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Civility and Communication Interventions to Improve Patient Outcomes

Lane Denney
University of Arkansas, Fayetteville

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Abstract

Communication in health care is vital for the successful care of patients and their outcomes while they are hospitalized. Healthcare workers are responsible for communicating patient information whether it is between change of shifts or reporting to a patient's provider. It is important that this information is communicated effectively. This review evaluates how nurses communicate in shift- report and how this affects patient outcomes and civility between nursing units and teams. Overall, bedside shift reports promoted the best patient outcomes and increased teamwork on hospital units.

Introduction

Through my time of learning at a hospital in Little Rock, Arkansas, I learned the importance of communication and civility between interpersonal teams. Working as a unit coordinator on the cardiac telemetry unit allowed me to observe the interprofessional healthcare team communicate at all different levels of care. The most important thing I learned that will help me in life and as a future nurse is that showing respect and civility to team members will not only increase job- satisfaction but will also increase patient outcomes. I have seen both positive and negative interactions between members of the unit, and positive interactions always promote teamwork and a better attitude for the unit. This experience will allow me to bring these insights into my role as a new nurse and help me remember the importance of communication between the interprofessional team.

Reflection

As a Unit Coordinator at a hospital in Little Rock, Arkansas, my tasks on the unit included being a receptionist for the unit working directly with nurses and other patient care team members. A few of my duties included answering patient call lights and reporting to nurses or nursing assistants, answering phone calls from other departments and doctors and relaying messages to nurses, and as well as assisting visitors within the unit. I oversaw admissions, discharges, and transfer of patients within the unit to facilitate patient flow. I kept patients' paper charts neat and in order while also monitoring that the unit was clean and kept tidy.

During this experience I learned the importance of effective communication between nurses, doctors, nursing assistants, and administration. Patients rely on this communication for their care and poor communication between healthcare teams can result in mistakes that negatively impact

the patient. Patients are at risk for potential harm when the receivers of shift- report get inaccurate or incomplete information about the patient. Issues in communication can delay treatment for patients and cause incorrect decisions in a patient's care. Researchers found that communication errors were the cause of 30% of malpractice claims that resulted in 1,744 deaths and $1.7 billion in malpractice costs over five years (The Joint Commission, 2017). Not only can it affect patient safety, but it can also decrease patient satisfaction. Poor communication can lengthen hospital stays and slow patients' health improvement which leads to poor patient satisfaction scores that are important for hospital ratings (HIPAA Journal, n.d.).

I have learned that effective communication includes respect between each person, not using “you” statements, listening to what the other person has to say, using positive body language, and speaking clearly with a positive tone. Negative communication styles I observed are raising voice at the other person, using negative body language such as rolling eyes or not looking at the person as they are speaking, interrupting the other person as they are speaking, and having a negative attitude towards the other person. I will be able to take this experience into my future career and will be respectful and assertive in my communication for both myself and my patients. To further explore the idea of civility and communication, I conducted a literature review on the topic.

Picot Research Question

Do civility and communication interventions between interprofessional teams improve patient outcomes?

Methods

Study Design

A systematic review was conducted on the effectiveness of communication interventions and civility in the interpersonal team to improve patient outcomes during hospitalization. This review was guided by PRISMA guidelines and a collection of fifteen articles from nursing-specific databases.

Information Resources

Databases used for the collection of articles for this review were from CINAHL complete and MEDLINE complete (Ebsco).

Search Strategy

Search terms used based on research questions included "communication," "patient outcomes," "shift report," and "civility." Further limiters included only articles from the past eleven years (2010-2021) and English language.

Inclusion/ Exclusion strategy

Articles were excluded if they did not include key PICO elements. (a) The study was conducted on nurses in the interpersonal team (P); (b) the study investigated a link between civility and communication interventions and patient outcomes (I); (c) the study compared interventions used in interpersonal teams versus ones who did not (C); and (d) outcomes measured must include patient outcomes (O).

Search Results

After searching two databases, the initial search yielded 1,474 articles from CINAHL complete and 57 from MEDLINE (ebsco). Titles were reviewed and 1, 511were excluded. Full text reviews were conducted on the remaining 20. Finally, 5 articles were excluded for not meeting criteria resulting in 15 full- text articles for review.

TABLE 1: Articles Reviewed

Title:	**Author:**
“I- PASS as a nursing communication tool”	Miller, D (2021)
“Nursing bedside clinical handover: a pilot study testing a ward-based education intervention to improve patient outcomes"	Hada, et. al. (2018)
“Exploring the Hidden Functions of Nursing Bedside Shift Report: A Performance, Ritual, and Sensemaking Opportunity"	Manges, et. al. (2019)
“Improving Patient satisfaction with nursing communication using bedside shift report”	Radtke (2013)
“A qualitative study of the change- of- shift report at the patients bedside”	Grimshaw, et. al. (2020)
“Developing a standardized tool to improve nurse communication during shift report”	Jukkala, et. al. (2012)
“Impact of SBAR on nurse shift reports and staff rounding”	Cornell, et. al. (2014)
“Moving Shift Report to the Bedside: An Evidence-Based Quality Improvement Project”	McAllen, et. al. (2018)
“Communication and patient safety in the change- of- shift nursing report in neonatal intensive care units"	Itamaro, et. al. (2016)

“Nurse handover: patient and staff experiences"	Bruton, et. al. (2016)
“Use of an evidence- based shift report tool to improve nurses communication”	Chung, et. al. (2011)
“Implementing and sustaining bedside shift report for quality patient centered care”	Becker, et. al. (2021)
“Electronic Health Record Tool to Promote Team Communication and Early Patient Mobility in the Intensive Care Unit"	Anderson, et. al. (2018)
Changing handoffs: The shift is on"	Costello (2010)
“Implementation of an evidence‐based patient safety team to prevent falls in inpatient medical units"	Godlock, et. al. (2016).

Results

Characteristics of studies

All 15 studies were completed at in- patient hospitals from 4 countries: The United States, United Kingdom, Australia, and Saudi Arabia. The units from these studies included neonatal intensive care units, pediatric units, medical intensive care units, surgical and medical units.

Summary of studies

Barriers to bedside report

Miller (2021) explored the barriers nurses had to using the I- PASS (illness severity, patient summary, action list, situational awareness, and synthesis by receiver) tool during patient hand- off to prevent health- care related errors. A quality improvement survey was sent out through email to 98 nurses on two pediatric units and 70 of the nurses completed it with ages younger than 25 to ages older than 55 with an average of nine years of nursing experience. Almost 50% of the barriers reported to using I- PASS hand- off were interruptions and that it took too long.

Grimshaw et al. (2020) was seeking to answer the question, "What are acute care nurses' perceptions of the change- of- shift report at the patient's bed- side?" Personal interviews were conducted on seven nurses from different units such as medical, surgical, and critical care. The five themes concluded from the interview were: bedside reporting can take more time, bedside reporting promotes continuity of care, modified report was used, bedside report provides visualization for the patient, and nurses cannot say everything in the bedside report (Grimshaw et al., 2020).

Itamaro et al. (2016) sought to identify factors related to patient safety concerning communication on the shift change process of nursing teams using quantitative- descriptive- exploratory research. It was conducted in a neonatal intensive care unit with 70 nursing professionals between April and May 2012. Even though the results concluded that 80% of the professionals thought all necessary information was discussed, 38.6% indicated that delays like "side talk" and "noise" negatively affected the shift change. Delays could put a nurse behind in her start of planning and patient care for the day as well as these interruptions could cause nurses

to lose track of what they are saying and forget to transmit critical information (Itamaro et al. 2016).

Improved Patient Safety and Quality of Care

Hada et al. (2018) explored the effectiveness of bedside nursing hand-over education to enhance patient safety and overall quality of care. The study took place in two geriatric and rehabilitation units in a research hospital in Brisbane, Australia with a total of 58 nurses. The study was a before and after quasi- experimental design that included before test measures (observation and surveys), intervention implementation (bed- side handover SBAR script and bedside handover flow chart), and after test measures (observation and surveys). Before the bed-side report intervention took place nurses would give reports in a verbal/ written form that would take place in the staffroom. After the intervention was implemented on 52 patients in the before group and 52 in the after group there was a 9.37% decrease in patient falls without harm, 75% decrease in number of pressure injuries, and 11.1% decrease in medication errors (Hada et al., 2018).

Manges et al. (2018) sought to describe the latent functions of the nursing bed- side shift report (NBSR) from the perspectives of 13 frontline nurses to improve the NBSR at their own institutions. The three latent functions identified were nurses using bed- side shift report as a performance, ritual, and sensemaking opportunity. A unit committee developed a “script” that included introductions, viewing patient information on the computer, checking IV lines and wounds, and asking the patient if they could bring them anything. This script was given to nurses before NBSR started to assist them with the process. The nurses communicated that NBSR is a

way to prioritize patient safety, develop strong nurse- patient relationships, and teamwork between the nursing shifts (Manges et al., 2018).

Cornell et al. (2014) measured how using an SBAR (situation, background, assessment, recommendation) for shift report impacts report times, report consistency, quality of information, use of paper and paper handling, transcription times, and patient review times. The study was done on a 48- bed medical surgical unit over 51 shift- reports recorded and studied. With the SBAR protocol being introduced first with paper and then electronically, baseline shift- report observations (tasks, tools, and location) were recorded as well as observation of protocol (patient review time and consistency). The results concluded that it took much less time using electronic SBAR 38.1 minutes compared to baseline (pre- SBAR) 53 minutes. Patient review time and consistency was also shorter from 119 seconds to 58 as well as there was more time for the nurses to talk about patients instead of just trying to write everything down. Overall, the SBAR initiated more focused reports that could help patient outcomes (Cornell et al., 2014).

Chung et al. (2011) developed a standardized shift report tool on a medical surgical unit in a large tertiary hospital using steps in the Iowa Model of Evidence- Based Practice. To measure, they provided a 10-item survey before and after implementation of shift report tool to measure nurse's attitudes, time shift report tool, and amount of overtime. Results included decreased frequency of missed information, fewer delays in shift starting time, and less overtime. Overall, the report tool was effective in improving shift- report and increased patient safety by helping decrease frequency of missed information (Chung et al., 2011).

Becker et al. (2021) implemented a bedside shift report (BSR) for a quality improvement project at VA medical center in Wisconsin. Implementation began every 2 weeks on a different

unit with the help of BSR champions on each unit, project coordinators, a patient brochure encouraging patients to participate in BSR, and nurses' cooperation. After 15 months of implementation there was 82% consistency on BSR as well as improved safety and increased patient satisfaction because patients were more involved with their care. Patients were able to confirm or correct any information during BSR and allowed nurses to check equipment and alarms are activated and working correctly before the previous nurse leaves to catch any potential safety hazards (Becker et al., 2021).

Godlock et al. (2016) implemented a patient safety team to prevent falls. MedSurg leaders noticed an increase in falls and established a Fall Safety Team that included registered nurses (RN), licensed vocational nurses (LVN), and certified nursing assistants (CNA) with identified unit champions based on their outstanding clinical skills and commitment to patient safety. The pre-intervention fall rate was 1.9 falls per 1,000 bed days. An on- duty on- call roster was made monthly so one team member was designated to respond if a fall occurred, and unit champions were responsible for educating staff about fall prevention and trends and current safety issues. The fall safety team also worked with unit leaders and facilitated an all- day TeamSTEPPS simulation titled “The Perfect Storm: Falls Prevention using EBP TeamSTEPPS.” The fall rate from this implementation decreased to 0.69 falls per 1,000 days (Godlock et al., 2016).

McAllen et al. (2018) implemented and evaluated how a standardized bed-side shift report affected patient safety and patient and nurse satisfaction. The study was done over a four-month period on three units at a Magnet designated teaching hospital and results were measured

before and after implementation. The results concluded that falls decreased by 24% and surveys concluded that patient and nurse satisfaction increased (McAllen et al., 2018).

Increased Patient Satisfaction

Radtke (2013) sought to determine if standardized shift reports improved patient satisfaction with nursing communication. At this specific organization they wanted to improve patient satisfaction ratings on the surveys they would give patients after discharge. They used a bed- side shift report process based on Peplau's interpersonal relations theory based on the idea the nurse- patient relationship is therapeutic and crucial for the nurse to put context behind the care delivered to their patients. Before implementing a bed-side shift report nurses would do shift- reports in the hallway or at the nurse's station outside of the room and the patients reported statements like "I don't hear from anyone when the nurses are shifting." After implementing the bed- shift report process, patient satisfaction in the area "nurse communicated well" increased from 75% to 87.6% over three months (Radtke, 2013).

Bruton et al (2016) wanted to understand the purpose, impact, and experience of nurse handover from patient and staff perspectives. Research was performed in a large urban hospital in the UK on two acute wards units, medical and surgical, by conducting interviews with patients, staff, and observation of handovers, ward rounds, and patient- staff interactions. On the medical ward, shift reports were all done at the bedside but on the surgical floor they did hand-over outside the room and would go in and introduce the new incoming nurse (NIC). Advantages noted for doing a report at bedside included patient opportunity to correct misinformation and ask questions, visually checking patients, continuity of information and safety, and opportunity to introduce the new nurse. Disadvantages included talking over patients, breaching

confidentiality, patients interrupting and slowing handover, and patient hearing what was discussed. Overall, the study showed that patients wanted updated information on their condition regularly and they valued it during bed- side handover (Bruton et al, 2016).

Costello (2010) sought to implement a new policy of shift report to improve patient handover and teamwork between nurses and unit assistant personnel (UAP) on a 15-bed medical-surgical unit. The changes in policy included UAP were allowed to listen to reports with all the nurses, oncoming nurses would receive a face-to-face report from an off- going nurse, and a hand-off that included the on- coming and off- going nurse going into the patient's room to introduce themselves and go over the plan of care with patient. Before this policy nurses would leave a tape recording for on- coming nurses to listen to reports and UAP had no part of shift change. Results a year from this implementation patient satisfaction scores increased in friendliness of nurses (up 1.1%), nurse's attitudes towards requests (up 4.3%), nurses were attentive to special needs (up 4.8%), and nurses kept you informed (up 3%) (Costello, 2010).

Teamwork and Civility Improvement

Jukkala et al. (2012) wanted to develop an effective approach to communication during patient handoffs based on the clinical microsystem. The unit leaders and nursing staff on a medical intensive care unit developed the (MCT) MICU communication tool. The MCT included a full human figure to guide communication about assessments specific to body systems, lab work, procedures, and any social or family concerns. To measure they used the MICU shift report communication scale (MSR) to compare before and after implementation of the MCT. Results from 34 nurses that completed baseline and follow- up measurements concluded that the MSR scores decreased (lower scores indicate more in favor of the communication) after

implementation of MCT from 18. 75 to 17.72. This means nurses reported significant improvement and more in favor of using the MCT compared to the old shift- report without using MCT (Jukkala et al, 2012).

Anderson et al. (2018) sought to implement an electronic health record (EHR) tool to improve interpersonal communication and collaboration for early mobility in an intensive care unit. Through two phases the staff members first viewed an online educational module, existing mobility protocol, and the "Mobility levels" grading scale, then an EHR communication tool displayed recorded mobility levels of patients to all patient- care providers. Staff knowledge and perceptions were surveyed before and after implementation as well as patient outcomes that included mechanical ventilation time, mobility goals, length of stay, and cost from records. Results included increased staff satisfaction with mobility communication and frequency. Patient outcomes also increased because hours to achieve mobility goals and length of stay decreased as well as ventilation time and ICU cost (Anderson et al, 2018). Even though nurses may experience anxiety and resistance when it comes to giving a report at bedside, the study indicates continuity of nursing care and patient safety is promoted when this is implemented (Grimshaw et al., 2020).

Discussion

The primary outcomes identified from these studies were to discover barriers in communication between the interpersonal team and improve patient care by implementing interventions to decrease those barriers and facilitate better communication. Other outcomes identified were patient satisfaction, nurses' satisfaction, and teamwork. Bedside shift report reflected a positive change and improved outcomes among these units including patients, nurses,

and staff overall. This review of literature allows nurses to identify best practice interventions that will reduce communication errors overall. In the study by Jukkala, "Successfully reducing communication error within the complex adaptive health care system requires both an understanding of potential sources of error within the process and developing appropriate interventions" (Jukkala et al, 2012 p. 240). Many of these studies implemented a bed-side report intervention for the in- coming and off- going nurse to do patient-handoff in the patient's room instead of in the hallway or nurse's station. Nurses indicated that with the implementation of bed-side reports they were able to correct safety issues such as stopping a feeding tube and identify a patient who was deteriorating (Becker et al,2021). Radtke's study (2013) had related results in that one of the nurses reported," I like that I see my patients right away, so that if something happens with one of my patients, I at least know what is going on with my other patients" (Radtke, 2013 p. 24).Also, in this study patient satisfaction in nursing communication using bed-side shift report increased from 75% to 87.6% in only 6 months and one patient reported, "I like that I can ask questions and that I can talk to them, instead of them telling me what is going on (Radtke, 2013 p.24)." In many of these studies patients appreciated how they were able to be interactive in their care, which allows for more patient autonomy and builds a nurse and patient therapeutic relationship. Increased implementation of bedside reports can change healthcare for the better. It allows nurses to have a full visual of their patients and notice changes in patient status and any immediate needs.

Other outcomes measured included patient satisfaction, fall prevention, and early mobility. The use of electronic health records to improve communication for early mobility in the intensive care unit improved patient outcomes by decreasing mechanical ventilation time,

length of stay, and hours to complete mobility goals (Anderson et al. 2018). Decreased length of stay and increased mobility of patients is overall cost- effective for both patients and hospitals. This is a notable example of how increased communication and bed-side report allows patients to get the utmost quality of care and provides nurses a base to provide that care. Not only did patients appreciate bedside reports, but nurses also reported increased satisfaction which promotes civility and teamwork on a unit. Staff members said they were "moderately" or "extremely" satisfied after implementation (79%) compared to before implementation (34%) (Anderson et al., 2018). When the staff is happy it encourages further teamwork and gives them more fulfillment in their work. Work satisfaction can have a direct effect on patient care and outcomes. Falls were reduced from 1.9 falls per 1,000 days to 0.69 falls per 1,000 days by creating a patient fall team that would educate other nurses about preventative measures and recommend target evidenced based interventions (Godlock et al., 2016). Then if a fall occurred, the team would review interventions to continue to keep the patient safe and to prevent further falls. Without effective communication these interventions would not have been proven as successful and the patients would be negatively affected. These researchers conclude that when nurses, staff and leaders on a unit and hospital all come together it creates both a positive work environment and area where patients can recover and go home, which is the goal of all hospital units.

Limitations

A few limitations through this literature review are that every hospital and unit in a hospital is different and does shift- change and report differently so findings may not translate to every hospital setting. Some hospitals also are not large enough or may not have enough

resources to be able to implement these interventions. Some articles are from outside the United States and healthcare differs significantly by country when it comes to cost, services, and hospital management. More research specifically about how bed-side shift reports affects patient outcomes and nursing care would be efficient to evaluate this research so it could be standardized in all hospitals.

Conclusion

To conclude, nursing bedside shift report had a positive outcome on patient safety, patient satisfaction, and increased teamwork between healthcare workers in a hospital. Barriers found such as “bedside reporting can take more time” and “modified report was used” can be solved by using a standardized bedside SBAR report sheet. Hospitals could implement BSR by creating a report sheet per unit that the off going nurse reports to the oncoming nurse. Increased implementation of bed-side shift report over hospitals can create a better healthcare environment with fewer communication errors.

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