VETERAN SATISFACTION WITH RN VOICEMAIL GREETING

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Background/Significance: Telephone communication is often utilized in primary care to convey information between the RN and the Veteran. The voicemail greeting is usually the first contact and a key element to successful telephone communication. A survey of RN voicemail greetings identified a wide variation in volume, tone, clarity, understanding, information provided, and length of the recording. This may affect Veteran concerns being addressed in a timely manner and RN productivity.

Purpose: The objective of this study was to determine veteran satisfaction with the RN voicemail greeting and to identify if voicemail messages for RNs decreased after implementation of a standardized voicemail greeting.

Framework: Iowa Model of Evidence Based-Practice to Promote Quality Care.

Sample/Setting: A volunteer, convenience sample of 502 Veterans and 4 RNs from 3 primary care clinics.

Method/Design/Procedure: Utilizing a pre-test/post-test design, the study took place in 3 phases, each 3 months long. Phase 1 consisted of the original voicemail greeting. Phase 2 consisted of implementation of a standardized voicemail greeting. Phase 3 consisted of continuance of the standardized voicemail greeting. Veterans completed the Voicemail Greeting Satisfaction Questionnaire ($\alpha = .92$, scores from 0 – 12, 12 = highest score) and RNs recorded the number and type of voicemail messages during phases 1 and 3. T-test analyses were performed.

Results: Final sample size consisted of 367 predominately male (97.5%) veterans with a mean age of 61 and a mean of 11 years at the VA who listened to the RN voicemail greeting a mean of 2 times over a 30 day period. An independent t-test showed that the difference between voicemail greetings was significant ($p< 0.0005$). Veterans were more satisfied ($M=11.62$) with the standardized voicemail greeting than the original voicemail greeting ($M=6.98$). A paired t-test showed that the difference between RN voicemail messages was significant ($p = 0.014$). RN voicemail messages decreased from phase 1 ($M=643$) to phase 3 ($M=457$).

Conclusions/Implications: Telephone encounters have a direct impact on perception of VA service and RN productivity. Utilization of a standardized voicemail greeting may improve the quality of care provided to veterans by streamlining needed information via telephone communication.
Veteran Satisfaction with RN Voicemail Greeting
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Disclosure Information:
Learners must fill out and turn in evaluations to successfully complete this program. There are no relevant financial relationships related to this presentation. There is no sponsorship/commercial support of this presentation. There is no off-label drug use described in this presentation. The content being presented will be fair, well-balanced, and evidence-based.

Introduction
- Voicemail communication is one of the methods utilized in primary care to convey information between the RN and the Veteran.
  - The voicemail greeting:
    • is usually the first encounter with voicemail
    • temporarily replaces the nurse
    • validates who the nurse is and their role
    • may provide instruction
    • may direct the caller/patient to another area

Background/Significance
- American Nurses Association
  - Nursing Scope and Standards of Practice
- Survey primary care RNs voicemail greeting
  - Content – information given
  - Speech Pattern – tone, voice, and speed
  - Length
- Results
  - More differences than similarities

Purpose
- To determine the impact on Veteran satisfaction and the number of RN voicemail messages using a standardized voicemail greeting.
  - Research Question:
    • Does Veteran satisfaction and the number of RN voicemail messages change with a standardized voicemail greeting compared to an individualized voicemail greeting?

Framework
- Iowa Model of Evidence-Based Practice to Promote Quality Care

Research Design
- Nonequivalent group pretest-posttest
  - 3 Phases
    ✓ Veteran Satisfaction
    ✓ RN voicemail Messages
Procedure

• Three Phases
  1. Original voicemail greeting / data collection
  2. Implementation of standardized voicemail greeting
  3. Continuance of standardized voicemail greeting / data collection

  Veterans completed the Veteran Satisfaction Voicemail Questionnaire and RNs recorded the number and type of voicemail messages during phases 1 and 3.

Intervention

Instruments

• Voicemail Greeting Satisfaction Questionnaire
  – Scores range from 0 – 12
  – 12 = highest score
  – Flesch-Kincaid Reading Grade Level 4.2
  – $\alpha = 0.92$
  – Content / Face Validity

• RN Voicemail Message Record

Sample/Setting

• Volunteer, convenience sample
• Primary care clinic Veterans
  – Power Analysis – Calculated sample 368 (184 per group)
  – Medium effect size
  – Alpha set at 0.05
  – Power of 80%
    ➢ Total sample size N = 502
    ➢ Usable Questionnaires N = 367
    ➢ Pre − 181 / Post − 186

• 4 Primary care clinic RNs

Data Analysis

• Independent T-Test
  – Voicemail Greeting Satisfaction Questionnaire

• Dependent T-Test
  – RN Voicemail Messages

• Statistical Significance
  – Set at $p < 0.05$

Ethical Considerations

• Institutional Review Board
  – VA Medical Center
  – Return of the questionnaire represented willingness to participate
  – Confidentiality
## Results

### Veteran Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Standardized Voicemail Greeting</th>
<th></th>
<th></th>
<th></th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre M(SD)</td>
<td>59.8(14.7)</td>
<td>62.4(13.7)</td>
<td>0.081</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post M(SD)</td>
<td>10.4(11.1)</td>
<td>11.8(11.3)</td>
<td>0.250</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years at VA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. Times Listen to VM Greeting in past 30 days*</td>
<td>2.2(2.0)</td>
<td>2.1(2.2)</td>
<td>0.665</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender* Male</td>
<td>169(93.4)</td>
<td>183(98.4)</td>
<td>0.015*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>8(4.4)</td>
<td>1(0.5)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Independent T-Test
* Chi-Square
VM = Voicemail

### Veteran Satisfaction Questionnaire*

<table>
<thead>
<tr>
<th></th>
<th>Standardized Voicemail Greeting</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>Sig. p=0.05</th>
</tr>
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<tbody>
<tr>
<td>Score</td>
<td></td>
<td>181</td>
<td>6.98</td>
<td>4.42</td>
<td>p=0.0005</td>
</tr>
<tr>
<td></td>
<td></td>
<td>186</td>
<td>11.26</td>
<td>1.91</td>
<td></td>
</tr>
</tbody>
</table>

An independent t-test indicated that Veterans were significantly more satisfied with the standardized voicemail greeting than the original voicemail greeting. t(365) = 12.07, p < 0.0005. d = 1.26

*Correlation: Older veterans were less satisfied with the voicemail greeting overall (r = -0.147; p < 0.01)

## Results

### RN Voicemail Messages

<table>
<thead>
<tr>
<th></th>
<th>Standardized Voicemail Greeting</th>
<th></th>
<th></th>
<th></th>
<th>Sig. p&lt;0.05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre M(SD)</td>
<td>2573</td>
<td>643.25</td>
<td>456.50</td>
<td>p=0.014</td>
</tr>
<tr>
<td></td>
<td>Post M(SD)</td>
<td>1826</td>
<td>149.94</td>
<td>186.75</td>
<td></td>
</tr>
</tbody>
</table>

A dependent t-test indicated that the number of RN voicemail messages was significantly lower after implementation of the standardized voicemail greeting than with the original voicemail greeting. t(3) = 5.23, p = 0.14, d = 1.11

## Recommendations

- Change primary care voicemail greetings to a standardized one.
  - Increases Veteran satisfaction
    - Provides important needed information
  - Decrease in voicemail messages / RN time saved
- Length – approximately one minute
- Return all messages in a 24 hour period
- Remove feature that allows one to opt out
- Attention to functionality, tone, volume, speed, clarity and word choice

## Future Research

- Identify the number and type of phone encounters received
- Implement a pilot of a standardized voicemail greeting that meets patient demand
- Review the results
- Determine if the aging population has specific needs in terms of telephone contact

## Conclusion

- Improved quality of care
- Direct impact on perception of VA service
- Decreased RN workload
- Streamlined telephone communication
Limitations

• Convenience sample
  – Selection bias
  – Generalizability
• Causation
• Confounding variables

Primary Care Practice Research Council

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Accepted for Publication

Questions

Thank You