Johnson, 2001). Willis, Krichten, Eldredge, and Carney (2013) also stated

involving patients and families in healthcare decisions as partners improve quality and safety, decrease of healthcare costs, and increase patient and staff satisfaction.

In order to truly be a patient and family-centered care organization, it takes the commitment of all employees. Many times changes within a hospital setting start on a pediatric unit. Pediatric nurses are already used to working and partnering with parents in the care plan of a pediatric patient (Ahmann & Johnson, 2001). To become a patient and family-centered care organization, it truly is a culture change that has to be accepted by all that work at the hospital and take into account “the physical plant, the decision-making procedures, the services offered, and the education of personnel” (Ahmann & Johnson, 2001, p.173).

This culture change is emphasized by Halm et al. (2006), who discussed six elements of family-centered care. First, recognize the family as a constant in the patient’s life, while healthcare workers come in and out of the patient’s life. Second, awareness of the strength of a family unit and having respect for differences within a family is important. Third, facilitate support and networking in amongst the family. Fourth, share information about the patient’s care in a supportive manner. Fifth, incorporate the developmental needs of children within the care plan. Six, ensure healthcare delivery systems are flexible (Halm et al., 2006).

Family Advisory Council

A Family Advisory Council (FAC) at a children’s hospital is a group of parents of previous pediatric patients who volunteer to serve as an advisory board to the hospital. The purpose of the FAC is to collaborate as partners with nursing staff, physicians, and administration to implement changes in the hospital environment that will improve

patient satisfaction and the overall patient experience (Creating patient and family advisory councils, 2010). These families are often asked to provide input into policies and program development strategies such as visitation guidelines, website design, and amenities available to patients and families. Another responsibility of the FAC is to be a liaison between patients, physicians, and staff. FAC's provide an effective mechanism for receiving feedback and responding to input and suggestions, increased cooperation between patients, families, and staff, and offer a forum for creative solutions to issues brought before the Council (Creating patient and family advisory councils, 2010). It is important when choosing families to be a part of the FAC the selection is as diverse as the population served. It is also important to have families who have had a broad range of experiences and received care in various locations within the children's hospital (Creating patient and family advisory councils, 2010). A family advisory council (FAC) gives input on how to improve the overall hospital experience from the vantage point of being a family member of a patient that was hospitalized (Landis, 2007). Family advisory councils are a part of an integrated strategy that instills the family-centered care philosophy (Halm et al., 2006). The role of the FAC is to give input, field recommendations, support program development, and assist with policy development (Landis, 2007). FACs provides input, feedback, and suggestions on ways to improve care and the patient experience (Halm et al., 2006). Getting patient and family involvement is important to ensure their ideas are heard and implemented if possible (Chandra, 2006).

Empirical Literature

Patient Satisfaction

Varni, Quiggins, and Ayala (2000) developed a parent satisfaction survey tool specific to the hematology/oncology pediatric patient population. The survey was given to a sample of 113 parents of patients at the Children's Hospital and Health Center in San Diego, California, in the Division of Hematology/Oncology with a focus on four aspects of satisfaction: "general satisfaction, satisfaction with staff communication and interaction style, satisfaction with information amount and timeliness, and satisfaction with the staff's provision of emotional support for the patient and parent" (Varni et al., 2000, p. 243). The authors reported that the survey was a reliable measure of parent satisfaction within this patient population group. This survey tool was measured with Cronbach's Alpha Internal Consistency Reliabilities. Of the 25 items under the four aspects of satisfaction, the item-scale correlation ranged from 0.59 to 0.88. All 25 items met or exceeded the item-total correlation of 0.40 or higher. In addition, the four aspects of satisfaction domains all met or exceeded the 0.70 or higher reliability standard. While this study of the survey tool proved to be a reliable measure of satisfaction among pediatric oncology patients, it did not evaluate the validity or reliability of any other patient population. The data in this study was compared to results of adult cancer patient satisfaction surveys and the results were consistent.

Another service quality and patient satisfaction study was designed by Medina-Mirapeix, Jimeno-Serrano, Escolar-Reina, and Bano-Aledo (2012), who assessed the patient experience in an outpatient setting for adult rehabilitation units for 465 outpatients. The mean overall satisfaction of the respondents' was 8.9 and perceived

service quality as high (very good or excellent). Based on the study, satisfaction and service quality were highly correlated. It was noted that older respondents were satisfied more often than younger respondents. It was also noted that those patients that rated lower evaluations of care encountered problems. Interestingly, there were some respondents that rated high evaluations in satisfaction and service quality, but still had problems. There were three aspects of care that were noted to be statistically significant for overall satisfaction: “emotional support, sensitive manners to patients’ changes, and waiting times in the sequence of treatment” (Medina-Mirapeix et al., 2012, p. 560). Also of significance, this study showed many patients do not rate overall evaluations as low even when there are negative experiences. While the study showed satisfaction and service quality are influenced by a patient’s experience, satisfaction and quality are overrated in reflecting patient experience (Medina-Mirapeix et al., 2012).

Patient and Family Centered Care

In a study of family-centered care, Uhl et al. (2013) conducted a mix-method study that included two phases: a focus group phase and a hospital experience survey phase. The focus group was a convenience sample of nine parents, whose children had been hospitalized at least one time within the previous 12 months at a southeastern academic children’s hospital. The parents were asked three generalized questions: “What went well during your child’s stay? What could have been done better? What changes would you like to see to improve the care of children and their families?” (Uhl et al., 2013, p. 123). The results of the focus group were categorized into three main themes: “apprehending the reality, engaging adversity, and advancing forward” (Uhl et al., 2013, p. 125). The second phase of the study was the Children’s Hospital Boston Pediatric

Inpatient Experience Survey that was given to all parents of discharged patients at the same southeastern academic children's hospital over a five month period. The survey asked 62 items about care experience in eight focus areas: "care from nurses, care from doctors, doctors/nurses/parents working together, hospital experiences, hospital environment, child's medication, arrival at and discharge from hospital, and overall ratings" (Uhl et al., 2013, p.124). Of the surveys distributed, 134 were returned. Results from the survey showed care from nurses was generally positive, but not as positive as the doctors. Care from doctors was rated positively at 89%; however, communication between doctors was only rated positive 34% of the time. Working together between nurses and physicians was rated at 54% very well. More than 80% of parents reported that their child's comfort and pain needs were met. Hospital environment was the worst rated focus area for patient experience which included less than 50% on quality of meals, 61% on quiet at night, and less than 37% cleanliness. Child medications were broken down into two categories; 89% positive regarding purpose of new medications and only 38% knew about potential side effects. Arriving at and leaving the hospital was rated low at 52% on admission process with admission packet and high at 87%-94% on discharge process. The overall experience and overall quality of care was rated at 73% excellent and 88% felt they could trust the hospital (Uhl et al., 2013).

Higham and Davies (2013) looked at the father's role during their child's hospitalization and noted there was little research on the father's contribution to a child's care while in the hospital. The study setting was on two pediatric units in a hospital in the South of England. Twelve fathers of pediatric patients were interviewed to understand their experiences while the patient was hospitalized. Results revealed fathers

want to be just as much a part of the child's care as mothers, and the fathers feel their role consists of protecting, providing for the family, and participating in care (Higham & Davies, 2013). Some results may be skewed due to the fathers consulting the patient's mother prior to answering. This study was focused on the father's role, but in some cases, the mother of the patient answered the question.

Patient Experience

Many patient experience surveys are long and often are setting-specific with regards to the questions. Benson and Potts (2014) developed and validated a short survey tool that could be used in a variety of settings to understand patient experience outcomes. The tool focused on two clinical care questions: "treat you kindly; listen and explain" and two items related to organization of care: "see you promptly; well organized" (Benson & Potts, 2014, p. 499). While this study looked at the adult orthopedic pre-operative assessment clinic, this tool could be useful in other settings since it does not ask specific questions to the orthopedic population. A total of 828 respondents completed the survey. This survey was the first short, generic, validated patient experience survey that could be used across all health sectors in the United Kingdom. While this particular study looked at the orthopedic population, it has not been tested in other groups (Benson & Potts, 2014).

Edwards, Duff, and Walker (2014) took a different perspective related to patient experience. They compared patient and family perceptions of experiences to healthcare provider's perceptions at a Catholic hospital in Australia. The study had nine participants; one patient, one family member, four Registered Nurses, two physicians, and one orderly. While many of the responses about what is important to a patient

differed between the patient's response and the healthcare providers' responses, there were three main themes: medication management, physical comfort, and emotional security (Edwards et al., 2014). Medication management was viewed from the patient and family member's perception to mean timing and administration of medications. From the provider standpoint, medication management could have been addressed by allowing the patient to self-medicate, but that was not given as an option to the patient. Physical comfort from the patient and family member's standpoint related to food, sleep, and pain. From the provider standpoint, pain was not an issue as the physician felt he explained the pain expectations to the patient. Emotional security, from the patient and family member's standpoint, was feeling safe and secure. The providers agreed with the components of emotional security and reinforced that truth and trust are very important for patients and families (Edwards et al., 2014). This study was limited to the experience and opinions of only one patient and one family member. To further generalize perceptions of care and experience, research with a larger patient population would be warranted.

Franck et al. (2013) looked at the effects of patient experience for those families staying at Ronald McDonald House® (RMH) Charities of Southern California. A self-report guest survey was conducted about the families stay and impact on the hospital experience. A total of 2,745 surveys were returned of 5,967 eligible families. Overall there were favorable responses to the RMH experience and indicated staying at the RMH provided emotional support, physical comfort, and improved psychosocial well-being for the patient and family members that ultimately influence patient experience (Franck et al., 2013).

There is little research on the parent's experience while their child is hospitalized. Kosta et al. (2015) conducted a study to assess the parent's perceptions of things that were done well, things that needed to be improved, and suggestions on how things could be done differently for children hospitalized for cardiac surgery. For the study, 115 eligible families of patients that had cardiac surgery were approached and 97 participated in the study at one month post discharge from the Royal Children's Hospital in Melbourne, Australia. Kosta et al. (2015) categorized the parents' responses into groupings. For responses in "What was difficult", the most frequently cited responses were baby, context, and relationships. Baby, as defined in the study is the uncertainty of the child's diagnosis. Context was described as a micro-environment (physical environment) and a macro-environment (availability and accessibility of resources). Relationships, defined by Kosta et al. (2015) was unhelpful communication styles. Responses for "What would parents like to be different?" were context, relationships, and baby. For responses in the question "What helped?" were relationships, individual coping strategies, and context were the most frequent replies (Kosta et al., 2015).

Examining the effects of other external comfort measures, Hartwell, Shepherd, and Edwards (2013) implemented a study of the effects of hospital food and the patient's experience. The authors interviewed a ward staff of 12 patients in an orthopedic unit of an acute care hospital in the United Kingdom and studied the effects of patients being able to eat in a group setting on the mealtime experience. From the staff perspective, cohorting patients encouraged those patients who typically do not eat well, to eat more through peer pressure, offered a more dignified environment in which patients could eat, rather than in their beds, and improved the patient mobility by motivating the patient to

walk to the group dining setting. While this study looked at the patients' mealtime experience, the actual study only interviewed staff and the authors observed patients from field notes. To understand the patient's experience, further research should be carried out by interviewing patients on their experience with the eating environment (Hartwell et al., 2013).

While there is literature and studies available about patient experience and patient satisfaction in global literature worldwide, little research has been done on the parent's perception of patient experience in the pediatric population within the United States. Further studies could be conducted to understand the patient experience of a hospitalization from the pediatric patient standpoint. To date, the voice of the child's experience and satisfaction comes through the filter of a parent or family member. The PI's study will further the research of parent and family experience while a pediatric patient is hospitalized by asking specific questions as to how to improve the perceptions of care and experience in the children's hospital setting.

CHAPTER III

Methodology

The purpose of this study was to more fully understand the overall subjective hospitalization experience as perceived by the parents of pediatric patients. This information will be used to determine actions that can be taken by nursing staff, physicians, and administrators at Jeff Gordon Children's Hospital to improve the overall patient experience and *likelihood to recommend this hospital* Press Ganey scores.

Study Design, Setting, and Sample

This was a descriptive, qualitative study, using interviews of parents to solicit subjective perceptions of the hospital experience. A purposive sample was selected by the primary investigator that included the parents of children who were current inpatients on the general pediatric unit. For this pilot study, a target sample size was established at 10-12 parents of children with varying medical diagnoses, ethnic backgrounds, and ages. Sample criteria required all parents to be able to speak and read English to participate in the study. Parent participants were chosen by how long their child had been in the hospital. Since this particular unit was a general pediatric unit, the average length of stay was just over three days (D. Sutton, personal conversation, April 10, 2015), so the PI plan was to approach those parents whose child had been in the hospital at least one night.

Procedure

Following NSAC and IRB approval, the PI planned to approach potential parent participants in person. These parents would be given a recruitment flyer (see Appendix A) to explain the purpose and duration of the study and were asked to contact the PI at a specific number, if interested in participating. Once a family agreed to participate,

informed consent (see Appendix B) was obtained. The investigator planned to interview the parent while the child was still in the hospital. If the mother and father were with the patient, the PI interviewed them together, as a dyad. The interview was expected to take approximately 15 minutes per family. The interview would be audio-recorded so that the PI could maintain eye contact during the interview. No names or other personal data would be collected during the interview process. The data collection was anticipated during March, 2015.

Each parent or parent dyad was asked the following questions (see Appendix C):

- Tell me a story that reflects well on the care your child has experienced at JGCH.
- What other experiences have made you or your child feel cared for during this hospitalization?
- Tell me a story where you did not feel you or your child's needs have been met?
- What three suggestions do you have for improvement?
- What would you like to say to any hospital staff member, physician, or administrator that would improve the care at JGCH?

Measurement Methods

The interviews would be transcribed by the investigator and analyzed for themes and trends in the responses using standard qualitative techniques, including a semi-structured interview with established questions to initiate conversations (Bredart, Marrel, Abetz-Webb, Lasch, & Acquadro, 2014). The mentor for qualitative, statistical support was the University's course faculty, Dr. Gayle Casterline.

Protection of Human Subjects

Prior to this study, the investigator completed the application for approval from the Institutional Review Board for Carolinas HealthCare System and the Institutional Review Board for the University. As part of that process, ethical considerations would be addressed in the informed consent to ensure privacy and confidentiality. To protect the privacy and confidentiality of the study participants, all results and suggestions would be categorized in themes and no names would be used in the survey results. There were no known risks to parents participating in the study. The benefit of participating in this study would be to improve the care and experience of future patients that are admitted to Jeff Gordon Children's Hospital.

CHAPTER IV

Results

This study was designed to interview parents of pediatric patients to determine the perceptions of care and patient experience while hospitalized at JGCH. The purpose of the study was to understand the overall experience of the hospitalization as realized by pediatric patients and their families. By utilizing the results of this study, actions would be identified that could be taken by nursing staff, physicians, and administration to improve the overall patient experience and *likelihood to recommend this hospital* Press Ganey scores.

The research study was conducted over a period of ten days. Actual interviews were performed five different days within that ten day period. Based on the patients that were hospitalized during the study, the PI chose all patients that had been admitted for at least 24 hours prior to the interview and that spoke English. The first three participants that were approached to participate in the interview were given the recruitment flyer and asked to contact the PI if interested in participating in the study. All three participants opted to participate in the interview right then, rather than calling back to schedule a time for the PI to return. Based on the first three approaches, the PI asked all remaining potential participants if the interview could be done right after they consented. Once the parent(s) consented verbally to participating in the study, the PI reviewed the informed consent and had a parent sign a consent while in the child's room. All interviews took place in the patients' rooms as well.

The information that was collected were responses from parent participants on the five established questions. The investigator interviewed the parent(s) while the child was still in the hospital. If the mother and father were with the patient, the investigator

interviewed them together, as a dyad. The interview was expected to take approximately 15 minutes per family and in fact took on average ten minutes per interview. The interview was intended to be audio-recorded so the investigator could maintain eye contact during the interview. However, after four parents consented to talk to the investigator only if they were not recorded, the investigator no longer attempted to record the conversations. No names or other personal data was collected during the interview process. The data collection was performed in the month of April 2015.

Sample Characteristics

At the completion of the study, ten patients' parent(s) were purposively selected and consented to be interviewed. There were no potential participants that declined being interviewed. The parent participants had hospitalized children who ranged in age from 0-2 years old (4), 3-5 years old (2), and 12-14 years old (4).

The unit census during this timeframe was not at full capacity. The average daily census during this time was only seven patients (D. Sutton, personal conversation, April, 10, 2015). The investigator intended to obtain information and feedback from a wide variety of age groups; however, there were not enough patients from which to choose (see Appendix D).

Of the parents interviewed, there were six male patients and four female patients (See Appendix D).

Five patients were African American and five were Caucasian.

The admitting diagnoses varied among the ten patients in the study and included epilepsy/seizures, fever, migraine, appendectomy, hernia repair, and ALTE (See Appendix D).

The study participants were mom only, dad only, mom and dad, or mom and grandmother. (See Table 1)

Table 1

Individuals Interviewed

Individual	Interview
Mom only	6 interviews
Dad only	1 interview
Mom and Dad	2 interviews
Mom and Grandmother	1 interview

Data Collection Procedure

The investigator took notes while conducting the ten interviews. Direct quotes were transcribed to understand exactly what the parents were suggesting. The investigator asked for clarification and more detail if answers to any of the questions were not clear. The investigator asked the survey questions while the patients were in the patient's room. While the questions were directed toward the parents of the patients, if the patient was old enough to answer, the parent(s) would often ask their child about suggestions for improvement from the patient's perspective. The elicitation technique of asking open-ended, specific questions was utilized during the data collection process. The interviewer utilized active listening and synthesizing to ensure the interviewer understood the intent of the study participant's response before moving on to the next question (Bredart et al., 2014).

Major Findings

The investigator asked five questions of each survey participant. There were several parent participants who were not able to provide an answer for all five questions. Some of the parent participants were not able to articulate a story in which they felt their needs had not been met.

Using the parent responses, the investigator identified common themes and trends in the parent experiences. The PI took detailed notes and utilized direct quotes from parents as they answered the survey questions. The researcher reviewed and re-read the survey notes multiple times to develop themes of commonalities and contrasts among responses. Qualitative analysis of qualitative data was analyzed and coded to establish themes among study respondents.

Question #1

“Tell me a story that reflects well on the care your child experienced at JGCH”. Common themes on this particular question were identified as positive views towards nursing. This is supported by comments such as “We had a great experience with the nurses”, “They continually check on her and make her feel like she is the only patient they have”, “The staff worked really fast to calm my son down and decrease his anxiety”, and “The staff treat her like she is their own”.

Another theme noted for the first question was support staff is viewed in a positive light. This is supported by comments such as “The EEG technician calmed my son down and reassured him”, “The doctor made a connection with us by telling us about her child so we would feel comfortable”, “Child Life explained what was happening on my daughter’s level so she would understand what to expect with surgery”, “The pet

therapy dog decreased my son's anxiety and took his mind off being in the hospital", and "The music therapist used the songs with a guitar to allow my son to be a teen and take his mind off the hospital".

Question #2

"What other experiences made you or your child feel cared for during this hospitalization?" A common theme noted from this question was nursing relationship with the patient and family. Multiple times, parents commented on how the staff treated the patient kindly and "treated her like their own". It was also noted that "staff remembered the child's name and even the sibling's name from a prior hospitalization". Remembering the patient's name made the parent feel like there was a connection with the patient rather than "just another patient". Also, "the staff never seem bothered when we call needing something".

Another theme noted was patient-centered care. One parent used the terminology "patient-centered care". More supporting evidence of this theme was comments such as "staff checks on us as parents a lot to ensure we have what we need", "They continually make us as comfortable as possible", "the staff told me about movies I could check out as a parent since my child is an infant".

Question #3

"Tell me a story where you did not feel you or your child's needs were met". Out of the ten interviews conducted, there were six parents that stated there were no complaints or issues where they did not feel their or their child's needs were met. Of the responses from parents who did offer examples for this particular question, communication was a theme identified. There was one particular physician that did not

communicate well with a family and came across as “having no emotion and did not make us feel like she cared that our child had to be admitted”. Another example of communication opportunities was noted by a parent who said, “The pre-surgical department did not tell me where to go. We were late for our surgical time because of it.”

Another theme noted with this question was with dietary services. There were several complaints about the wait times, quality, and selection of food choices. Direct comments supporting this theme are “every time we are admitted, the dietary department gets her food wrong. It is extremely frustrating.” and “The meal process could be improved. We ordered our parent tray at the same time as we ordered the patient tray; however, they were brought up about 30 minutes apart”.

Question #4

“What three suggestions do you have for improvement?” This was a broad, open-ended question. There were some common themes identified with this question. The main theme noted was regulation of temperature in the patient room. Out of the ten interviews conducted, temperature regulation in the patient room was mentioned in five of the interviews. The “thermostat is impossible to regulate. It is either hot or freezing cold”.

Another theme noted was sleeping accommodations needed to be improved. There were several comments about the comfort of the sleeping arrangements. “The couch in the room needs to be upgraded. It is not comfortable and does not support having two parents sleep in the room”, it would be great to “have a more comfortable bed for parents”, and the “bed is tolerable, but could be softer”.

Another theme noted was dietary services improvements. There were several comments supporting this theme: “If you have a room service amenity, they should be able to get the order right”, “It would be nice if we could order later since our son usually eats dinner about 8:00pm. The room service closes at 6:00pm.”, “The quality of food is not great. It tastes like cafeteria food”, “When we order the patient and the parent tray at the same time, it should arrive at the same time. It is usually about 30 minutes apart.”

Question #5

“What would you like to say to any hospital staff member, physician, or administrator that would improve care at JGCH?” Of the ten surveys conducted, all the comments were supportive of JGCH and essentially said to “keep up the good work”. There were comments such as “I can’t tell you enough good things about JGCH”, “Overall this is a great children’s hospital”, “continue to keep the patients first when working”, “You have a wonderful staff and they really make a connection with families and patients”, and “Everything has been fantastic. We are very pleased and are getting great care”. The only constructive feedback to this question was one parent’s challenge to improve the communication with patients that are going to have surgery. “Just because you all deal with surgery every day, does not mean that I do. It would be nice for people to walk me through what to expect instead of assume I know.”

Summary

Ten patients' parent(s) were interviewed over a period of ten days. Each parent or parent dyad participant was asked the five established survey questions. Interviews were not audio-recorded as planned; the PI took notes during and after each interview session. Transcripts were read over and over until common themes materialized. Themes for each question are summarized in Table 2.

Table 2

Major Themes Noted From Each Survey Question

Survey Question	Identified Themes
<p>Question #1: Tell me a story that reflects well on the care your child experienced at JGCH.</p>	<ul style="list-style-type: none"> • Positive comments about nurses and nursing care received at JGCH • Positive experiences with ancillary staff such as child life, pet therapy, and music therapy
<p>Question #2 What other experiences made you or your child feel cared for during this hospitalization?</p>	<ul style="list-style-type: none"> • Nursing staff made a connection with the patient • Nursing staff cared for the whole family, not just the pediatric patient
<p>Question #3 Tell me a story where you did not feel you or your child's needs were met.</p>	<ul style="list-style-type: none"> • Opportunity for improvement with dietary services related to timeliness of meal tray delivery, accuracy of the order, and quality of the food • Opportunity for improved communication among surgical services
<p>Question #4 What three suggestions do you have for improvement?</p>	<ul style="list-style-type: none"> • Temperature regulation in the patient room • Sleeping accommodations for parents • Improve the process for ordering room service
<p>Question #5 What would you like to say to any hospital staff member, physician, or administrator that would improve care at JGCH?</p>	<ul style="list-style-type: none"> • Keep doing what you are doing • Keep patients first • Continue to be welcoming • Improve the communication with surgical services

CHAPTER V

Discussion

Implication of Findings

This study evaluated the feedback from parents of ten patients admitted to Jeff Gordon Children's Hospital (JGCH) with regards to their perceptions of the hospital experience, as well as suggestions for improvement.

Question #1

“Tell me a story that reflects well on the care your child experienced at JGCH”. A common theme with this question was the positive comments about the nurses and the nursing care received at JGCH. Multiple parents mentioned nurses names specifically for being caring, compassionate, and calming toward the patient. Many of the parents also spoke to stories about child life, pet therapy, and music therapy and how these services decreased the patients' anxiety and encouraged the child to “be a kid”. Similar to Uhl et al., (2013) research, nursing care was highlighted in a positive way.

Question #2

“What other experiences made you or your child feel cared for during this hospitalization?” A common theme for this question was how the nursing staff made a connection with the patient. There were multiple comments about how the nurse played with the patient, blew bubbles and painted with the patient, and treated the patient like their own. Several parents commented about how the nursing staff continually checked on the parent and did not just focus on the needs of the patient. The nursing staff treated the patient and parent as a unit and understood that caring for the patient meant caring for the parent as well. These are similar findings to Medina-Mirapeix et al. (2012) study that showed a high overall satisfaction with emotional support.

Question #3

“Tell me a story where you did not feel you or your child’s needs were met”.

Common themes to this question relate to departments outside pediatrics. There were multiple parents that talked about dietary services and the opportunity for improvement related to timeliness of meal tray delivery, accuracy of the order, and quality of the food. These comments are similar to those noted in Uhl et al. (2013) study where less than 50% of the respondents had positive ratings on quality of food. Communication among surgical services was also mentioned as needing to be improved. Parents stated they were not told where they needed to bring their child for surgery, where the children’s hospital was located in relation to the operating room, and were told conflicting information between the surgeon and the post-operative nursing staff about whether or not the child would need to stay in the hospital overnight.

Question #4

“What three suggestions do you have for improvement?” There were multiple comments about the temperature of the patient rooms. In fact, 50% of the respondents mentioned regulating the temperature of the room as a suggestion for improvement. Another common theme was the sleeping arrangements for the parents. Multiple parents mentioned the comfort and adequacy of the pull out sofa to be less than desirable. Additionally, improving the process for ordering room service and the parent and patient meal tray arriving at the same time was also an improvement suggestion. These were similar responses that were also noted in Edwards et al. (2014) work.

Question #5

“What would you like to say to any hospital staff member, physician, or administrator that would improve care at JGCH?” Several parents had positive responses concerning this question and included comments such as “keep doing what you are doing”, “keep patients first”, and “continue to be welcoming”. The only negative comment for this question was “improve the communication with surgical services”.

Application to Theoretical/Conceptual Framework

Watson’s Caring Theory was the framework to this study. Humanistic and altruistic system of values was demonstrated by the relationships established between patients-parents-staff. Multiple parents mentioned the nursing staff connecting on a personal level with the pediatric patient, ultimately decreasing the patient’s anxiety. The parents commented about staff knowing and calling the patient and siblings by name and remembering them from previous admissions and how that truly showed the staff making a connection with the patient. Sensitivity to one’s self and others was important and was reinforced with nursing staff as they offered personal connection to patients which helps decrease anxiety and enhance the healing process. A helping-trust relationship was epitomized when the nursing and support staff interacted with patients to take their mind of being hospitalized and encouraging them to ‘be a kid’. Parents also benefitted by the open communication between nursing and parents. Creative problem-solving was demonstrated by nursing staff noticing a patient that had signs of anxiety and taking the opportunity to connect with the child through distraction and play. Transpersonal teaching-learning was demonstrated with nursing staff interacting with both the patient and family as a unit when performing patient education.

Limitations

There are some limitations to this study. There were only ten parent interviews performed over a ten day period of time. There were no parents interviewed whose child was between 6-11 years old. The author desired to have a more comprehensive cross-section of patients aged 0-17 years old. Not all parents had suggestions for improvement. Perhaps giving parents more time to consider a request for feedback may increase the number of suggestions and stories. The original plan was for the PI to approach a family about the study and make an appointment to come back and do the interview. After the first three participants requested to do the survey right after the introduction to the study, the PI altered the approach and interviewed the parent(s) immediately after obtaining consent. Had the original design occurred, the parents would have had more time to think about suggestions for improvement. All interviews were done on one pediatric unit within one institution. Seventy percent of the children whose parents were interviewed were experiencing their first admission to JGCH. This might limit the exposure to many services and opportunities for improvement.

After reviewing the data and identifying trends, it was noted there were no negative comments, recommendations, or concerns raised about nursing care. This could be perceived as a positive rating towards nursing. Just to note, the positive feedback for nursing could also be related to the fact the investigator is a nursing leader. This could have limited parents from giving honest open feedback regarding nursing.

Implications for Nursing

Nurses at JGCH have had educational opportunities to learn about and understand aspects of family centered care. It is important for nursing staff to hear comments from patients and families about what is important to them and what their perceptions of patient and parent experience. Suggestions and ideas from patients and parents can be shared with the Family Advisory Council (FAC) and ultimately can change practice if action plans are established and implemented between the FAC and staff. Positive feedback about nursing care will be shared with staff to encouraged continued focus on patient and family centered care.

Recommendations

The investigator will share the results and suggestions with the FAC, administrative team at JGCH, and nursing staff at JGCH to develop action plans to address themes in care opportunities. Based on the information provided during this study, the investigator suggested members of the FAC to continue obtaining parent feedback on a monthly basis by doing interviews prior to the FAC monthly meeting. Suggestions, ideas, and feedback can be taken to the FAC meeting immediately and actions can be initiated to improve perceptions of care and patient experience.

Conclusion

Continual feedback from parents of patients at JGCH is important to ensure patients and parents have a positive experience each time they are hospitalized. Ensuring ideas, suggestions, and feedback from parents funneled to the Family Advisory Council is important so changes can be made in operations on the pediatric unit at JGCH. This study demonstrated a glimpse into the parent experience of hospitalized patients at JGCH

and offered suggestions for improvement that will increase patient satisfaction scores and enhance patient experience, but most importantly improve the overall care of patients.

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Patient Satisfaction and Feedback

Your feedback will be used to improve the care of future children at Jeff Gordon Children's Hospital.

My name is Marietta Abernathy. I am the Assistant Vice President for Jeff Gordon Children's Hospital. I am also currently in graduate school at Gardner-Webb University in a Master's of Science in Nursing (MSN) program. As part of my program, I am working on a thesis to more fully understand the overall experience of the hospitalization as realized by pediatric patients and their families. This information will be used to determine actions that can be taken by nursing staff, physicians, and administration at Jeff Gordon Children's Hospital to improve the overall patient experience.

I would like to ask you a few questions about you and your child's experience while here at Jeff Gordon Children's Hospital. There is no obligation to answer these questions. If you agree, I would like to set an appointment with you later today to come back and ask you a few questions. The total length of the interview should be approximately 15 minutes. If you are interested in participating in this study, please call me at 704-403-4126 to arrange a time for me to return for appointment with you.

So that I can focus on you and the interview, I would like to audio record our interview so I can capture all the elements of our discussion. Information gained from this interview will allow us to gain insight into the patient and family's experience while being hospitalized. There will be no personal information collected during the interview process.

I anticipate information gained from these interviews will allow the administration of Jeff Gordon Children's Hospital the opportunity to improve the way we deliver care to our patients and their families.

If at any point in the interview process, you would like to stop, please let me know. There is no obligation to participate. Thank you for considering this opportunity to give feedback to us.

Appendix B: Informed Consent

**CAROLINAS HEALTHCARE SYSTEM
CONSENT TO PARTICIPATE IN A RESEARCH STUDY***Perceived Patient Satisfaction with Hospital Services and Interventions***INTRODUCTION**

Marietta Abernathy, graduate student at Gardner-Webb University, is asking you to participate in this research study by participating in answering survey questions about your child's hospital stay at Jeff Gordon Children's Hospital and Carolinas HealthCare System (CHS). You are being asked to take part because you have a child hospitalized at Jeff Gordon Children's Hospital. The purpose of this study is determine actions, suggestions, and recommendations to improve patient satisfaction scores and ultimately improving the overall patient experience. You will be one of approximately 10 people involved in this research project at CHS, and your participation will last for one survey session.

HOW THE STUDY WORKS

This study is a non-experimental, descriptive study that will ask several questions about your child's hospitalization experience and ask for feedback on ways to improve the hospital environment. The researcher will interview and voice record your interaction and answers to 5 questions. You are under no obligation to participate in this study.

The protocol for this descriptive survey is for you to answer survey questions regarding your child's hospital experience. Once the survey is complete for all participants, the investigator will analyze and look for any trends in the data. At that point, the investigator will compile a list of items and trends to share with the Family Advisory Council and leadership team at Jeff Gordon Children's Hospital.

RISKS

This study has no known risks. There are also no known side effects for participating in this survey.

EXCLUSION CRITERIA

- Patient is 18 years or older at the time of the survey
- Pediatric patient has been discharged and is not currently a patient at Jeff Gordon Children's Hospital
- Patient's parent declines participation in survey

BENEFITS

This study may or may not improve your child's hospital experience. The information gained from your feedback may benefit future pediatric patients that are admitted to Jeff Gordon Children's Hospital.

ALTERNATIVE PROCEDURE/TREATMENT

You do not have to participate in this survey.

ADDITIONAL COST

There is no cost associated with this survey.

COMPENSATION

You will not be compensated for taking this survey.

WITHDRAWAL

Your participation in this study is completely voluntary. You should feel under no pressure to be in the study. If you decide not to be in the study, that will not in any way harm your relations with your doctors or with Carolinas HealthCare System. You are free to stop being in the study if you change your mind after entering it. This would not harm your relations with your doctors or Carolinas HealthCare System.

CONFIDENTIALITY:

The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a patient or parent. Your record for this study may, however, be reviewed and/or photocopied by Carolinas HealthCare System. To that extent, confidentiality is not absolute.

AUTHORIZATION:

If you wish to take part in this descriptive study, you will be asked to sign this consent form. It allows the study sponsor and the study investigator to collect, process and pass on to the sponsor organizations any relevant information collected from you during the study. These are activities routinely carried out during all clinical studies.

You have been told that information about this survey will be reviewed, collected on a computer database, stored in electronic or manual files, audited, and/or otherwise processed by:

- the clinical study investigator, Marietta Abernathy
- the study sponsor and/or its associated companies, Dr. Gayle Casterline
- Carolinas HealthCare System

You have been told that your data are being collected and processed to:

- check your suitability to take part in the study,

- compare and pool results with those of other subjects in clinical studies,
- support the development of action plans to improve patient experience,

You may refuse this authorization to transfer your personal information. If you decide not to sign this authorization, that will not harm your relations with your doctors or with Carolinas HealthCare System.

You have the right to inspect your medical record at any time. Your research record may be unavailable until the conclusion of the study. At that point, it will be available. Please speak with the study investigator if you desire to access your record.

This Authorization does not have an expiration date. You have been told that according to the guidelines for good clinical practice, the study investigator and sponsor will keep your personal information for at least 6 years. If you do not withdraw this Authorization in writing, it will remain in effect indefinitely. If you wish to revoke authorization to use your personal information, you will notify the study investigator, [Marietta Abernathy, 920 Church Street, Concord, NC 28025, 704-403-4126], in writing. Some of the data obtained from your record prior to your revocation may still be used if considered necessary for the study.

FINANCIAL INTEREST OF INVESTIGATOR

There is no financial benefit to the investigator associated with this study.

QUESTIONS

The researcher doing the study at Carolinas HealthCare System is Marietta Abernathy. You may ask her any questions you have now. If you have questions later, you may contact Marietta Abernathy at:

Jeff Gordon Children's Hospital at
Carolinas Medical Center - NorthEast
920 Church Street
Concord, NC 28025
Telephone 704-403-4126

The Institutional Review Board is a group of people who review the research to protect your rights. If you have questions about the conduct of this study or about your rights as a research subject, you may call the chairperson of the Institutional Review Board of Carolinas HealthCare System for information regarding patients' rights in a research study. You can obtain the name and number of this person by calling (704) 355-3158.

CONSENT

I have read the above information. I have asked any questions I had, and those questions have been answered. I agree to be in this study and authorize the use of my personal health information. Marietta Abernathy will give me a copy of this form.

Patient [representative] Print Name	Date	Time

Patient [representative] Signature	Date	Time

Signature of Person Obtaining Consent	Date	Time

Investigator Signature	Date	Time

Identity of representative:

Next of Kin

Parent/Guardian

Healthcare Power of Attorney

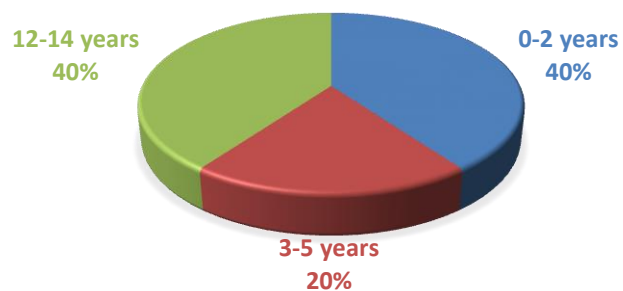
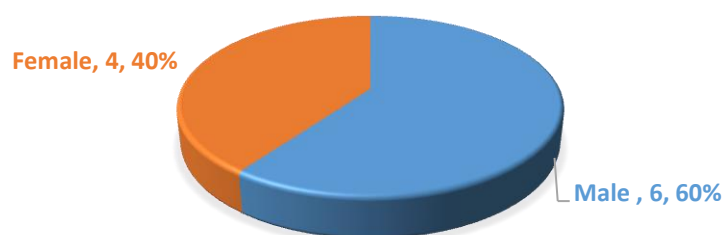
Questions To Ask

Below are the questions that will be asked of the consented parents for the study:

Perceived Patient Satisfaction with Hospital Services and Interventions Recommended by Family Advisory Councils

- Tell me a story that reflects well on the care your child experienced at JGCH.
- What other experiences made you or your child feel cared for during this hospitalization?
- Tell me a story where you did not feel you or your child's needs were met?
- What three suggestions do you have for improvement?
- What would you like to say to any hospital staff member, physician, or administrator that would improve the care at JGCH?

Appendix D: Patient Characteristics

AGE OF PATIENTS WHOSE PARENTS WERE INTERVIEWED**SEX OF PATIENT****DIAGNOSES OF PATIENTS WHOSE PARENTS WERE INTERVIEWED**