‘Patient satisfaction of care provided by nurse practitioners in the outpatient clinic’

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Abstract

Title: *'Patient satisfaction of care provided by nurse practitioners in the outpatient clinic'*

Background: Nurse practitioners (NPs) act on the intersection between care and cure. The amount of NPs in Dutch healthcare grows rapidly. Profiling and positioning of NPs is an ongoing process. Elements of patient satisfaction can be used to strengthen profiling and positioning of NPs.

Aim: Purpose of this qualitative study is to get insight in important elements determining patient satisfaction of patients with outpatient care in an academic hospital by NPs, in order to find the added value of NPs in relation to physicians.

Method: A qualitative study with a grounded theory approach was performed. Data were collected from semi-structured interviews with patients (n=12) of two NPs. In vivo coding and forming themes were used for analysing. Connections between the themes were sought to interpret the data.

Results: Major themes found in this study were accessibility, personalised care, and continuity of care. Patients mentioned NPs as being more reachable and approachable compared to the physician. NPs take care of mind and body while physicians mainly deliver disease-related care. Patients feel like their NP knows them.

Conclusion: Deploying NPs will result in better accessibility, more personalised care and better continuity of care. NPs as first contact, the intersection between cure and care, and continuous factor in the care process for the patient will improve patient satisfaction and quality of care.

Recommendations: Recommendation is to deploy more NPs in daily care. Deploying NPs will improve patient satisfaction and quality of care. For further study, recommendation is to perform a large scale qualitative study, to give a more representative view of elements of patient satisfaction with the NP of the entire population.

Keywords: *Nurse practitioner, outpatient clinic, patient satisfaction, patient experiences, skill mix change*

Samenvatting

Titel: *"Patiënttevredenheid van poliklinische zorg geleverd door de verpleegkundige specialist."*

Achtergrond: Verpleegkundig specialisten (VSen) werken op het snijvlak van care en cure. Het aantal VSen groeit snel en het proces van profileren en positioneren is nog in ontwikkeling. Elementen van patiënttevredenheid kunnen de profilering en positionering van VSen verbeteren.

Doel: Doel van deze kwalitatieve studie is om inzicht te krijgen in belangrijke elementen m.b.t. patiënttevredenheid van poliklinische zorg geleverd door VSen, met als doel het bepalen van de meerwaarde van de VS in relatie tot de arts.

Methode: Een kwalitatief onderzoek met een grounded-theory approach is uitgevoerd, met twaalf semigestructureerde interviews. Analyse vond plaats d.m.v. in vivo coderen en het op zoek gaan naar thema's rondom de codes. Ontstane thema's werden met elkaar vergeleken om verbanden te zoeken en om tot een eindconclusie te komen.

Resultaten: Belangrijke thema's die in het onderzoek naar boven kwamen was dat de VS toegankelijk is, ze gepersonaliseerde zorg leveren en dat ze zorgen voor continuïteit van zorg. VSen zijn goed bereikbaar en zijn een vast aanspreekpunt voor de patiënt. Ze kijken naar het totaal plaatje, naar lichaam en geest, waar de arts vooral kijkt naar het fysieke deel. De VS kent de patiënt.

Conclusie: Het inzetten van VSen zal resulteren in betere toegankelijkheid en continuïteit van zorg en een meer gepersonaliseerde zorg. Het inzetten van VSen als eerste contactpersoon, op het snijvlak van care en cure en als continue factor in het zorgproces verbetert de patiënttevredenheid en de kwaliteit van zorg.

Aanbevelingen: Aanbevolen wordt om meer VSen in te zetten om patiënttevredenheid en kwaliteit van zorg te verbeteren. Aanbeveling voor verder onderzoek is om een grootschalig kwalitatief onderzoek te doen naar patiënttevredenheid van de VS om een meer representatief beeld te krijgen van de hele populatie.

Trefwoorden: Verpleegkundig specialist, polikliniek, patiënttevredenheid, patiëntervaringen, taakverandering

Introduction

Nurse practitioners (NPs) have their origin in the United States during the mid-60s of the last century and were introduced in the Netherlands at the beginning of this century.[1] Approximately 2800 NPs and 850 NPs in training are working in The Netherlands.[2] NPs are deployed to take care of a defined group of patients within one medical specialism. From the perspective of the patient, the NP will act on the intersection of care and cure to improve continuity and quality of as well nursing care as medical treatment.[1,3-5] Other aims of deployment are to innovate care by strengthen the collaboration between physicians and nurses, improve organization of care, and strengthen psychosocial counselling of patients and family members.[5] The use of NPs is associated with higher patient satisfaction, lowered overall mortality, lowered hospital admissions, lowered waiting times, and higher quality of care.[6,7]

Substitution of care from physicians to NPs will carry on. This is due to the pressure of the increasing care demand and the more complex care. The higher need of NPs will lead to more acceptance and appreciation for the NP from patients and other caregivers.[4] Tasks and responsibilities of NPs are dependent on the nature of ward and daily dynamics of specific care practices.[5,8] It misses an optimal positioning in most care institutions. Role and position of NPs is an ongoing process, that needs to be supported.[4,5,9] Patient approval with care of NPs and widespread acceptance of the role are important elements in strengthening the position of NPs.[10]

Patients become more demanding and have higher expectations of quality and accessibility of care.[5,11] Patient satisfaction is an important indicator for quality of care. It affects clinical outcomes, medical malpractice claims, and timely, efficient, and patient-centred delivery of care.[11,12] Important elements in patient satisfaction are among others communication, accessibility, continuity of care, expertise, and knowledge of the situation of the patient.

Earlier quantitative studies found that patients are satisfied with care provided by NPs.[13-23] When care provided by a NP and care provided by a physician were compared, study results found equal or even higher patient satisfaction for care provided by NPs.[13,15,17,23-25] One of those studies showed that patients appreciate the mostly longer consultations and they felt that they were being provided with more information about their illnesses.[15] Other studies showed that patients trusted their NP, were confident in NPs care, valued their expertise and interpersonal aspects, and were satisfied about clinic waiting time and continuity of care.[18,19,23,25,26]

Recommendations from earlier studies is to perform a qualitative study to understand why patients report high satisfaction with care provided by NPs.[17,21,22] Those elements of

patient satisfaction will show what the added value of the NP is. NPs perform tasks of the physician, due to task reallocation. Quality of care and patient satisfaction need to maintain at least equal. A comparison with physicians will reflect this. No studies were performed in the outpatient clinic regarding to patient satisfaction with care provided by NPs. Number of NPs working in the outpatient clinic in The Netherlands is unknown. Experts estimate a total of 400 to 600.

Aim

Purpose of this qualitative study is to get insight in important elements determining patient satisfaction with outpatient care in an academic hospital by NPs, in order to find the added value of NPs in relation to physicians. This information can be used to strengthen positioning and profiling of NPs. It will also give input for conducting targeted research to find the value of NPs.

Method

Design

Design of this study is a qualitative, descriptive design with a grounded theory-approach. This study identifies elements influencing patient satisfaction of care provided by NPs compared to care provided by physicians. The method of analysis of a grounded theory was used, but a theory was not formed. It was an exploration of the subject. This study took place between January 2017 till May 2017. Reporting of the study complied with the Consolidated criteria for Reporting Qualitative studies (COREQ) checklist.[27]

Participants

Systematic sampling was used to invite twelve participants into the study. The participation inclusion criteria were: (1) received care from as well a NP as a physician at the same ward, (2) had at least three consultations with the NP, and (3) aged ≥ 18 years. Participants were recruited from two outpatient clinics of two NPs from an academic hospital in the Netherlands.

Data collection

` Semi-structured interviewed were performed by the researcher (MV). The researcher followed a training in performing interviews and performed a test interview. This interview was analysed with other researchers (KV and EB), in order to improve quality of interviewing techniques. Interviews took place at participants own homes, at the hospital or by phone, and lasted approximately 30-60 minutes. An interview guide was drawn up, based on domains of satisfaction found in a literature search. Experts checked the content of the interview guide. The participants were asked three open-ended questions to explore patient satisfaction. Then a topic list was followed and at the end the research question was asked.

Development of interview guide

A literature search was performed to gather important elements of patient satisfaction in order to design the interview guide. In general, patient expectations are keeping up the timings, adjusting communication to patients' language, behaving warmly, shared decision making, knowledge of disease, clear advice and information, establish correct diagnosis, performing a health check during treatment, information, and instructions about complications, and they expect care, politeness and concern in addition to professional work.[1,11] Other studies determining patient satisfaction used elements like accessibility, waiting lists and waiting times, communication, behaviour/attitude, expertise, knowledge of patients' situation, providing information, shared decision making, satisfaction with and

success of treatment, medical competencies, effectivity and continuity of care process, and safety. [13-24] All important elements of patient satisfaction are covered with the elements used in earlier studies. These elements are used in the interviews.

Patient expectations of good care and patient satisfaction depend on gender, age, ethnicity, marital status, educational level, and nature of illness.[11,18] These patient characteristics will also be part of the interview guide as baseline characteristics.

Interview guide

Introducing questions:

1. What is, according to you, the function of the NP? (tasks and responsibilities)
2. Can you name how you experienced the care delivered by the NP?
3. Can you name how you experienced the care delivered by the physician?

Topics: Reachability, waiting lists and waiting times, communication, behaviour and attitude, expertise, knowledge about the patients' situation, information providing, shared decision making, satisfaction with treatment, success of treatment, medical competencies, effectiveness of the care process, safety, and continuity of care.

Ending question: What is the added value of the NP in relation to the physician?

Procedures

NPs selected every second patient from their agenda at a random day of the week, who met the inclusion criteria. The NPs gave patients the subjects information to take home to read and asked them if they give permission for a call from the researcher (MV). The researcher (MV) called the patients to ask if they were willing to participate. If they were, a date was set for the interview.

Data analysis

A voice recorder was used to record each interview and the recordings were literally transcribed into Word 2016. Memos and notes were made immediately after each interview. Data analysis was conducted using the Grounded Theory-approach.[28,29] This approach was used to identify, analyse and report patterns within the transcripts. The researcher (MV) transcribed all of the interviews and read and re-read them, in order to grasp the context. Analysis was inductively. The researcher (MV) began to break the transcripts into meaningful

parts, which are related to the research question. Those parts were labelled with codes with NVIVO 11 software (QSR International, Don Caster, Australia), using in vivo coding. Four of the interviews were double coded, in order to improve quality of the coding process. Both researchers (MV with KV or EB) checked each other's codes and if there was no consensus about a code, a discussion followed with the purpose to find the best code. From the codes of each interview an abstract was made, which was send to the participant for a member check. This was done to improve the reliability. Codes were organized into categories/themes by comparing similarities and differences of codes, generating definitions, and identifying the content of emerging themes.[29] After analysis, a discussion and confirmation of the themes was conducted with two investigators (MV) and (AV).

Ethical issues

The local ethics committee declared that the Medical Research Involving Human Subjects Act is not applicable for this study. All participants within this study offered informed consent. All data was treated anonymously.

Results

A total of twelve participants were recruited for this study, seven female and five male. The mean age was 62 years (range: 36-78 years). For patient characteristics see table 1. Interviews took place at participants' home (n=9), at the hospital of the patient (n=1) or by phone (n=2). All patients have Dutch ethnicity. Six of the patients visited the NP for heart failure and the other six for lung cancer. Except one, all patients were in palliative treatment.

Tasks and responsibilities of NPs

Aim of the NP is to see patients in their context, to optimise the situation of the patient and to prevent problems. They have an executive and coordinating role in the care process. Besides that, they also take care of development of expertise and innovation of care and research. In the care process, the patient sees the physician in the diagnostic phase. When a treatment is chosen by the physician, the NP provides information to the patient about the treatment. NPs estimate or the patient is able to receive the treatment. Then NP and physician together decide if the treatment is suitable for the patients. Then the NP takes care of the coordination for the treatment, they do the follow-up of the patient, and they are the fixed contact point for the patient. The physician only sees the patients for judging and giving the patient the test results from scans and X-rays.

Tasks and responsibilities of NPs most mentioned by the participants were coordination of care process, being first contact point, and guiding the patient. Other frequent mentioned tasks were monitoring the patient, treating the patient, working together with other caregivers and representing the patient. Also mentioned is that the NP performed a lot of tasks behind the scenes. Another task was replacement for the physician. With replacement of the physician, patients were alluding to the NP performing medical tasks like performing a consultation or prescribing medication. One patient mentioned that he was not aware of the function of the NP.

P1: *"She really represents, when I speak about myself, represent really the patient in the big entirely of the hospital."*

P8: *"Uh... The function...uh...I think that NP2 basically arranged everything around it. Psychic, physical. It's an uh... supportive for physician. Because uh... Yes, she actually takes care of everything. You can always call her. She arranged uh... The appointments. She also does the checks, that kind of things. I think she takes over as much of the physician as possible. That's my feeling."*

Personal elements

In all interviews participants mentioned personal elements of NPs and physicians. Most participants were positive about personal elements of their NP. They thought their NP is

decisively, a kind girl, spontaneous, humane, friendly, integer, and/or caring. One patient mentioned changing moods as negative. About the physician different descriptions were given. One patient is on very good terms with his physician. While another patient thought his physician misses the humane part. Other patients said their physician is a nice woman, is warmly, is spontaneously, and/or is patient.

Accessibility

Within the term accessibility falls contact point, reachability, openness, and waiting times. The NP is the point of contact for the patients. NPs are approachable, there is direct and accessible contact, they are a fixed contact point and calling them is always possible.

> P1 about the NP being approachable: *"Uh... Yes, I will tell her everything and what my wife also tells, also my wife has no problems calling her. She is very approachable. Yes."*
>
> P11 about the NP being approachable: *"Uh...Very nice, I just like that they just have a fixed contact point which is also easily accessible. So, even if you have a quite simple question, then you can always call her with that question."*

Regarding to the reachability, all patients mentioned that the NP was more reachable then the physician. Contact with the physician is only during standing appointments, while they can always call their NP.

> P7 about the NP being reachable: *"But it is, if anything, I can always call her. They are always open and always reply on my messages. Regardless if i call at 9 o'clock in the morning, because actually you can only call between 9 and 11. But would it happen once in the afternoon, they will also pick up. And if there is no one or you will get some one else like a replacement, or they will tell you: well she will call you back. And she calls back."*
>
> P12 about the NP being reachable: *"A nurse practitioner is for me the first uh… contact point, and in the uh… case of NP1, is that the first contact point, who is on duty for me night and day.*

Half the patients mentioned that the NP is open for questions and in communication. One patient thought his NP was not open to his partner. No patient was negative about waiting times for the NP or for the physician.

Personalised care

Under the scope of personalized care falls for this study being interested, communication, taking time, information providing, seeing the whole patient, deliver patient-centred care, working together with the patient, taking the patient serious, and being a pillar of strength. All patients saw their NPs as really interested and half the patients saw their

physician as really interested. With interested, patients mean that their NP or physician was involved, listens to the patient, and that the patients feels heard.

P10 about the NP being interested: *"Yes, the… I think it's very important that uh… she gives me the space to do my story. She is concerned, she is interested. She wants to know how it goes with the patient, so in this case how it goes with me. Uh… She asks questions about it and shows concerns in it. She is interested."*

Regarding the communication, only two patients mentioned physicians adapting communication to the patient. Half the patients were positive about communication of their NP. They speak the same language, express themselves well, have clear communication, asks the right questions, and adapts their communication to the patient. Almost all patients mentioned the NP is looking at the whole patient, while the physician is mainly looking at the physical part. Patients mentioned that their physician was more matter-of-fact or business-like. Conversations were shorter and more focused on the disease instead of the whole patient. Their NP did see the whole patient, body and mind. They asked the patient about their daily stuff and family. One patient did not agree, the NP did not showed empathy.

About seeing the whole patient:

P7 about the physician: *"Also. Yes. But, these conversations are often much shorter. And the same as my wife says, it is more business-like. Just all the data, quickly, quickly, quickly, just like that. But uh... Yes, it's slightly shorter.*

P6 about the NP: *"I sometimes have the idea that the nurse uh ... I don't want to say more skilled, but more towards the patient, more uh ... qualified is.*

P9: *"Against the physician I'm not, not so willing to tell or share about my mental health problems over there. These issues I will share with NP2. Issues what's bothering me and facing me. Uh... I also think that this is the intention. I am not sure, but that's the way I feel about it. And the physician is there for meds, scans, or what she prescribes, medical uh... medical issues, she gives medical prescriptions, although NP2 also does that. And uh... And it's also quite uh... it's ten minutes, short. Cause then, then I am done. So, it's really more business-like. And NP2 takes all other matters around it… she takes it away. I also think that it is the intention that the physician really can be more business-like by showing results of the scan, like this or that... This is what is happened, this or that we are going to do. That's the plan."*

P10: *"A cardiologist is specific heart oriented. And a cardiac NP is more on the whole body and mind of the uh... patient focused."*

P12: *"Well, yes, she, she, she, she gets on with you as a human being, and not with your heart problems."*

Patient-centred care is according to the patients more delivered by the NP compared to the physician. Patients mentioned their physician give compliments, adapt the care delivery to the patient, doesn't keep the patient waiting, and takes the patient into account.

Few patients were negative about the patient-centred care of their physician, the physician did not take the wishes of the patient into account or was impersonal. Most patients found their NP delivering patient-centred care. They felt like being treated as a customer, the NP arranges perks for the patients, takes the patient into account, is humane, is respecting choices of the patient, stimulates self-reliance, and is taking effort to understand the patient.

P9 about patient-centred care of the NP: *"Resolute and uh... also decisive, because if you figuratively drop anything… For example, I had a certain time psychological complaints and chop she is right on top. The next session she will starts directly about it. And so how is it going now? She forgets nothing. Uh... Yes, then she shall take steps. Then she also will take a consult with me. Do you want it, do you like it? I can also offer you this. And I can do... I only let something across and she will be on it directly. Actually, I think that's quite accomplishment. That she only needs a few words to understand what a patient needs at that moment. And that, I think that is a very good characteristic of her.*

P12 about patient-centred care of the NP: *"Like expertise within the meaning of, of, of she is having any understanding of the problems surrounding the heart… Well, I have no difficulty to believe she has. But for me, she has much more the expertise to interface with humans."*

Few patients mentioned the physician working together with the patient. The physician uses the experiences of the patient for new patients with a new medical treatment and/or is thinking along with the patient. One patient told the NP created hierarchy in the corporation. Most patients were positive about the patient and NP working together in the care process. The patient is being involved in the process, the NP is thinking along with the patient, stimulates autonomy, and asks the patient what he/she prefers. Patients also feel like they are being taken seriously by their NP. Four patients mentioned this. One was negative about this subject. Most patients see their NP as their pillar of trust. They are there for the patient, have a special contact with them, and they know the patient. Patients call their NP 100%, perfect, superb. One patient did not experience this, that patient told the NP rushes through emotionally things. Few patients mentioned that physician provided many support to them. About taking the time and information providing, patients were as satisfied with their NP as with their physician.

P2 about the NP being a pillar of trust: *"But, NP2 is just are pillar of trust."*

Continuity of care

For this study continuity of care means the continuity like having a fixed NP or physician, seeing the caregiver frequently, and coming back on earlier discussed problems. But also expertise, information providing, being aware, being open, working together, rapid interventions, and having faith in. Half the patients were positive about the continuity of care of their physician. One was negative about continuity, due to less contact and many different

physicians. Most patients were positive with continuity of care the NP delivered, due to the fact that the patient sees the NP more frequently than the physician. Patients feel the NP knows them. None patient was negative.

P8 about the continuity of the NP: *"Well, look. I have the idea that uh… the experience that she indeed remembered like the last time you said this and that. You know? Or she just read it in the report, that is also an opportunity. That's not a problem for me, but she does have something topical, something that she could use to start the conversation, which does not make it all loose and isolated. Well, that's sometimes, well, more of a logical entirely what she does, of course. It sort of is a continuity."*

P11 about the continuity of the NP: *"Uh… I like it that she is aware. Also, when I call, then she immediately, uh… Just, I don't know, I have the feeling that she just knows who you are. Uh… Probably she also has a computer, so that's a fine reminder. But uh… Yes, when you see each other more frequently, you know who's who. And I like it that you're not a number, where you first need to mention your patient number. Like uh… That you have a complete stranger on the phone, or something."*

All patients were positive about the expertise of the NP. They thought they have knowledge, knows a lot, knows what she is talking about, and is an expert. One patient mentioned that the NP knows more than the physician. Half the patients were positive about the expertise of their physician. One patient had a negative experience with the physician judging an X-ray.

P9 about the expertise of the NP: *"Yes, also very well. Just very capable. Yes, she is also really aware of the latest developments. And then she also says like: I get… We have another meeting of the entire country. And, I don't know. No, she is really very capable and professional also. Yes, yes, no, I have good experiences with that. I never had something… that I did not agree with something."*

Patients experienced that their NP was better aware of their situation then their physician, they know the patient. During the interviews, half the patients mentioned their NP works a lot together with colleagues. They consult others, involve other caregivers, and have short lines with the physician. They are a team. Only one patient mentioned a miscommunication between NP and physician. Patients think their NP is quick in interventions. Half the patients mentioned their NP directly uses an intervention when they mention a problem. Only few patients were positive about their physician. Their physician is alert and when something is divergent, additional medical examination is carried out.

P7 about the quick inteventions of the NP: *"I just have to call and action is taken."*

Most patients mentioned having faith in their NP, in contrast to half the patients who mentioned that for their physician. One patient lost faith with the physician. Positive elements are commitments are met, the NP or physician is honest, and the trust their NP consults the

physician when necessary. Patients also mentioned that having faith in somebody mostly is a feeling that they can't explain. Regarding the information providing and being open, patients had equal experiences with physicians and NPs.

Discussion

Most patients were very satisfied with the outpatient care they received from their NP. The biggest difference between NPs and physicians was found in accessibility of NPs. NPs are a fixed contact point and are reachable. They are easily accessible for patients. A frequently given answer to the research question was NPs focus on as well body as mind, while physicians mainly focus on the physical part, on the disease. NPs involve family and daily living of the patient into the care process. Patients experienced a good cooperation between NPs and physicians in the care process. Participants mentioned NPs as a fixed person in the care process, which leads to better continuity of care. NPs know the patients, which can contribute towards creating a relationship of confidence. In the interviews, a lot of personal elements were brought up. Remarkable was, patients being negative about personal factors, were in the rest of the interview more negative then patients who were positive about personal factors. This shows, patients attach great importance to a personal connection with their NP.

All elements mentioned by the patients are important tasks for NPs according to their professional profile.[4] Also the NPs who recruited the patients saw the results as a confirmation. Elements found in this study were important for patients in the care delivered by NPs. Accessibility, personalised care and continuity of care are elements NPs learned in their previous education and job as a nurse, but are also important elements in education to become a NP.[4] These important elements are interconnected. NPs being a first contact point makes them easily accessible for the patient. The easy accessibility makes patients call earlier when they experience problems. This will result in prevention of exacerbations of the disease and hospitalization.[4] What will result in lower health care costs.[30] In the care process patients mostly see the NP. This makes NPs the continuous factor for the patient. The frequent contacts, the longer consultation time, and NPs asking about body and mind, makes NPs knowing the patient.[16] NPs are from origin nurses who are carers, which will lead in most cases to other personal factors compared to physicians, who are curers. It seems that most patients find the personal factors of carers and thus NPs pleasant. This combination of knowing the patients, frequent contacts and personal factors of a carer, will mostly lead towards creating a relationship of confidence. This will lead to higher patient satisfaction and higher quality of care.

In line with this study, a study under breast cancer patients in Canada also showed that patients were highly satisfied. They were specific satisfied with the combination of physical care and holistic support they received from their NP.[31] The ‘holistic’ support of the NP was mentioned a lot. Also in line with the personalised care described in this study are the results of a SR in which also the holistic care delivered by the NP on an emergency

department was assessed as improving the care.[32] A study with paediatric NPs showed improved access of care, high quality of care, and high levels of patient satisfaction. The improved access of care is in line with the results of this study, which showed a high appreciation with the accessibility of the NP compared to the physician.[33] In line with as well the personalised care as the personal factors is a study with NPs in primary care in the United States. This study described that subjects were most satisfied with the interpersonal aspects of NPs, like how they were treated, and the respect and interest shown by NPs.[19]

A limitation of the study is that only patients of two NPs from a single hospital were included in this study. Outpatient clinics included in this study are representative for other outpatient clinics. Tasks and responsibilities are comparable to other outpatient clinics and fall within legislation. NPs included patients for the interviews. The researcher did not had control over recruitment. This might give selection bias if NPs only recruit patients who are positive about received care. Expectation is, this is not the case, because few patients were negative about the NP. After recruitment, the NPs mentioned the sample was representative for their patient population. Strength of this study is the double coding in analysis, discussing the results with experts, and a supervisor watching during the entire study. Also, a member check took place after the interviews were analysed. This will result into more reliable outcomes. After nine interviews, data saturation occurred. After that another three interviews were performed to check this.

Recommendation for further practice is to perform a large scale qualitative study to determine patient satisfaction of outpatient care delivered by NPs. Including different hospitals and more NPs, will lead to a more representative view of the whole population. Different outpatient clinics might influence outcomes of the study. This will give a broader view of elements of patient satisfaction with outpatient care delivered by NPs. Recommendation for practice is to use this results as a guidance to NPs regarding optimal care strategies and patient needs. By identifying elements of patient satisfaction, this study helps NPs in the process of profiling and positioning. The results can also be used to help physicians, other caregivers, and the board/management to understand the importance of NPs and to enhance acceptability of NPs in the outpatient clinic.

Conclusion of the study is that for patients, NPs have a high added value in relation to physicians. They improve accessibility of care. Using them as first contact of the patient improves patient satisfaction and quality of care. NPs deliver more personalised care compared to the physician, which is by patients experienced as a real added value. Patient satisfaction is improving with physicians and NPs working together. With physicians curing and NPs working on the intersection between cure and care. Patients are satisfied with the continuity of care delivered by NPs. Deploying NPs as first contact, in the intersection

between cure and care, and as a continuous factor in the care process for the patient will improve patient satisfaction and quality of care and will eventually result in lower health care costs. These elements should be the basis for the process of profiling and positioning of NPs.

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Table

Table 1: Patient characteristics

Patient characteristics		N
Gender	**Male**	5
	Female	7
Age	**<65**	7
	65+	5
Marital status	**Living together**	1
	Divorced	1
	Married	9
	Widow	1
Education	**Low**	5
	Medium	1
	High	6
Frequency contact	**Every two weeks**	6
	Every two months	1
	Every six months	3
	Annually	2
Number of visits	**3-5**	2
	5-20	3
	>20	7