Title:
Communication and Civility Workshop in Healthcare and the Effects on Patient Satisfaction and Work Environment

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Accepted

Session Title:
Leadership Poster Session 1 (Saturday/Sunday, 16 & 17 November)

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LEAD PST1: Sunday, 17 November 2019: 11:45 AM-12:15 PM

Abstract Describes:
Ongoing Work/Project

Applicable Category:
Clinical, Academic, Leaders

Keywords:
civility, communication and healthy work environment

References:


Dozier, D. M., Grunig, L. A., & Grunig, J. E. (2013). *Manager's guide to excellence in public relations and communication management*. Routledge. Retrieved from: [https://books.google.com/books?hl=en&lr=&id=VReOAQAQBAJ&oi=fnd&pg=PP1&dq=communication+definition+and+synonym&ots=BgKQVWjz-W&sig=9_Y8RSgJmR_1bu0ZGSsbXmZVyro#v=onepage&q&f=false](https://books.google.com/books?hl=en&lr=&id=VReOAQAQBAJ&oi=fnd&pg=PP1&dq=communication+definition+and+synonym&ots=BgKQVWjz-W&sig=9_Y8RSgJmR_1bu0ZGSsbXmZVyro#v=onepage&q&f=false)


Ellison, Deborah. 2015. Communication skills. *Elsevier*


Wagner, Peggy., Lentz, Linda., & Heslop, Sandra. 2002. Communication skills; teaching communications skills, a skills-based approach. *Journal of Academic Medicine*


**Abstract Summary:**

The purpose of this project is to provide a program for staff on using civility when effectively communicating patient needs in the health care environment; evaluate their knowledge and determine if there was an improvement in patient satisfaction scores, and their work environment.

**Content Outline:**

I. Introduction:

Educating health professionals on techniques to improve communication skills and remove barriers can aid in overall increase in patient satisfaction and safety outcomes. In addition, civility inter professional communication can be the difference between a healthy and non-healthy work environment and the safety outcomes for the patient (Manojlovich & DeCicco, 2007). It has been discovered that health care professionals who have experienced a form of verbal abuse from colleagues or coworkers tend to miscommunicate information or not communicate it at all (American Association of Critical-Care Nurses, 2005). This has led to medication errors, patient safety concerns, and overall unhealthy work environments (American Association of Critical-Care Nurses, 2005).

II. Body

A. Background: Hospitals report medical errors are one of the top 3 causes of death in the US (Pirnejad et al., 2008). The Joint Commission estimates that 80% of medical errors in the health care setting occur due to poor communication (Kern, 2016). Effective communication and work civility are essential to provide safe and effective patient care. In a survey, fifty-three to 75% of nurses acknowledge that incivility in the workplace has affected their safe care of patients (Felblinger, 2009). Felblinger (2009) reported 70% of nurses have experienced incivility in the workplace regularly in the form of condescending language by physicians and 23% identified that they had personally experienced the brutal end of verbal abuse by physicians.

B.) Costs:

There are costs associated with incivility that can be measured in profitability and malpractice suits. Dozier, Grungie & Grungi (2013) found with moderate to large companies in the US and Canada for
every $1 dollar spent on communication, companies with excellent communication received an average return investment of $2.66 which totaled $1.66 in profits. When comparing those companies with poor communication, they received $1.46 return, only having a 46-cent profit. Malpractice suits can be a major concern, a recent estimate in 2016 states that miscommunication cost the US health care system 1.7 billion dollars in malpractice costs alone and over 2,000 lives (Kern, 2016).

C.) Significance:

In 2015, the Joint Commission came out with an updated agenda for National Patient Safety Goals, the number 2 goal being to “improve effectiveness of communication among caregivers” (Joint Commission, 2015. P2). Here it is discussed how critical results and situations occurring in the hospital setting need to be communicated effectively and in a timely manner to health care practitioners (Joint commission, 2015). The importance is relative in that it allows for providers to be notified of critical patient events as quickly as possible to prevent any delay in patient care. Leadership in the hospital setting must be able to disseminate information effectively and teach staff how to communicate between interdisciplinary teams.

D.) Literature Review

1. Communication

2. Communication and Crucial Conversations

3.) Healthy Work Environment and Communication

4.) Education and Communication

5.) Civility

6.) Work Civility

7.) Patient Outcomes and Work Civility

8.) Teaching Civility

E.) Framework

The theoretical framework used for this project is the PARiHS framework. This framework stands for Promoting Action on Research Implementation in Health Services. It allows for research to be put into practice. The three main factors are evidence, context, and facilitation (NCCMT, 2011). It is also meant to be a framework for an organization versus an individual (NCCMT, 2011). This aligns well with the project as it is meant to create changes organizationally versus individually. This framework also suggests that for successful implementation to occur, the organization needs to be ready for change (NCCMT, 2011). The equation is SI = E+C+F where SI is successful implementation, E is evidence, C is context, and F is facilitation.

F.) Methodology

Specific aims include:
Aim 1: Conduct a baseline survey to assess the use of civility in communications and patient satisfaction within the workplace environment using the AACN’s Healthy Work Environment Assessment Tool using the communication subscale, Nursing Incivility Scale, the Civility and Communication Class Evaluation Tool, and HCHAPS scores, pulling from the months of July, August, and September of 2017.

Aim 2: Conduct an educational intervention on civility which includes a 1.5 hour workshop. It will include a Ted Talk on “The Force of Civility” (Damron, 2015) (a video teaching civility and communication) and a PowerPoint slide that defines communication and civility (see appendix 5). The 1.5 hour workshop will include topics on: difficult conversations, interdisciplinary communication, effective communication, confrontation, and building a culture of civility in communication and role playing using simulations and examples.

Aim 3: Evaluate the effectiveness of the educational intervention. The evaluation includes three post workshop surveys; the Nursing Incivility Scale, the Civility and Communication Class Evaluation Tool, and AACN’s Healthy Work Environment Tool using the subscale of communication. The Civility and Communication Class Evaluation Tool will be completed immediately after the workshop. Then, at the 1 month and 2 month mark post intervention, all three surveys will be sent out to the participants via email and there they will be given a link to Monkey Survey (see appendix 9). Participants will be selected at random for an interview regarding the effectiveness of the workshop. The HCHAPS scores will be reviewed 1 month and 2 months respectively after the workshop.

G.) Measurement/tools

1.) HCHAPS

2.) AACN Healthy Work Environment Assessment Tool

3.) Class evaluation tool

4.) Nursing Incivility Scale

5.) Personal Interviews

H.) Data collection procedures

Topic Selection:

Leadership Poster Session 1 (Saturday/Sunday, 16 & 17 November) (25744)

Abstract Text:

Abstract

Purpose: Numerous studies have shown that effective communication in the health care realm is vital to improving patient satisfaction scores, a healthier work environment, and patient safety and quality outcomes. The purpose of this project is to provide a program for staff on using civility when effectively communicating patient needs in the health care environment; then, evaluate their knowledge, patient satisfaction scores, and the work environment. A baseline survey, using the AACN’s Healthy Work Environment Assessment tool, the Nursing Incivility Scale, HCHAPs scores, and a Class Evaluation Tool,
which is evaluated using numbers 1-5 and, will be utilized to assess the current use of civility in communication, the workplace environment, and patient satisfaction scores.

**Background:** Using civility in conversation and within the health care realm has been a relatively new topic in health care over the course of these past few years. Incivility and miscommunication have been linked to a decrease in patient satisfaction, higher nurse turnover rates, and an unhealthy work environment.

**Methods:** HCAHPS scores are pulled for the months of July, August, and September on an acute care unit in the hospital. An acute care unit with registered nurses, techs, and ancillary staff were asked to attend a 1.5 hour workshop related to civility and communication in health care. Following, participants utilized real life scenarios and role playing to apply civility in their conversations. A pre-and post-test using the AACN’s Healthy Work Environment Assessment Tool, Nursing Incivility Scale, and Class Evaluation tool was utilized for measuring the educational outcomes of the workshop. The unit’s HCHAPS scores were then pulled for evaluation both 1 month and 2 months after the workshop. In addition, the AACN’s Healthy Work Environment assessment tool, the Class Evaluation Tool, and the Nursing Incivility Scale was given as an assessment of the working environment pre-and immediately post-workshop, 1-month post work shop, and 2 months post workshop to determine sustainability. Post communication workshop interviews were conducted amongst the staff for further evaluation of the course and staff experiences.

**Results:** Will have results by February.

**Discussion:** Will have by February.