IMPLEMENTING STRATEGIES TO IMPROVE PATIENT PERCEPTION OF NURSE

COMMUNICATION

by

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Abstract

According to the Joint Commission (TJC), effective communication and patient and family centered care impacts quality and safety (2014). The aim of this project was to improve patients' perception of nurse communication in an adult inpatient telemetry unit in California by creating a training module for nurses on caring behaviors and implementing a structured rounding tool (SRT) to evaluate patient perception of nursing caring behaviors. The SRT was implemented prior to nurse education and responses before the training were compared with those after. The nurses attending a training session on caring behaviors completed the Caring Assessment for Caregivers (CACG) survey pre- and post- training to assess changes in their caring behaviors. The CACG results indicated that the nurses' perception caring behaviors improved post training, as mean scores on the CACG survey demonstrated the nurses felt a stronger tendency toward a holistic approach to care which was also reflected in the patients' SRTs. This unique two-pronged approach to education provided an established strategy which focused on nurse-patient communication and caring behaviors.

Keywords: Staff education, behavior change, relationship based care, structured rounding tool, education module on caring behaviors, Caring Assessment for Caregivers (CACG) tool, improving patient perception of nursing care.

Improving Nurse-Patient Communication

Introduction

Three basic connections are foundational to the discipline of nursing: (a) nurses' relationship with patients and their families, (b) the relationships among the rest of the health care team, and (c) their relationship with themselves (Vertino, 2014). In today's health care environment, team work and nurse communication are imperative to the success of the organization as they enhance patient care and outcomes. This project focused on improving the perception of nurse-patient communication by educating the nurses on caring behaviors.

Problem Description

The gap in practice in the clinical site was a lack of a patient centered protocol to communicate with patients and families as well as a lack of training for staff on utilizing evidence-based communication techniques and caring behaviors. This gap indicated a need for a training module on communication and caring behaviors to bring about changes in nursing caring behaviors which would result in improved patient and family perception of care.

Improvement

The desired state for the facility was to have a training module and protocol that impacted nurses' knowledge of evidence-based communication techniques and caring behaviors that were patient focused. The clinical question this project sought to answer included: In the telemetry unit (P), what is the impact of a nurse communication protocol and communication training (I) module versus not protocol and training module (C) on perception of caring communication practices (O) over a four week period of time (T)? The education on caring behaviors provided to the nurses consisted of techniques that were immediately being brought to the bedside and those results were reflected in the structured rounding tool (SRT). The clinical question pertaining to the SRT included: In adult inpatients on the telemetry unit (P), what is the effect of

implementing a structured rounding tool/communication tool (I) versus current practice (C) on

patient perception of nurse communication (O) over a six week period of time (T)? This quality

improvement project brought evidence-based practices on communication and caring behaviors

to the bedside in which nurses reported feeling less task oriented and utilized a more holistic

approach to their care (Moore & Stichler, 2015).

Methods

The Plan, Do, Study, Act (PDSA) quality improvement model was selected to guide the

implementation of bringing communication and teamwork EBP to the bedside. This is one of the

most commonly used quality improvement models in health care (Streeton et al., 2016).

Setting

This setting for this project was an acute care 218 bed facility located in California. The

project was implemented in the telemetry unit with an average daily census of 25.

Interventions

Training module development and staff education. An evidence-based, patient

centered communication protocol and training module were developed and presented to nurses

on the telemetry unit (n=12), after Capella Internal Review Board (IRB) approval, as part of their

job requirement. Those not present for the training module received the education from the unit

manager. Other training interventions included posted flyers on the unit and the agenda from the

staff meeting. The focus of the training module was to provide nursing staff with specific

evidence-based behaviors to improve patient perception of nurse communication. These

techniques included the importance of eye contact, social touch, addressing pain, positioning,

proximity of belongings, and bathroom needs with every encounter as well as involving the

patient and their family in the plan of care (Gordon, Deland, & Kelly, 2015; Montague, Chen,

Xu, Chewning, & Barrett, 2013). The importance of sitting versus standing were discussed as they significantly impact patient satisfaction, patient compliance, and provider-patient rapport, all of which are known factors in decreased litigation, decreased lengths of stay, decreased costs, and improved clinical outcomes (Swayden et al., 2013). This project's interventions focused on aligning patient perception of caring behaviors to improve communication and patient care outcomes.

Structured rounding tool. The SRT was developed based on Swanson's Theory of Caring and served both as an intervention and outcome measurement tool and was applied in same telemetry unit where the nurses participated in the training module on communication and caring behaviors. It was utilized by the charge nurses during their daily rounding on patients and was comprised of 12 Likert style (1=worst and 5=best) questions and focused on nurse communication and caring behaviors. The last question was open ended providing qualitative data on the patient's care experience. The results were reported out in real time for service recovery. Quotes were shared from the qualitative responses as they should have a more profound impact to either bring about change or to reinforce behavior. The responses on the SRTs led to identification of opportunities and trends to guide further staff education. For example, the pre-survey demonstrated that the patients did not feel the nurses included them in their plan of care and as such, the project leads and the unit manager rounded on the nurses to reinforce training and discussed methods to improve patients' perception of caring behaviors.

Evaluation Methods

The SRT and the Caring Assessment for Care Givers (CACG) (Copyright © Creative Health Care Management, Inc. Used with permission. www.chcm.com) survey were tools used to measure the effectiveness of the training module. The SRT was implemented to assess the

impact of education on patient's perception of nurse caring and communication. The SRTs were compared before and after the nurses received training on communication and caring behaviors. This project focused on the connection between the nursing education module and the impact on the patient experience and satisfaction. The CACG was used to measure the degree to which nurses perceived their own caring behaviors in providing care to patients.

Pre- and post- nurse communication training module survey. The CACG survey was utilized for pre and post training assessment. The tool consists of five major concepts including caring, knowing, being with, doing for, enabling, and maintaining belief (Wojnar, 2014). Each concept includes five Likert style questions (1=task oriented care and 5=more caring and holistic care) for a total of 25 questions (Steele-Moses, Koloroutis, & Ydarraga, 2011). The higher the score indicates stronger tendencies toward caring and a more holistic view of the patient and care delivery, versus focus on completing tasks. The overall internal consistency alpha coefficient of the CACG is .939, indicating that there is potential for duplication of some of the questions within the tool (Steele-Moses et al., 2011). However, the total score of the subscale had an alpha coefficient greater than .70 which was acceptable for this tool (Steele-Moses et al., 2011). Construct validity was measured by evaluating convergent validity and factor analysis. Overall, Steele-Moses et al., (2011) were able to successfully demonstrate the CACG tool is both reliable and valid.

Prior to the training module, all nurses present (n=12) confidentially and voluntarily completed the CACG survey to establish a baseline regarding their caring behaviors with patients. The survey was administered again four weeks after the training and reinforcement activities to evaluate the effectiveness of the training on nurse perception of caring behaviors.

Statistical analyses were utilized to evaluate the effectiveness of the nurse training module. A paired t-test used the mean to compare pre- and post-survey data using an Excel program. However, since not all nurses who completed the CACG pre training completed the post CACG, a non-paired t-test was calculated as the two groups were mostly independent from each other. The differentiation between the two groups can be attributed to the unpredictability of 12-hour staffing, turnover, vacations, and time constraints in administering the post survey. The non-paired t-test used the mean to determine if the two sets of data were truly different from each other. The results of the survey indicated that the staff utilized a more holistic and inclusive approach in their care when compared to task-oriented behaviors. The mean score of each category was calculated and the pre education scores were compared against the post education scores (see Appendix B, Table 2).

Results

For the CACG nurse survey, data from the 1-sided, non-paired t-test, demonstrated a statistical significance between the pre- and post- surveys (see Appendix A, Table 1). In addition, Chronbach's alpha is 0.941 for the pre-survey and 0.971 for the post-surveys, which exceeds the previously established 0.939 obtained by Steele-Moses et al. (2011). Therefore, the results of this survey are valid and reliable.

Table 3 shows the mean scores and calculated paired T-test and non-paired T-test for the patient's SRT responses (see Appendix C). Almost all of the SRTs data points showed an increase in mean scores and three of the questions (numbers four, seven, and eight) showed statistical significance in both the paired and non-paired T-tests. The averages of questions such as two, five, six, ten, and eleven showed an increase and could show statistical significance in time. This indicates that patients are reporting they feel more involved in their care and were

more satisfied with the care received. The feedback from the data and qualitative question were

shared with the unit manager as well as the nurses through huddles.

It was exciting to note that Question 11 which addressed the patients' connection with

their nurses was significant. The higher the correlation strength, the stronger the connection

between the two data points. Results showed that all of the data points were connected, however

Question 11 demonstrated the strongest correlation. According to Table 3, which listed the SRT

survey questions, the correlation strength was strongest (0.907) when correlating questions one

through ten with Question 11 (see Appendix C). The other correlation strengths ranged from

0.767 to 0.887. This highlights the importance of patients' perception of how connected they feel

to their nurses. This is very exciting as this will positively impact the nurse patient

communication. Results also indicated that the positive connection with their nurses showed

positive responses across the remainder of the SRT survey. The survey also indicated that the

higher Likert scale score for Question 11, resulted in higher scores throughout the remainder of

the SRT survey. Similarly, if they indicated low Likert scale scores for Question 11, the

remainder of the SRT survey responses were also low. This means that if patients feel connected

to their nurses, they have a positive experience throughout their hospitalization. By utilizing

caring behaviors and forming a solid connection with the patient, the nurse can positively impact

the patient's perception of their entire hospitalization and care.

Discussion

Summary

The goal of this project was to improve patient perception of nurse communication by

teaching nurses evidence-based caring behaviors and assessing patient perception through the

use of SRT. This project was successful in as it confirmed the positive impact the nurse-patient

relationship has on both the patient care experience and nursing satisfaction. The project leads were able to positively impact both the patient's perception of the care they received and the nurses reported feeling more inclusive in their care. The information from the surveys was used to guide future education modules targeting specific behaviors the nurses can utilize so that patients felt involved in their care. Other future projects include spreading the training content module as well as the SRT throughout the medical center.

Limitations

There were multiple limitations to this study including the small sample size. The small sample size must be taken into consideration when considering making inferences about the population and spreading practices. Another limitation is the time period of the study which was brief. Much of the data was trending toward statistical significance and with more time those trends could be statistically significant. The third limitation included the data was obtained from one nursing unit and many of the nurses who were present for the post-survey were not present for the initial presentation. These above mentioned limitations will be remedied in the future by offering multiple different in-services for the training modules, instead of just the one. This will provide more opportunities for the unit nurses to participate and for reinforcement.

Conclusion

Communication between the nurse and patient is critical as it impacts quality and safety. In order to improve patient perception of communication, an education module was presented to the nurses on caring behaviors and an SRT was created to monitor patient perception of communication. The results demonstrated a statistical significance in the areas pertaining to feeling involved in their plan of care, their input was valued, and they felt more involved in their care (questions four, seven, and eight respectively). This project was also able to statistically

correlate the value of the nurse-patient relationship and how this relationship impacts the

patients' perception of their entire care. Lastly, through the educating the nurses on caring

behaviors, this project was able to successfully impact the patient's perception of nurse

communication by educating thus improving the overall perception of care.

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APPENDIX A

Table 1

CACG Nurse Survey - T-tests

Pre vs Post Education:	2 Sided T-Test p Value	1 Sided T-Test p Value
Maintaining Belief	0.0099[a]	0.0049[a]
Knowing	0.0747[b]	0.0373[a]
Being With	0.3756[c]	0.1878[c]
Doing For	0.0791[b]	0.0395[a]
Informing/Empowering	0.0251[a]	0.0126[a]

a = Statistically Significant, b = Trending Toward Statistical Significance,
c = Not Statistically Significant

APPENDIX B

Table 2

CACG Nurse Survey - Mean Scores

_____

	Education		
		Before	After
Maintaining Belief		4.533	4.900
Knowing		4.517	4.800
Being With		4.610	4.740
Doing For		4.783	4.940
Informing/Empowering		4.517	4.840

APPENDIX C

Table 3

Structured Rounding Tool Analysis - Mean Scores and T-tests

	Education			
Survey Question #	Pre [a]	Post [b]	2-Sided T test	1-Sided T test
1. Overall care	4.65	4.58	0.679	0.340
2. Listening	4.57	4.67	0.592	0.296
3. Respect	4.78	4.71	0.665	0.333
4. Input	4.13	4.67	0.015*	0.008*
5. Understand words	4.70	4.73	0.821	0.411
6. Concerns	4.48	4.71	0.296	0.148
7. Plan of action	4.17	4.69	0.018*	0.009*
8. Involvement	4.17	4.64	0.034*	0.017*
9. Eye contact	4.86	4.71	0.337	0.168
10. Likeability	4.65	4.78	0.491	0.245
11. Connection	4.61	4.71	0.582	0.291

[a] n = 23. [b] n = 45. *p<.05 = Stat