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Can We Talk? Bridging the Communication Gap between Nurses and Providers

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Dedication

I would like to take the opportunity to dedicate this project to my family, without them this project and degree would have been impossible. As I have tirelessly worked towards the completion of this project, they have also tirelessly supported me in everything I have ever done. My accomplishments are a direct result of my faith in God, hard work, dedication, and an overwhelming family support system that began from a very young age.

Thank you to my husband, Evan, who has for the last ten years tolerated a wife that aspires to be more than she could have ever dreamed. He has instilled the confidence and passion in me to always be better than I am. And to my children, Jackson, Macy, Mallory, and Ellis. I pray every day that you have watched me work hard and make huge sacrifices in pursuit of my dreams. Dreams come true, but you have to work hard to accomplish them!

To my sister, Allison, simply thank you.... For everything, from being my best friend to my sounding board, to the last-minute babysitter when an assignment was due the next morning.

To my grandmother, Bet, I love you and thank you for always being there and picking up the slack! I love you dearly!

Lastly, my Mom & Dad, you two have spent your whole life making sure that we were always taken care of and could accomplish anything. You both worked harder than anyone I've ever known to keep us going and pulled together as a family. You taught me how to be a strong, independent, self-supporting woman. For that I am eternally grateful! I love you always!

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I would like to express my sincere gratitude to my faculty chair, Dr. Leigh Ann Keith. Not only have you pushed me to be the best I have ever been, even in adversity, but you have also become a dear friend. Thank you from the bottom of my heart, I would not be here today without you! I would also like to thank the Department of Nursing at Jacksonville State University for working with all students during this time of global uncertainty.

To the nurses at Baptist Citizens Medical Center, thank you for your support and friendship through the years. This project would have never taken off without your participation. Last but definitely not least, to Van McGrue for being my silent partner and taking me on as a student. Thank you for your guidance, mentorship, friendship, and continued nursing leadership through the years. You are appreciated more than you know!

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Abstract

Background: Effective communication is the key to successful relationships and improving patient care. Effective and efficient communication is also essential in producing a healthy self-confidence and knowledge base, which is needed by nurses and physicians who are providing daily care to patients.

Purpose: The purpose of this performance improvement project is to increase the communication competence and self-awareness of staff nurses during intraprofessional interactions with the healthcare providers.

Methods: A quasi-experimental quality improvement process that included a pre and post-survey alongside an educational program to arm nurses with information and communication techniques needed to help build relationships to foster effective and efficient communication.

Conclusion: Nurses proved to have a better communication competence and self-confidence during communications after the implementation of an educational program directed at improving communication between nurses and healthcare providers.

Implications for Nursing: Effective communication is an integral part of patient care and has proven that it results in better outcomes for the patient, healthcare providers, and health system.

Building excellent communication through education, developmental tools, and personal interactions should be a priority for all institutions.

Keywords: intraprofessional collaboration, patient safety, communication competence, healthcare cost, communication strategies

Can We Talk? Bridging the Communication Gap between Nurses and Providers

Introduction

Excellent communication between a nurse and the provider is the most significant relationship a healthcare system can nurture for the patient to receive the best care possible. Effective communication is an integral part of patient care and has proven that it results in better outcomes for the patient, healthcare providers, and the health system. Building excellent communication through education, developmental tools, and personal interactions should be a priority for all institutions (Wang, Wan, Lin, Zhou, & Shang, 2018). Poor communication between nurses and providers in a rural hospital in the southeastern United States (U.S.) led to this project's development. This facility has encountered multiple instances where nurses did not appropriately communicate with the providers or the providers did not correspond with the nurses and patients. The goal of this project is to provide the nursing staff with clinical pearls to increase self-confidence and knowledge to improve communication with the providers in the hospital.

Background

Effective communication is the key to successful relationships and improving patient care. Effective and efficient communication is also crucial in producing a healthy self-confidence and increasing the knowledge base, which is needed by nurses and physicians who are providing care to patients daily. When nurses are confident in the way they convey patient information to physicians, and those physicians reciprocate the willingness to communicate, the relationship will thrive and ultimately improve patient care, nurse-physician collaboration, and satisfaction rates of patients, nurses, and providers. Poor communication is one of the most prevalent problems in the healthcare setting and has a negative effect on patient safety, quality of care,

patient outcomes, and patient satisfaction (Kraut, 2018). CRICO strategies (2016), a comparative benchmarking system, released a report stating ineffective communication cost the U.S. healthcare system approximately \$1.7 billion in malpractice lawsuits and nearly 2,000 patient deaths yearly (Gooch, 2016). The Joint Commission (2017), reported that poor communication is a contributing factor leading to medical errors and there is an overwhelming need to incorporate skilled communication as a part of a healthy work environment (Jones et al., 2019).

Problem Statement

A meeting occurred with the project planner and the vice-president (VP) of patient care services (PCS) of a rural hospital in east-central Alabama. It was during this meeting that the project planner and VP of PCS identified a clear need for improvement in nurses' verbal communication with healthcare providers. Observations of poor communication between the nurses and the providers by the project planner, which led to discussions with hospital administration. The communication gap led to a decline in the relationships of the healthcare team resulting in misinformation and delays in care for the patients.

Frequently, misunderstandings occur because of poor communication between the novice nurse, physicians, or practitioners, which is exacerbated by the fact that new graduate nurses have yet to find their voice when relaying patient information to the providers on duty. The unpreparedness of novice nurses during the transition from student to their professional role has broad consequences and leads to a reduction in the quality of patient care (Hezaveh, Rafii, & Seyedfatemi, 2014).

The project, *Can We Talk? Bridging the Communication Gap between Nurses and Providers* was implemented in a rural hospital that currently experiences a communication problem. This project planner formulated an evidence question using the population,

intervention, comparative, outcome (PICO) format. A PICO format is a method used in evidence-based nursing to frame and answer clinical questions (Melnik & Finout-Overholt, 2019). For this project, the PICO question was as follows: In nurses (P) will participation in a focused education program (I) versus no focused educational program (C) develop increased self-confidence and knowledge competency (O) in intra-professional interactions with hospital providers?

Organizational Description of Project Site

The facility chosen for this project is a rural hospital in the southeastern U.S. The hospital has 122 beds and over 350 professionals. The hospital follows a patient-focused approach that helps ensure patients receive preventive and emergent care. The hospital offers a full range of services to meet the diverse needs of patients. These services include fast, life-saving response times for patients with chest pain or stroke symptoms; a patient-first approach to home health and hospice care; surgical services, including minimally invasive surgery; orthopedics, including rehabilitation; and psychiatric care (V. McGrue, personal communication, July 12, 2019).

Review of the Literature

A review of the literature was conducted by the project planner to determine the project design and evaluate the effects of poor communication and the strategies implemented to improve communication interdisciplinary. The literature review was conducted by searching the CINAHL and PubMed databases using search terms such as communication, patient safety, communication failures, intra-professional communication, communication training, communication strategies, healthcare cost, nursing communication, and communication competency. A review of these articles and studies show that implementing an educational

training program supplemented with an increase in positive communication among healthcare providers and nurses, enhanced interpersonal relationships, and may improve patient outcomes.

Communication Under Pressure: A Quasi-Experimental Study to Assess the Impact of a Structured Curriculum on Skilled Communication to Promote a Healthy Work

Environment

A quasi-experimental study was conducted to evaluate the impact of implementing a course on staff perceptions of communication in the work environment. A pretest/posttest design was used to evaluate the perceived barriers and facilitators to skilled communication and perceptions of a healthy work environment between the intra-disciplinary team consisting of nurses, advanced practice providers, and physicians on a pediatric hematology, oncology, bone marrow transplant unit (Hem/Onc/BMT). Participants were asked to complete three study documents, a demographic tool, the Mays, Hrabe, and Stevens Healthy Work Environment Instrument (HWEI), and the Perceived Barriers and Facilitators to Skilled Communication Sheet (PBFSCS) and attend a 5-hour course on effective communication. Twenty-six staff members participated in the study. 76% of the participants were staff nurses which practiced at the bedside, while the other 23% were in leadership roles such as a charge nurse or nurse educator role. The majority held a bachelor's degree and approximately half held a certification. Sixty-nine percent of participants had between 0-5 years of experience. The Wilcoxon signed ranks test result indicated statistical significance between the pre and post scores for the self-assessment component of the HWEI (Wilcoxon signed-rank = 79.5, n=26, p=.0005). The co-worker portion of the HWEI was borderline significance (Wilcoxon signed-rank = 50, n=26, p=.056). When individual and co-worker items were compared there was noted increase individually for “proficient in communication”, persistent in fostering collaboration”, and valued partner in the

work of the organization” while co-worker results only showed an increase in “proficient in communication” (Jones et al., 2019). In conclusion, the study suggested that implementation of a targeted course could potentially impact the perception of staff nurses regarding their own competence related to effective communication.

The Impact of Environmental Design on Teamwork and Communication in Healthcare Facilities: A Systematic Literature Review

A systematic literature review was conducted to investigate the current knowledge regarding the impact of healthcare facility design on teamwork and communication (Gharaveis, Hamilton, & Pati, 2017). Teamwork and communication are impacted by facility design. Searches of PubMed, Google Scholar, and targeted sources including *Health Environmental Research & Design*, *Environment and Behavior*, *Environmental Psychology*, and *Applied Ergonomics* databases were conducted using the years between 1984 and 2017. In phase one, 26 of 195 articles met inclusion criteria evaluating teamwork, 19 of 147 discussed the impact of communication in healthcare facilities (Gharaveis, Hamilton, & Pati, 2017). Eighteen studies met criteria and were discussed as the final product in the literature review. The findings of this study have shown the importance of teamwork and communication in a healthcare facility. Teamwork and communication are highly related to healthcare delivery outcomes (Gharaveis, Hamilton, & Pati, 2017). Not only is teamwork and effective communication directly related to improvements in patient safety, patient assessments, efficiency, social support, anxiety, problem-solving, or workload management, it can also be applied to all aspects of healthcare and patient services in general. Effective communication, appropriate team structure, and empowered team members are three of the main components of safe and effective healthcare delivery in a facility (Gharaveis, Hamilton, & Pati, 2017).

Team Based Communication and the Healthcare Communication Space

A case study approach to evaluate team-based communication on a palliative care unit. Items used in this case study were non-participant observations, interviews, and documents which included qualitative analysis pertaining to the study (Cornett & Kuziemy, 2018). This study was intended to develop a model or protocols which supported team-based communication, specifically on a palliative care unit (Cornett & Kuziemy, 2018). Communication is a vital component of healthcare delivery within the clinical team. The study showed an overall model within the healthcare communication space structured into five stages: purpose, healthcare communication practices and workflows, structure, implementation and common ground. These stages are fluid and each stage will build upon the last (Cornett & Kuziemy, 2018). This model is the first that integrates personal and structural components into a team-based communication space showing that communication is a key component to excellent patient care and patient satisfaction. This study also indicates that while personal responsibility plays a role in communication, in a healthcare environment it needs to be woven into the structure of the unit and facility.

Perceived Nurse—Physician Communication in Patient Care and Associated Factors in Public Hospitals of Jimma Zone, Southwest Ethiopia: Cross-Sectional Study

Poor communication has a significant impact on the relationship between a nurse and the physician. Studies have shown that communication failures are one of the leading causes of sentinel events, complications, and medical malpractice lawsuits (Hailu, Kassahun, & Kerie, 2016). A cross-sectional survey was conducted from March 10 – April 16, 2014, including 341 nurses and 168 physicians working in a public hospital. They were given a pre-test questionnaire, and the results were analyzed using EpiData and Statistical Package for Social

Sciences (SPSS). The response rate was 91.55%. The conclusions drawn from the analysis finds that nurse-physician communication needs further strategies to aid in the improvement.

Therefore, preventing further patient harm and miscommunication (Hailu, Kassahun, & Kerie, 2016).

Evidence-Based Practice: Verification of Chosen Option

Patient safety experts agree that communication and teamwork skills are essential for providing quality health care. When all hospital staff communicates effectively, health care teams can improve patient outcomes, prevent medical errors, improve efficiency, and increase patient satisfaction. Evidence supports the need for implementation of nursing processes and procedures that seek to decrease adverse patient events and improve the delivery of quality patient care. Evidence has found that health care teams that communicate effectively and work collaboratively reduce the potential for error, resulting in enhanced patient safety and improved clinical performance. Enhancing communication among healthcare professionals is one avenue of reaching these goals (Bhatt & Swick, 2017). There is an overwhelming need to incorporate skilled communication as a vital part of a health work environment (Jones et al., 2019).

Theoretical Framework/Evidence-Based Practice Model

The purpose of this initiative is to increase confidence levels and the knowledge of nurses in a rural hospital setting concerning the importance of good communication with the providers in the hospital. The project will provide an educational program with reinforcing clinical tools and methods for providing patient information and having informative discussions with their peers. The project planner used Patricia Benner's model From Novice to Expert as a theoretical framework (see Appendix A).

Benner identified five levels of nursing practice: novice, advanced beginner, competent, proficient, and expert. Nurses will experience all levels at some point in the journey of becoming an efficient and skilled healthcare provider. As a new nurse, one works tirelessly to hone in and perfect one's skill level and achieve proficiency and exhibit expert knowledge. Benner also identified two discriminatory aspects within the five levels: 1) clinicians live in different worlds depending on the level of practice, and 2) clinicians gain a sense of responsibility to their patients. Benner's model aims to uncover the meanings and knowledge within skilled practice (Butts & Rich, 2018; Benner, 1985).

Benner's model From Novice to Expert can be applied to all nurses as they transition from the new graduate nurse to the expert level nurse who has practiced for many years. While the majority of nurses have cared for patients in varying capacities, communication is not always a form of education one learns while in school and therefore has to be practiced and achieved during one's career. While new graduates are considered novice beginners, the knowledge needed to provide safe and effective care has not developed completely yet. Therefore, it is vital to provide new graduates with as many training programs and mentorships as possible (Butts & Rich, 2018; Benner, 1985).

Goals, Objectives and Expected Outcomes

This performance improvement project aimed to increase the communication competence and self-awareness of nurses during intraprofessional interactions with healthcare providers. This project utilized a pre and post-survey alongside an educational intervention to arm nursing staff with the information and communication techniques needed to help build relationships that foster effective and efficient communication. The result of this project will increase the nurse's self-confidence and encourage effective communication with providers by utilizing the methods

given in the educational interventional tool. Long-term outcomes of the project will show an improvement in the nurse's self-confidence level, therefore, improving the relationship and communication between nurses and providers, resulting in improving patient outcomes. Studies show that excellent communication between nurses and patients have many benefits and plays an instrumental role throughout a patient's entire healthcare experience. Good communication contributes to the ability to provide patients with individualized care. Nurses who take the time to understand the unique challenges and concerns of their patients will be better prepared to advocate on their behalf and adequately address issues as they arise. This greater focus on communication frequently leads to better patient outcomes as well (The University of New Mexico, 2016).

Project Design

A quality improvement process is used to arm nurses with information and communication techniques needed to help build relationships that foster effective and efficient communication. A quasi-experimental design using a pre-test-post-test data collection method to evaluate the intervention of employing education to increase the communication competence and self-awareness of nurses during intraprofessional interactions with healthcare providers. A multimodal teaching approach is the basis of this quality improvement project. It allows the learner to become familiar with the information through different methods such as visual, auditory, and kinesthetic strategies (Prescott & Nobel, 2019).

The research concludes the majority of learners retain information through a combination of learning strategies (University of Arkansas Fort Smith, 2017). Quantitative measurements gathered from the pre and post-survey conducted utilizing the Self-Perceived Communication Competency Scale (SPCC) (Appendix B). An educational training module administered to the

participants will support clinical pearls and instructions to improve communication interdisciplinarity. By utilizing a multimodal learning approach, a variety of levels for participation are available for participants to allow for better comprehension based on how the participant learns new material.

Project Site and Population

The project takes place in a rural hospital in the southeastern U.S. The hospital has 122 beds and over 350 professionals. The hospital follows a patient-focused approach that helps ensure patients receive preventive and emergent care. The hospital offers a full range of services to meet the diverse needs of patients. It includes fast, life-saving response times for patients with chest pain or stroke symptoms; a patient-first approach to home health and hospice care; surgical services, including minimally invasive surgery; orthopedics, including rehabilitation; and psychiatric care (V. McGrue, personal communication, July 12, 2019) (Appendix C).

Participants in this project included nursing staff who are working in the hospital. These departments include medical-surgical, intensive care unit, and the emergency room. All nursing participants are registered nurses (RNs) and are either associate-prepared, baccalaureate-prepared, or masters-prepared. All participants are either male or female and between the ages of 18-75 with varying levels of education and experience.

Setting facilitators and barriers.

This project included all nurses actively employed at the hospital, including Registered Nurses (RNs) and Licensed Practical Nurses (LPNs), excluding any nurses that may be on Family Medical Leave (FMLA) during the time of the project. Other contributors will be the Chief Executive Officer (CEO), VP of PCS, Hospitalist program director, and the project planner.

Implementation Plan/Procedures

The project planner obtained approval from the Jacksonville State University (JSU) Institutional Review Board (IRB). The Institute for Healthcare Improvement (2012) recommends that multidisciplinary team members be a diverse group of key stakeholders that have an interest in the outcome and wish to achieve the same goal. During the summer and fall of 2019, the project planner conducted a series of meetings with senior facility leaders to introduce the project and solicit their authorization. After a lengthy discussion with facility leaders, approval for the project was granted. These discussion included nursing participation and the ability of participants to remain anonymous. The nursing staff were able to choose if he/she would like to participate in the project. There was no penalty or repercussions for not taking part in the project. This project began with a pre-test which evaluated the nurses' perception of how well he/she feels they communicate. Participation included a signed consent form (Appendix D), which notified the participant that the project will remain anonymous. The surveys did not include names or identifiers; therefore, participants remain anonymous. The consent form also informed the participant that this project is entirely voluntary, and participants may decline to participate or withdraw at any time without penalty or repercussions. By signing the consent form, participants are stating they understand the requirements, and are aware of the anonymity of the project. Also, that one has the right to withdraw or decline participation at any time during the project.

The project began in the fall of 2019 by conducting a pre-test evaluation of nursing perceptions regarding the communication between nursing staff and provider communication throughout the hospital. Project participation included (1) nurses who work full-time, part-time, and pro re nata (prn), which means as needed, throughout the hospital (2) all nurses on Family

Medical Leave (FMLA). Criteria for exclusion will be ancillary staff, administration, lab personnel, medical, and nursing assistants. Identified barriers include voluntary participation from the nursing staff and the sample population.

Measurement Instruments

Survey

A pre-test survey was given to staff nurses in the hospital to assist the project planner in assessing the nursing staff regarding self-perceived communication and how it impacts one's interaction in the hospital. The survey provided the project planner with data regarding the perceptions of nurse/provider communication throughout the hospital. All responses ~~will~~ remained anonymous, and participation was voluntary, as outlined in the consent form. For efficient processing of the data, the combination of results will take place. Completed surveys remained anonymous, therefore, preventing workplace retaliation or discrimination. The completed surveys are locked in drawers of the project planner's office, where the results will be evaluated and used for accurate resulting. Surveys will only be accessible to the project planner and statisticians, who will be analyzing the data for proper documentation and resulting.

After the educational training module, a post-test survey was administered to evaluate the impact of the project. The project outcome is for the nurses to learn how to improve communication with the providers in the interdisciplinary team to increase patient, nurse, and provider satisfaction and patient outcomes. All surveys and results will be kept confidential and anonymous by not requiring any participant identifiers. The data collected from the pre and post-survey will be retained for three years upon completion of the project. All contributors will have ample time to review and disperse results in their departments.

Educational training module

A voluntary educational training module was distributed to the nursing staff. The module included information regarding proper communication techniques and the results of communicating efficiently and effectively in a team environment. Upon completion of the learning module, the SPCC post-test was administered to monitor participation with nursing staff who completed the module and evaluated if the staff perceives an increase in self-awareness and one's ability to communicate better. This educational training module discussed the essential factors which impact excellent communication and included clinical pearls on how to improve communication with the healthcare providers.

Data Collection Procedures

The Self-Perceived Communication Competence Scale (SPCC) is used for this project to determine the nurse's ability to communicate effectively. The SPCC measures self-perceived communication competence. Higher SPCC scores indicate higher self-perceived communication competence with primary communication contexts (public, meeting, group, dyad) and receivers (strangers, acquaintance, friend). This scale notifies the respondent to define communication competence. Since people make decisions concerning communication, it is their perception that is important, not that of an outside observer. Users of this measure must recognize that this is not a measure of actual communication competence; it is a measure of perceived ability. This measure has generated reasonable alpha reliability estimates (above .85) and had strong face validity. It also has been found to have substantial predictive validity (McCroskey & McCroskey, 1988).

Data Analysis

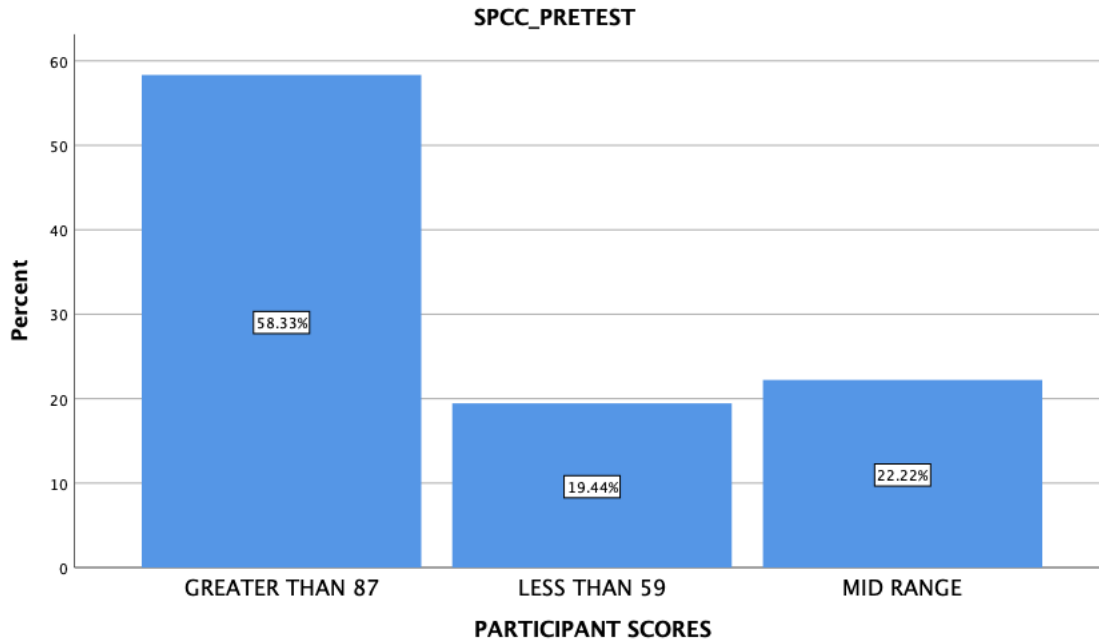
Data were analyzed using the Statistical Package for the Social Sciences (SPSS) software. The data obtained from the demographics portion of the pre-test was entered into the SPSS using a numerical system. Demographic values are associated with answers to gender, age range, nursing degree achieved/role, years of experience, and overall satisfaction of perceived communication between the nursing staff and providers. Numerical values will also be associated with the data obtained from the pre and post-test SPCC. This data was used to determine if there was an increase in self-perceived communication after participation in the educational module. Three sets of data were collected and analyzed from the participants in this quasi-experimental study which utilized a pre-test and post-test with education program.

Results

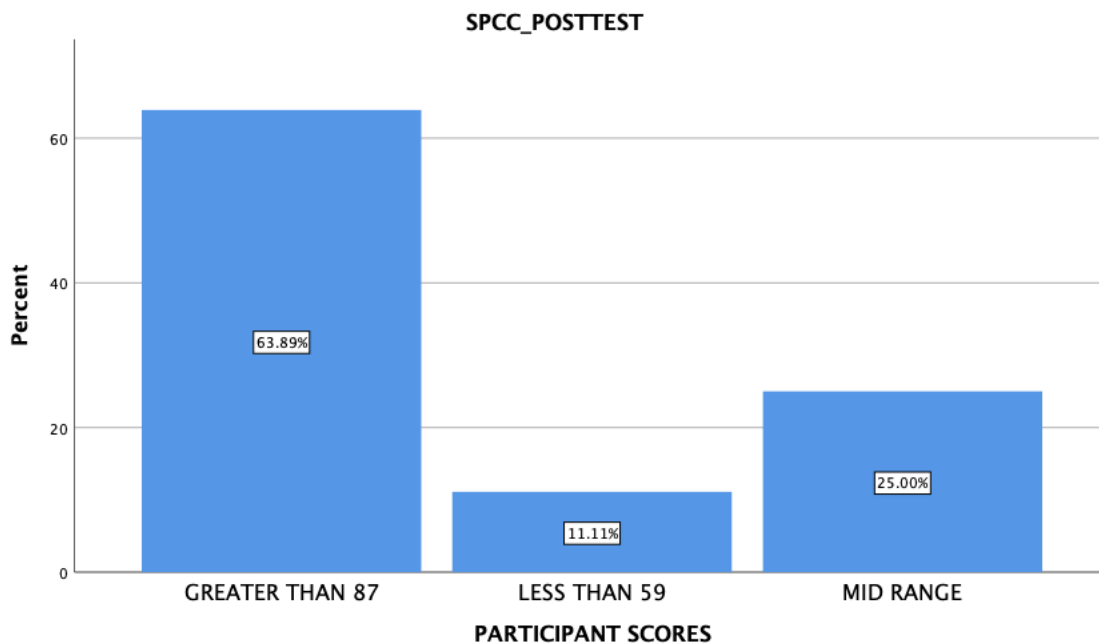
The first data source was obtained from N=36 participants during the recruitment phase of the project. During this time, participants completed a form with demographic information and signed the consent form to participate in the project. Participants were from multiple nursing departments throughout the hospital such as the emergency department, medical-surgical floor, and the intensive care unit. Demographic information included gender, age range, nursing education/role, years of nursing experience, and personal satisfaction level of the communication between nursing staff and providers in the hospital. Demographically participants were 94.4 % female and 5.6% male with a median age range of 26-35 years of age. The majority of participants were associates prepared nurses with an average of 16.5 years of experience (Appendix E). Overall, the nurses felt satisfied with communication between nursing staff and providers in the hospital (Appendix F).

The second data source was obtained from the SPCC pre-test survey which was given to the 36 nurses who agreed to participate in the project. All 36 completed the survey. The SPCC is a survey which evaluates a person's self-perception of their communication skills. Results of the pretest show that showed that 58.3% of the participants scored greater than 87 on the SPCC (Figure 1-1). Higher SPCC scores indicate that the participant has a higher self-perceived communication competence with basic communication contexts and receivers (McCroskey & McCroskey, 2013). 19.44% of participants scored less than a 59 on the SPCC survey pre-test.

Figure 1-1



The third data set was obtained from the SPCC post-test which was given to the same 36 participants after reviewing an educational learning tool about effective communication techniques. 63.89% of participants scored greater than an 87 on the SPCC post-test (Figure 1-2). That is a 5.56% increase from the SPCC scores on pre-test. Overall, there was improvement in the number of participants that increased their score greater than 87 and improved from less than 59 to a moderate range.

Figure 1-2

Cost-Benefit Analysis/Budget

The cost incurred for this project was minimal and covered by the project planner. The benefits of this project exceed any expense incurred.

Timeline

The project's timeline was between November 2019 and May 2020. (See Appendix G)

Phase 1

Phase 1 of the project improvement consists of the pre-test and implementation of the educational module required for the nursing staff. This phase began in late November 2019 and finished in February 2020 to gain the most participation.

Phase 2

Phase 2 began with completion of phase 1 and finished in February 2020. During this phase, data was gathered from the participation of the pre-test and online educational module.

This data were analyzed to evaluate methods that nursing staff can incorporate into daily practice to improve communication.

Phase 3

Phase 3 took place in February and March of 2020. During this time, the results of the project and recommendations were reviewed with administration.

Phase 4

Phase 4 is a wrap-up of phases 1-3 and will included a post-test addressing the effectiveness of the project and feelings of nursing staff and providers after implementation of the project. This portion occurred during March 2020.

Ethical Considerations/Protection of Human Subjects

Approval from the Jacksonville State University Institutional Review Board (IRB) was obtained before initiating the project. All participants are protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which, among other guarantees, protects the privacy of patients' health information (Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules, 2013). Additionally, the project planner and practice personnel who carefully conducted this project followed the *Standards of Care* for practice in an acute care facility. All information collected as part of evaluating the impact of this project was aggregated from the project participants and did not include any potential personal identifiers. There was no risk to participants with the implementation of this project. The list of participants for this project was secured in a locked filing cabinet located in a private office and was accessible only to the project planner. All electronic files containing data collection were password-protected to prevent access by unauthorized users, and only the project planner had access to the passwords.

Approval from the hospital CEO was obtained before project implementation. Before completing the pre-test and post-test surveys, the project participants agreed to participate, and informed consent obtained. The informed consent detailed the purpose of the project and the benefits of participating in the project. At any time during the project, the participants had the right to decline participation. The form provided the participants with contact numbers of the project planner. There were no identified risks associated with this project.

Conclusion

The project involved thirty-six participants who all participated in the pre-test survey, educational intervention, and the post-test survey. The evidence indicated an increase of 5.56% from the pre-test to the post-test thus showing an improvement in knowledge regarding effective communication principles from the group who scored in the middle range on the pre-test. A small percentage of participants which had low scores on the pre-test improved into a mid-range score on the post-test. Therefore, the data supported that implementation of an educational program discussing positive communication skills improved communication competence and self-perception regarding communication. The project also showed a significant relationship between nurses with more experience were more likely to have better communication competence versus those that were new graduates and less experienced.

Recommendations would include continued quarterly education to all departments in the facility on proper communication techniques and skills which will encourage nurses and providers to communicate more effectively and efficiently for the benefit of patient care. Effective communication between disciplines also helps to prevent medical errors and miscommunications which are detrimental to the patient. Development of peer groups that focus on techniques which enhance communication facility wide would be beneficial to the continued focus on proper

communication.

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Appendix A



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Appendix B

SPCC Scale

Instrument Title: Self-Perceived Communication Competence Scale (SPCC)
 Instrument Author: McCroskey, J. C., & McCroskey, L. L. (2013).
 Date Instrument was Created: Self-Perceived Communication Competence Scale (SPCC). Measurement Instruments Database for the Social Sciences. Retrieved from www.midss.it



Directions:

Below are twelve situations in which you might need to communicate. People's abilities to communicate effectively vary a lot, and sometimes the same person is more competent to communicate in one situation than in another. Please indicate how competent you believe you are to communicate in each of the situations described below. Indicate in the space provided at the left of each item your estimate of your competence.

Presume 0 = completely incompetent and 100 = competent.

- _____ 1. Present a talk to a group of strangers.
- _____ 2. Talk with an acquaintance.
- _____ 3. Talk in a large meeting of friends.
- _____ 4. Talk in a small group of strangers.
- _____ 5. Talk with a friend.
- _____ 6. Talk in a large meeting of acquaintances.
- _____ 7. Talk with a stranger.
- _____ 8. Present a talk to a group of friends.
- _____ 9. Talk in a small group of acquaintances.
- _____ 10. Talk in a large meeting of strangers.
- _____ 11. Talk in a small group of friends.
- _____ 12. Present a talk to a group of acquaintances.

Scoring:

To compute the sub-scores, add the percentages for the items indicated and divide the total by the number indicated below.

Public 1 + 8 + 12; divide by 3.

Meeting 3 + 6 + 10; divide by 3.

Group 4 + 9 + 11; divide by 3.

Dyad 2 + 5 + 7; divide by 3.

Stranger 1 + 4 + 7 + 10; divide by 4.

Acquaintance 2 + 6 + 9 + 12; divide by 4.

Friend 3 + 5 + 8 + 11; divide by 4.

To compute the total SPCC score, add the sub-scores for Stranger, Acquaintance, and Friend. Then, divide that total by 3.

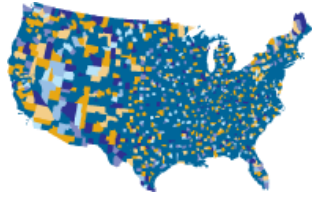
	<u>Reliability</u>	<u>Mean</u>	<u>S.D.</u>
Public	.72	68.8	17.8
Meeting	.68	68.8	17.1
Group	.67	76.1	14.6
Dyad	.44	81.1	12.4
Stranger	.87	55.5	23.6
Acquaintance.	.84	77.4	15.3
Friend	.78	88.2	11.3
Total	.92	73.7	13.8

Public	> 86 High SPCC	< 51 Low SPCC
Meeting	> 85 High SPCC	< 51 Low SPCC
Group	> 90 High SPCC	< 61 Low SPCC
Dyad	> 93 High SPCC	< 68 Low SPCC
Stranger	> 79 High SPCC	< 31 Low SPCC
Acquaintance	> 92 High SPCC	< 62 Low SPCC
Friend	> 99 High SPCC	< 76 Low SPCC
Total	> 87 High SPCC	< 59 Low SPCC

Higher SPCC scores indicate higher self-perceived communication competence with basic communication contexts (public, meeting, group, dyad) and receivers (strangers, acquaintance, friend).

Appendix C

Demographic Information for Project Site



U.S. Economic Development Administration. StatsAmerica.
Retrieved from
<http://www.statsamerica.org/USCP/comparison.aspx>

People & Income Overview

	Value	Rank in U.S.
Population (2018)		
Growth (%) since 2010 Census		
Households (2017)	79,828	<u>707</u>
Labor Force (persons) (2018)	-3.00%	<u>2,158</u>
Unemployment Rate (2018)	31,651	<u>677</u>
Per Capita Personal Income (2017)	34,978	<u>739</u>
Median Household Income (2017)	4.3	<u>1,125</u>
Poverty Rate (2017)	\$33,909	<u>2,492</u>
High School Diploma or More - % of Adults 25+ (2017)	\$41,733	<u>2,425</u>
Bachelor's Degree or More - % of Adults 25+ (2017)	18.3	<u>802</u>
	80.50%	<u>2,539</u>
	13.60%	<u>2,539</u>

Industry Overview, 2018 (By Place of Work)

	Value	Rank in the U.S.
Covered Employment	29,697	<u>703</u>
Avg Wage per Job	\$45,926	<u>657</u>
Manufacturing - % All Jobs in County	31.60%	<u>165</u>
Avg Wage per Job	\$66,764	<u>345</u>
Transportation & Warehousing - % All Jobs in County	6.00%	<u>396</u>
Avg Wage per Job	\$42,783	<u>2,150</u>
Health Care, Social Assist. - % All Jobs in County	0.00%	<u>2,243</u>
Avg Wage per Job	N/A	
Finance and Insurance - % All Jobs in County	1.70%	<u>2,041</u>
Avg Wage per Job	\$46,253	<u>1,903</u>

Appendix D

Hello,

You are invited to participate in a pre and post survey with an educational tool that will be based on the opinions of nurses which will be used to influence strategies that will be used to improve communication between nurses and providers in the hospital setting. This is a project being conducted by Jolie Wildinger a Doctor of Nursing Practice (DNP) student at Jacksonville State University. The survey should take approximately 30 minutes to complete each of the three sections.

PARTICIPATION

Your participation in this survey is voluntary. You may refuse to take part in the project or exit the survey at any time without penalty. You are free to decline to answer any particular question you do not wish to answer for any reason.

BENEFITS

You will receive no direct benefits from participating in this project. However, your responses may help us learn more about what strategies healthcare providers can incorporate into the work day that will encourage a better team environment and improve communication between staff.

RISKS

There are no foreseeable risks involved in participating in this project.

CONFIDENTIALITY

Your survey records that are reviewed, stored, and analyzed will be kept in a secured locked box in the office of Jolie Wildinger (project planner). No identifiers will be used in this project; therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether or not you participated in the project.

CONTACT

If you have questions at any time about the project or the procedures, you may contact me Jolie Wildinger, CRNP, DNP student at jsu6667j@stu.jsu.edu or my faculty chair, Dr. Leigh Ann Keith via email at lkeith@jsu.edu or phone at 256-315-1352.

If you feel you have not been treated according to the descriptions in this form, or that your rights as a participant in this project have not been honored during the course of this project, or you have any questions, concerns, or complaints that you wish to address to someone other than the investigator, you may contact the Jacksonville State University Institutional Review Board.

ELECTRONIC CONSENT: Please select your choice below. You may print a copy of this consent form for your records. Checking the "Agree" box indicates that

- I have read the above information
- I voluntarily agree to participate
- I am 18 years of age or older

Agree

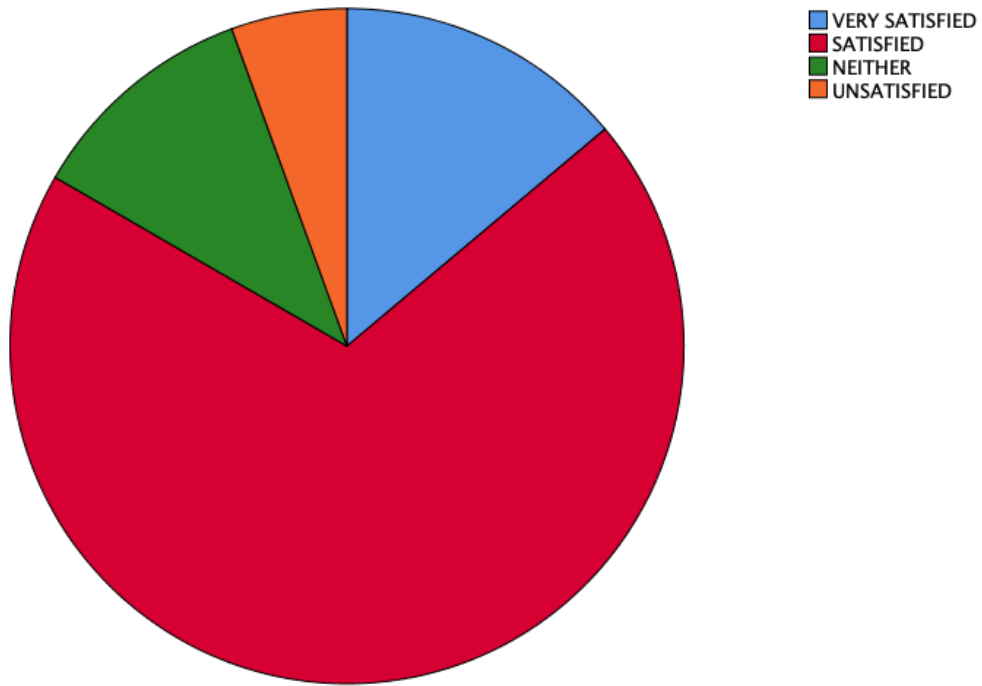
Disagree

Appendix E

Demographics of the Sample (n=36)		
	Frequency	Percent
Gender		
Male	2	4%
Female	34	96%
Age		
18 - 25	6	17%
26 - 35	11	30%
36 - 45	10	28%
46 - 55	4	11%
56 - 65	4	11%
66 - 75	1	3%
Education Level		
ADN	25	69%
BSN	8	22%
MSN	2	6%
DNP	1	3%
Experience		
1 - 3 years	8	22%
3 - 5 years	3	8%
5 - 10 years	7	20%
10 - 20 years	9	25%
20 - 30 years	5	14%
> 30 years	4	11%

Appendix F

SATISFACTION



Appendix G

Timeline

DNP Project Timeline

	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	
Recruitment Phase	X							
Phase 1		X	X					
Phase 2				X				
Phase 3					X			
Phase 4						X		

