

Communication and Civility Workshop in Healthcare and the Effects of Patient Satisfaction and the Work Environment

By: Leah Lax DNP, RN



Purpose

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

Background

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. Using civility in conversation and within the health care realm has been a relatively new topic in health care. Incivility and miscommunication has been linked to a decrease in patient satisfaction, higher nurse turnover rates, and an unhealthy work environment.

Methods

A comprehensive literature review was conducted on civility and communication in the acute care setting. An acute care unit was identified as a pilot unit in the hospital. Then, HCAHPS data was pulled for the 3 months prior to the intervention to identify baseline. Registered nurses, techs, and ancillary staff were asked to attend a 1.5 hour workshop related to civility and communication in health care. It consisted of definitions, case scenarios, examples, theoretical and practical learning methods. Following, participants utilized role playing to apply civility in their conversations. Post communication workshop interviews were conducted amongst the staff for further evaluation of the course and staff experiences.

Aims

Aim 1: Conducted 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 subscale tool, Civility and Communication Class Evaluation Tool, the Nursing Incivility Scale (NIS), and HCAHPS scores.

Aim 2: Conducted an educational intervention on civility (1.5 hour workshop).

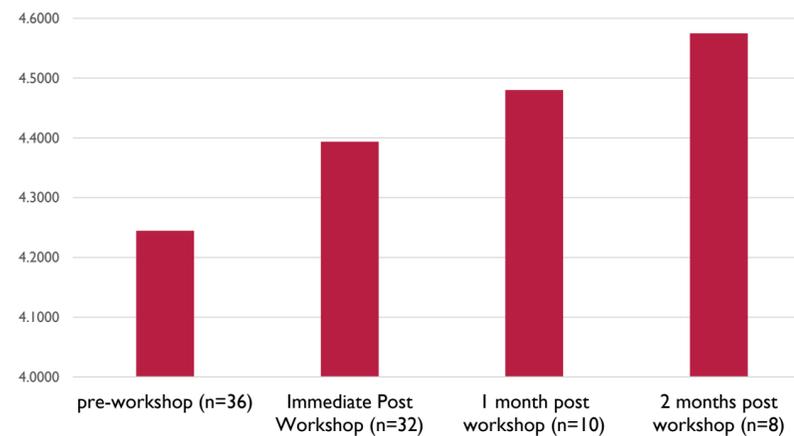
Aim 3: Evaluated the effectiveness of the educational intervention. The evaluation included a post workshop survey, the Civility and Communication Class Evaluation Tool, AACN's Healthy Work Environment subscale of communication, the Nursing Incivility Scale (NIS) and HCAHPS, was completed immediately post educational intervention, at 1-month, and 2-month mark.

Results

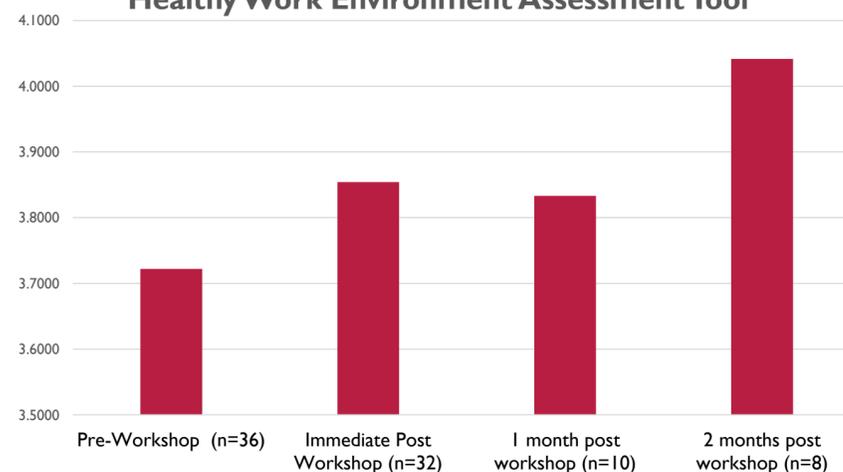
HCHAPS scores did increase on the communication between nurses and patients. Bedside staff reported feeling more confident in addressing issues of incivility on their unit and found during personal interviews to appreciate the workshop. Many wanted to continue this workshop each year. Results of the NIS was that supervisors were thought of very highly, and that majority of issues with incivility occurred between nurses and physicians, and nurses and patients/patient families. In addition, results of the NIS and the nursing confidence scale continued to show improvement across all spectrums from immediate post workshop to month 1 to month 2.

Data Findings

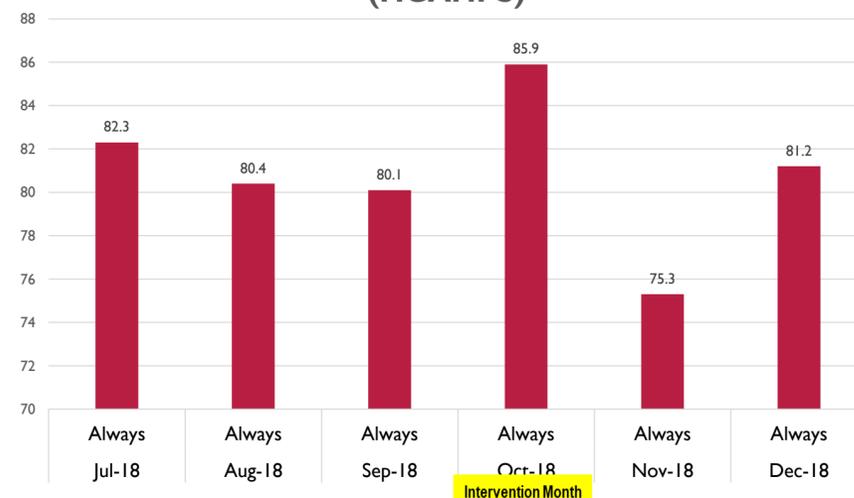
Confidence Scale



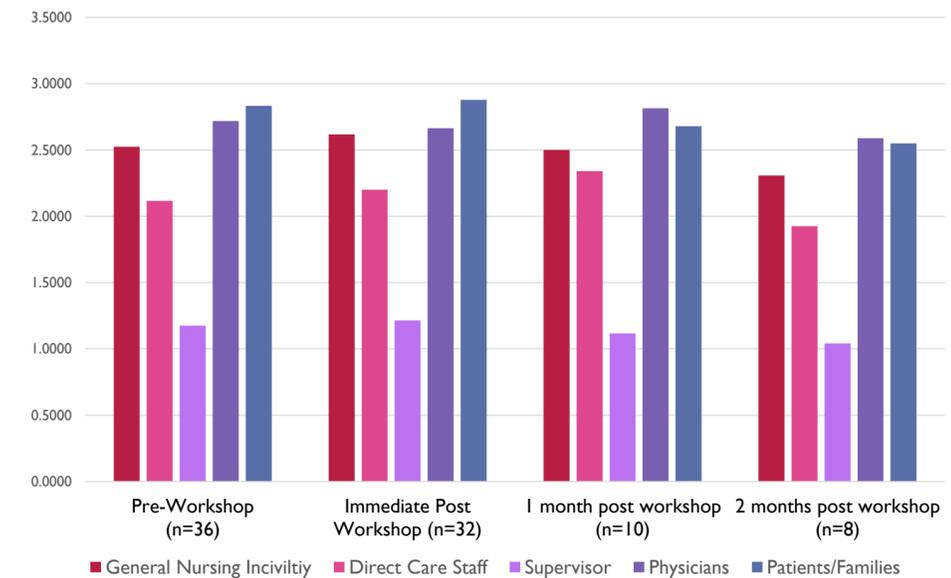
Healthy Work Environment Assessment Tool



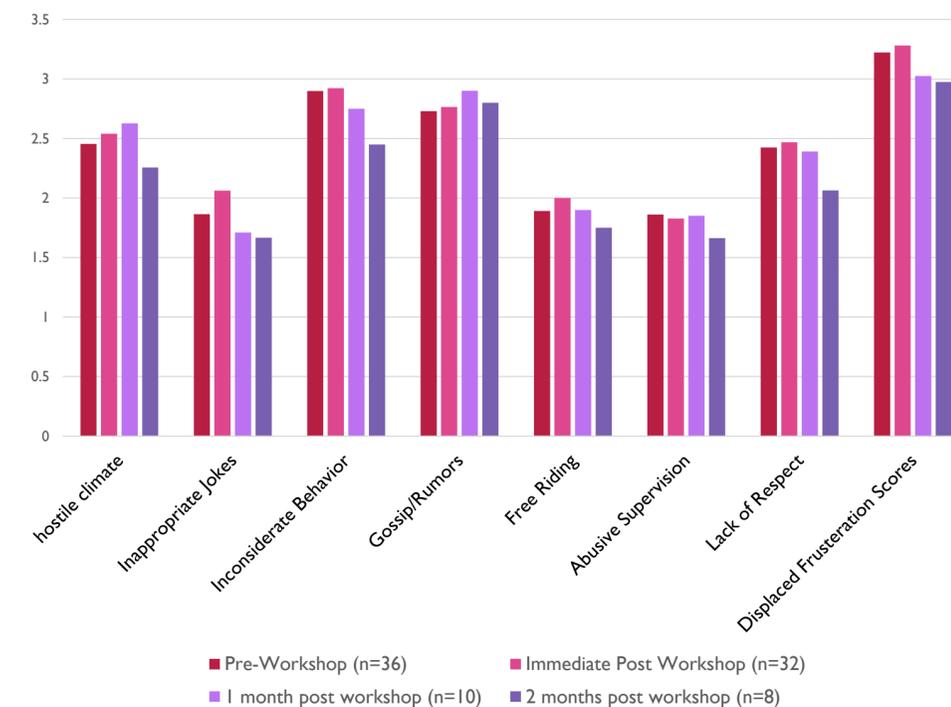
Communication with Nurses by Percentage (HCAHPS)



Incivility Based on Profession



NIS Scoring Based on Type of Incivility



Discussion

The improvement shown in the data suggests that by providing staff with an education on communication and combating incivility in their work setting, can improve overall patient satisfaction, staff confidence in addressing issues of incivility, and improve civility on the unit. The implications for practice based off of these results would be to further educate staff on how to combat incivility so they have the ability to be empowered to improve civility in their practices. By improving civility, patients and staff can create a healthier work environment. Healthier work environments have been linked to improving patient outcomes and increase staff retention.