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# Using an Educational Intervention to Address Nurse-Patient Communication at the Bedside: A Qualitative Study

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Using an Educational Intervention to Address Nurse-Patient Communication at the

Bedside: A Qualitative Study

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Submitted in partial fulfillment of the Doctorate of Nursing Practice Degree

Regis University

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## Abstract

It has been shown that simply instituting bedside report does not necessarily improve nurse-patient communication. Nurses need to be educated on standardized methods of giving report. Having a common predictable structure such as SBAR (Situation, Background, Assessment and Recommendation) for giving bedside report influences the patient's perception of communication with the nurse. The researched question was "In nurses working on a medical surgical unit in an acute care hospital does the implementation of an information and role-play workshop using SBAR affect perception of nurse-patient communication in bedside report." The purpose of the project was to determine nurses' perceptions of nurse-patient communication following a workshop using SBAR with the intention of improving nurse-patient communication. The goal of the research was to support the use of the workshop as a sustainable approach to informing nursing staff of appropriate nurse-patient communication. The outcomes revealed four categories which included *Effective Communication*, *Being a Patient in the Role Play*, *Being a Nurse in Role Play*, and *Future Needs*. Within each of the categories themes surfaced from the participants' experiences in the role play.

**Key Words:** DNP Capstone Project, bedside report, nurse-patient communication, HCHAPS, SBAR

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Using an Educational Intervention to Address Nurse-Patient Communication at the  
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**Executive Summary**

**Problem:** It has been shown that simply instituting bedside report does not necessarily improve nurse-patient communication. Nurses need to be educated on standardized methods of giving report. Having a common predictable structure such as SBAR (Situation, Background, Assessment and Recommendation) for giving bedside report influences the patient's perception of communication with the nurse. The researched question was "In nurses working on a medical surgical unit in an acute care hospital does the implementation of an information and role-play workshop using SBAR affect perception of nurse-patient communication in bedside report?"

**Purpose:** To determine nurses' perceptions of nurse-patient communication following a workshop using SBAR with the intention of improving nurse-patient communication.

**Goal:** To support the use of the workshop as a sustainable approach to informing nursing staff of appropriate nurse-patient communication.

**Plan:** Intervention included an educational session for nurses that included using SBAR during bedside report for consistent reporting practices and ways to engage the patient during bedside report. Nurses then participated in bedside report role play scenarios of findings.

**Outcomes and Results:** Four categories emerged in the research study results. These included *Effective Communication, Being a Patient in the Role Play, Being a Nurse in Role Play, and Future Needs*. Within each of the categories themes surfaced from the participants' experiences in the role play revealing the need for practice using a standardized approach to nurse patient communication.

## Table of Contents

<b>Preliminary Pages</b> .....	i
Abstract .....	i
Copyright Page.....	ii
Acknowledgments.....	iii
Executive Summary.....	iv
Table of Contents.....	v
List of Appendices.....	viii
<b>Introduction</b> .....	<b>1</b>
<b>Problem and Recognition and Definition</b> .....	<b>2</b>
Statement of Purpose .....	2
Problem Statement .....	3
Background Information.....	3
PICO.....	3
Study Question.....	4
<b>Project Scope, Significance and Rationale</b> .....	<b>4</b>
Project Scope.....	4
Significance.....	4
Rationale.....	4
Theoretical Foundation.....	4
Literature Selection.....	6
Scope of Evidence.....	6
<b>Review of Evidence</b> .....	<b>7</b>
Background of the Problem.....	7



Review of Literature.....	7
Nurse-Patient Communication.....	8
HCAHPS Survey.....	10
Bedside Report .....	11
SBAR and Teaching SBAR .....	14
<b>Project Plan and Evaluation.....</b>	<b>15</b>
Market/Risk Analysis.....	15
Project Strengths, Weaknesses, Opportunities and Threats.....	15
Driving Forces/Restraining Forces.....	16
Need, Resources and Sustainability.....	17
Feasibility/Risks/Unintended Consequences.....	17
Stakeholders and Project Team.....	18
Cost-Benefit Analysis.....	18
Mission/Vision Statements.....	19
<b>Project Outcome Objectives.....</b>	<b>19</b>
Logic Model.....	20
<b>Appropriate for Objectives and Research Design.....</b>	<b>20</b>
Population Sampling Parameters.....	20
<b>Appropriateness of the Setting for EBP Project.....</b>	<b>21</b>
<b>EBP Design Methodology.....</b>	<b>21</b>
Intervention.....	21
Data Collection and Study Protocol.....	22
Trustworthiness.....	24

Protection of Human Rights.....	25
<b>Findings.....</b>	<b>25</b>
<b>Effective Communication.....</b>	<b>26</b>
Listening.....	26
Clarity.....	26
Patient Understanding.....	27
<b>Being the Patient in the Role Play.....</b>	<b>28</b>
Can I Trust.....	28
Explain Why.....	30
<b>Being the Nurse in the Role Play .....</b>	<b>30</b>
Preparation.....	30
Distraction.....	31
<b>Future Needs.....</b>	<b>32</b>
More Practice.....	32
Staff Commitment.....	33
<b>Discussion.....</b>	<b>30</b>
<b>Limitations and Recommendations.....</b>	<b>40</b>
<b>Implications to Practice.....</b>	<b>41</b>
<b>Conclusion.....</b>	<b>42</b>
<b>References.....</b>	<b>43</b>
<b>List of Appendices.....</b>	<b>47</b>
Systematic Review.....	48
Logic Model.....	49

Data Collection Tool .....	51
Timeframe.....	53
Budget and Resources.....	54
IRB Approval Letter – Regis University.....	55
Agency Letters of Suport.....	56
CITI Training Certifications .....	59

## Using an Educational Intervention to Address Nurse-Patient Communication at the Bedside: A Qualitative Study

Patients' perceptions of nurses' communication has the greatest impact on overall patient satisfaction with their hospital care. Communication in the nurse-patient relationship is not only the transmission of information; it is also the transmission of the nurse's feelings and letting the patient know that their feelings have been recognized. Thorsteinsson (2002) suggests that a positive nurse-patient relationship is essential for quality nursing care and that this can only be achieved through patient-centered communication. Patient-centered communication is defined by Langewitz, Eich, Kiss and Wossmer (1998) as "communication that invites and encourages the patient to participate and negotiate in decision-making regarding their own care" (p. 230). Patient involvement in care was one of the 2011 National Patient Safety Goals set by the Joint Commission and is mentioned in the Institute of Medicine executive summary, *A Bridge to Quality* (Greiner & Knebel, 2003).

Nurses may become aware of problems with nurse-patient communication through The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey instrument scores (HCAHPS, 2015). HCAHPS is part of Medicare's value-based purchasing program, which is an effort to shift to reimbursement models that pay for high-quality care rather than a high quantity of care. The HCAHPS survey instrument measures patient satisfaction with the entire hospital experience including nurse-patient communication (HCAHPS, 2015). The survey asks questions of how often nurses communicate well or respond quickly to a patient request. Patients can respond with 'Always,' 'Usually,' 'Sometimes,' or 'Never' – but hospitals only receive credit for the 'Always' responses. Having the score results informs nurses of the patient's perception of the care they are receiving, and provides the opportunity for nurses to take

measures to correct negative habits and use the information as a learning tool to increase communication skills.

The literature notes that standardizing bedside reporting is a step toward improving communication between nurses, patients, and their families (Radtke, 2013). It can assist with patient-centered communication and the application of evidence-based practice at the bedside. Moving shift reports to the bedside improves transparency between the healthcare team and the patient. Patients are able to hear exactly what their plan of care entails and are free to add any pertinent information. One type of standardized format is SBAR (Situation, Background, Assessment, and Recommendation) (Dingley, Daugherty, Derieg, & Persing, 2008). It provides a common predictable structure for communication.

It is not enough for nurses to know that they should use the SBAR tool. Using SBAR technique requires that nurses be adequately trained in its use through appropriate educational methods (Chaharsoughi, Ahrari, & Alikhah, 2014). Role-play is an appropriate educational method that uses interactive techniques to help participants practice skills in a safe environment free from concerns about the impact of these decisions on real patient encounters. This study developed an intervention using role-play to assist nurses in learning SBAR in order to improve nurse-patient communication in bedside report.

### **Problem Recognition and Definition**

#### **Statement of Purpose**

The purpose of this study was to determine nurses' perceptions of nurse-patient communication following a workshop using SBAR with the intention of improving nurse-patient communication. The outcome supported the use of the workshop as a sustainable approach to informing nursing staff of appropriate nurse-patient communication.

## **Problem Statement**

An acute care hospital in the Southwest U.S. identified that medical units at their facility scored low on HCAHPS survey questions related to nurse-patient communication. Bedside report was instituted previously to address this issue. The decision to institute bedside report was supported by agencies that focus on healthcare quality and safety including the Agency for Health Research and Quality (AHRQ) (2013) and Studer Group (2014) as a way to increase patient satisfaction scores. The hospital goals were to increase HCAHPS scores for nurse-patient communication for all shifts. Despite this mandate the scores did not significantly increase. A factor identified by the leadership team was the inconsistency in the nurse bedside report process. In addition, the nurses did not frequently engage the patient during the process. This study addressed the need to improve nurse-patient communication in bedside report.

## **PICO**

This project was an evidence-based practice (EBP) project in which quality improvement was addressed through an educational intervention. The project was internal to the agency and informed the agency of issues regarding health care quality, cost, and patient satisfaction. The results of this project were not meant to generate new knowledge or be generalizable across settings but rather seek to address a specific population, at a specific time, in a specific agency. These projects translate and apply the science of nursing to the greater health care field.

Projects utilize the acronym “PICO”, rather than stating a formal research hypothesis. The acronym stands for: Population or Disease (P), Intervention or Issue of Interest (I), Comparison group or Current Practice (C), and Outcome (O) and is usually framed as a question (Melnik & Fineout-Overholt, 2011, p. 31).

The question this study sought to address was:

**P-Population:** Nurses working on a medical surgical unit in an acute care hospital

**I- Intervention:** Information and role-play workshop using SBAR

**C-Comparative:** None

**O-Outcome:** Perceptions of effective communication with patients at the bedside

### **Research Question**

The research question was “In nurses working on a medical surgical unit in an acute care hospital (P) does the implementation of an information and role-play workshop using SBAR (I) affect perception of nurse-patient communication in bedside report (O).”

### **Project, Scope, Significance, and Rationale**

**Project Scope:** This educational intervention was aimed at improving nurses’ communication skills at the bedside. This quality improvement project involved implementing a workshop to address nurses’ understanding of nurse-patient communication in bedside report.

**Significance:** It has been shown that simply instituting bedside report does not necessarily improve nurse-patient communication. Nurses need to be educated on standardized methods of giving report. Having a common predictable structure such as SBAR, for giving bedside report influences the patient’s perception of communication with the nurse.

**Rationale:** This study provided insights into the nurses’ perceptions of nurse-patient communication skills during bedside report to assist with improving HCAHPS scores.

### **Theoretical Foundation**

The Nurse-Patient Relationship Theory by Ida Jean Orlando (1960) focuses on meeting the immediate needs of the patient and supports the nurse’s role as patient/family advocate (Orlando, 1990). According to Dufault et al. (2010) the use of her theory “keeps the nurse’s focus on the patient” therefore making it applicable to the process of bedside report (p.63).

Orlando has identified four practices that are basic to nursing which include observation, reporting, recording, and actions carried out with or for the patient (Orlando, 1990). The use of a standardized bedside report such as SBAR fits with Orlando's Theory and applies to interaction between nurses and patients.

Kurt Lewin's Change Theory (1947) also applies to this study and serves to support the need for change in nurse-patient communication (Burns, 2004). Lewin described the process of planned change as "from the present level to the desired one" (Lewin, 1947, p. 32). According to McEwen and Wills (2014), "planned change occurs by design, as opposed to change that is spontaneous or that occurs by happenstance or by accident" (p. 370). Lewin outlines driving forces and restraining forces as components of the change process (Lewin, 1947). While driving forces facilitate movement in a new direction, they are countered by restraining forces that impede progress towards the goal (Lewin, 1947). Lewin describes effective change as "the return to equilibrium as a result of balancing opposed forces" (Lewin, 1947, p. 32). Lewin's model uses a three step process of unfreezing, moving and refreezing. The first step is unfreezing which encourages people to think about the current situation and assists them in recognizing the need for change (Kassean & Jagoo, 2005). In this study unfreezing involved creating awareness of nurses that a practice change regarding nurse-patient communication needed to occur.

Developing awareness and communication regarding the current situation assisted in creating a shared vision of improved nursing bedside report. During the moving phase, support to staff and clarification for the change can be examined and evaluated. Nursing staff was able to recognize the change and stabilization occurred during the refreezing phase. Unlearning old practices can be difficult and the refreezing stage not only engrains the new process in everyday practice, but routine application makes it the new normal.



Another theory applicable to this study is Sanford's "Caring through Relation and Dialogue: A nurses perspective for Patient Education" (Sanford, 2000). Sanford embraces nurses using a caring approach to identify and holistically care for the patient. This allows the nurse and patient to collaborate and identify issues of illness and what this means to both the nurse and the patient (Sanford, 2000). Use of report at the bedside helps involve the patient and is an opportunity to initiate collaboration between the patient and the nurse. Using dialogue, the patient and nurse can learn how to actively interact.

### **Literature Selection**

A literature search for the keywords "Nurse-Patient Communication" conducted on CINAHL, Medline and EBSCO Host database resulted in 7,288 articles. To narrow even further keywords added were "HCAHPS" and "Nurse-Patient Communication" yielding 594 results when only including the years 2005 to 2015. Another key search was in the same databases using "Educational Strategies to improve nurse-patient communication" which was able to yield 320 articles. Since the intervention focused on "bedside report" and use of the "SBAR" communication tool it was filtered separately. The "bedside report" and "nurse-patient communication" resulted in 98 articles. The final search was with the use of keyword "SBAR" resulting in 24 articles found. After review of the articles a systematic review was created yielding 35 articles that included peer-reviewed articles both qualitative and quantitative.

### **Scope of Evidence**

Inclusion criteria for this capstone project consisted of bedside report and ways to enhance the nurse-patient communication using an educational approach. Exclusion criteria included use of the SBAR method not in healthcare. The scope of evidence revealed numerous scholarly, peer-reviewed journal articles that proved relevant to the capstone discussion. Melnyk

et al. (2005) identified Levels of Evidence I-VII that were used to evaluate the strength of the research found.

Eleven articles were based on qualitative studies, eight were quantitative studies and eight were randomized controlled studies, four of which were systematic reviews of the literature. Seven of the articles were both qualitative and quantitative and one was an opinion paper. The breakdown by levels is as follows: four level I; four level II; four level III; eleven level IV; eight level V; three level VI and one level VII (Melnyk et al, 2005).

### **Review of Evidence**

The review of literature for this study was divided into five major areas; Nurse-patient Communication, HCAHPS Survey, Bedside Report, SBAR, and Teaching SBAR. These areas support the need for an intervention for improving nurse-patient communications skills.

#### **Nurse-Patient Communication**

Sheppard (1993) suggests that, in the nurse-patient relationship, communication involves more than the transmission of information; it also involves transmitting feelings, recognizing these feelings and letting the patient know that their feelings have been recognized. Communication between nurses and patients is described as a complex and dynamic relationship that is based on preconceived positions and evolves throughout the patient interaction with the nurse (Shattell, 2004). The relationship is initially shaped by the patient's preconceived assumption that the nurse is in a position of power and is an expert with specific knowledge that is beneficial to their welfare and well-being. This initial perception provides a framework that many patients operate under when communicating with the nurse. The submissive position of the patient can make honest communication difficult. Shattell (2004) notes that this unequal power dynamic complicates the nurse-patient interactions as many patients focus a great deal of

energy to ensure they are not labeled as “difficult” or “needy” by their healthcare providers. These negative connotations may lead patients to not engage in effective communication with nurses and alter their perception of the care they are provided (Shattell, 2004). Patients may develop a hesitance to ask questions when they do not completely understand what they are being told by their nurse, they may avoid requests for assistance, or they may fail to fully engage in the delivery of their care. This barrier to effective communication creates “a disconnect” which ultimately alters the view that patients have of their caregivers (Shattell, 2004). Effective nurse communication with patients overcomes the obstacle of unequal power dynamic by engaging in “confirmatory” activities which are defined as “having one’s feelings acknowledged by an important other” (Shattell, 2004). The most common themes associated with interpersonal communication with nurses that create feelings of confirmation include; making eye contact, interacting in an energetic and enthusiastic manner, and willing to share aspects of their own personal lives. These interpersonal interactions between the nurse and the patient are pivotal in determining the patient’s perception of the communication dynamic (Shattell, 2004)

According to Radtke (2013) nurses do not always communicate well with their patients. A study showed that patients frequently like interacting with their nurses and voice frustration related to the length of time between shifts (p.20). McCabe (2004) found in a qualitative study of eight participants that nurses can communicate well with patients when they use a patient-centered approach. Health care organizations, however, are not always supportive of using this approach. The implication of the study was that a task-centered approach was not effective in providing quality nursing care. Patients felt that nurses were “too busy” to communicate with them. This was consistent with findings

from other studies that found that nurse–patient interactions are heavily influenced by the work and culture of the organization (Jarrett & Payne, 2000).

A systematic review that looked into the promoting factors and barriers in effective communication between registered nurses and inpatient oncology adults presented different factors affecting communication (Tay, Hegney &, Ang, 2010). It was discovered that nurses, in general, seemed confident in providing for the physical needs of their patients, but they perceived more difficulty and were less skilled in addressing concerns that were emotionally charged. Four major findings were identified from the systematic review (Tay, Hegney &, Ang, 2010). The first finding was that nurses who were mindful, empathetic, and flexible in their approach were better at facilitating patient disclosure. Communication was also enhanced when nurses showed genuine care and concern for patients. A second major finding was that communication between nurses and patients mostly centered on collecting information about patients and giving them information about disease, treatment options, and test results. In addition, nurses tended to give information, often when not requested by patients, to keep the conversation away from what were seen as “uncomfortable areas” by the nurses. Nurses who ignored patients’ cues and concerns also discouraged disclosure from patients. The final finding was that patients who took an active role in their own care communicated more with the nurses in terms of information-sharing and collaboration in decision-making. The evidence suggests that patients might not wish to talk about their disease but preferred to talk about ordinary things and normal lives which helped them to stay optimistic.

## **HCAHPS Survey**

The Hospital Consumer Assessment of Healthcare Providers and Systems, commonly referred to as HCAHPS, is a standardized tool that allows comparisons of healthcare providers and systems nationwide on metrics that are important to patients and consumers (HCAHPS, 2015). The survey uses 32 dimensions to evaluate patients' perceptions of the hospital experience and their care environment. It was developed in a cooperative effort with a number of federal agencies that compose the Department of Health Services to provide incentives for quality improvement and increase accountability and transparency in healthcare (HCAHPS, 2015).

In addition to the metric and data reporting, HCAHPS performance is also used by the Center for Medicare and Medicaid Services in determining hospital reimbursement under the Hospital Value-Based Purchasing (VBP) program (HCAHPS, 2015).. The Hospital VBP consists of 8 of the 32 dimensions that compose the HCAHPS survey and includes communication with nurses. These 8 combined dimensions will account for 30% of a hospital's Total Performance Score in FY 2015 which underscores the importance of performing well on HCAHPS surveys for hospital systems (HCAHPS, 2015).

Of the 8 dimensions tested, recent studies have demonstrated that communication with nurses is the most valuable survey item as it directly and indirectly influences four of the other dimensions used in the VBP and is classified as a "rising tide measure." The communication with nurses dimensions influences responsiveness of hospital staff the greatest, followed by pain management, communication about medication and overall rating (Press Ganey, 2013).

In addition to the benefits associated with the Hospital VBP, increases in the communication with nurses dimension have also been shown to improve treatment compliance,

reduce 30-day readmission rates for patients diagnosed with myocardial infarction, heart failure and pneumonia, lower inpatient mortality rates associated with acute myocardial infarction patients, and reductions in patient falls, decubitus ulcers, and hospital acquired infections (Press Ganey, 2013).

The benefits of improving nurse-patient communication are clear and far-reaching. Press Ganey (2013) compiled a comprehensive review of best practices which demonstrated improvement in the nurse-patient relationship and communication. These best practices included: consistent and purposeful hourly rounding, use of scripts, post-discharge phone calls, hiring nurse candidates with strong interpersonal skills, providing service skills training with periodic reinforcement, and bedside shift reporting (Press Ganey, 2013). Two of the recommended best practices, bedside shift reporting, and service skills training, were the focus of this study.

### **Bedside Report**

Shift-to-shift report has been a practice that serves to exchange information from one nurse to another at the end of a shift. The report was intended to pass on important information and typically took place at a nurses' station with only nurses present. Information included details about a patient's condition, treatment, and care planning. The report could also acquaint the nurse with unfamiliar medications, equipment, or care processes. The communication during this process was intended to insure continuity of care giving and patient safety. Giving report at the nurses' station did not involve patients. One of the methods suggested to improve nurse-patient communication was bedside report. This type of report met the four core concepts of patient- and family-centered care as described by the Institute for Patient and Family Centered Care (2010): (1) respect and dignity; (2) information sharing; (3) participation; and (4)

collaboration. The goal of patient- and family-centered care is to improve the experience of care through mutually beneficial partnerships. Change-of-shift report offers an opportunity to improve the experience of care by partnering with patients and families. Bedside report was shown to increase accuracy and consistency with reporting, as well as allowing the patient to be more involved in the delivery of care (Radtke, 2013).

According to Cairns and Dudjak (2013), reports are defined as “the transfer of information as well as responsibility and authority during exchanges in care across the continuum; to include opportunities to ask questions, seek clarity, and confirm” (p. 160). Report that does not directly involve the patient creates a higher probability of misinformation or missing or incomplete details. Variety in experience and knowledge levels of caregivers can create a process of inconsistent change of shift reporting. This project evaluated the effectiveness of communication using a standardized shift report process to increase nurse-patient communication during this process. The terms “bedside handover” was replaced with the terms “bedside report” for this project.

According to Sand-Jecklin and Sherman (2014) while there have been numerous benefits of bedside report identified there have been remarkably few drawbacks. The benefit most frequently identified has been the patient being better informed and the second most reported benefit was improving general patient satisfaction (Sand-Jecklin & Sherman, 2014). In 2013 Sand-Jecklin and Sherman did a study with 302 patients and families pre-implementation and 250 post-implementation of effects of bedside report. The results showed a significant improvement in the patient’s involvement of their care as well as nurse-patient relationships (Sand-Jecklin & Sherman, 2014).

Sand-Jecklin and Sherman (2014) used a survey titled “Patient Views on Nursing Care”, which was adapted from the “patient judgments of nursing care” instrument. The tool evaluated and identified patient’s perception of nursing care. A majority of the data collected from patients was positive however the survey did reveal that nurses were not always consistent with the approach that they used for bedside report. For example, some nurses used bedside report as an introduction along with a taped report for details. Other nurses did the entire nurse-to-nurse report at the bedside (Sand-Jecklin & Sherman, 2014).

According to Cairns and Dudjak (2013), use of a patient safety checklist and face-to-face report at the bedside improves the effectiveness of communication with nurses at change of shift. Another approach to standardized report is known as SBAR (introduction, situation, background, assessment and recommendation) (Cairns & Dudjak, 2013). There are several studies that have identified benefits for organizations that have implemented this standardized format that allows the patient to be more involved in their plan of care.

Griffin (2010) identified possible problems with the practice of bedside report including the concern regarding privacy as a barrier to patient and family participation during report. She goes on to state that patients and families must be oriented to the report process when they are admitted. During the orientation period the nurse can explain the value of their participation in report and work with the patient/family together to determine if all of the report should be conducted at the bedside or just the final safety check when the patient is sleeping. An evaluation of the benefits of participation in report can be solicited from patients and families when nurse leaders make rounds or discharge phone calls. Patients and families can be asked if they participated in report and to identify what worked well and what ideas they have for improvement. Their evaluation can serve to make the process better. Griffin (2010) also noted



that education and support of the nursing staff must be ongoing. There needs to be continued follow-up and evaluation to allow for improvements.

### **SBAR and Teaching SBAR**

Dr. Michael Leonard from Kaiser Permanente-Denver developed a collaborative communication tool called SBAR (Situation, Background, Assessment and Recommendation) to help support patient safety and outcomes (Beckett & Kipnis, 2009). He developed this tool in response to findings by the Joint Commission that found that the root cause of 70% of sentinel events was due to communication failures (Beckett & Kipnis, 2009). This finding resulted in the Joint Commission instituting a safety goal initiative for hospitals that included requiring a standardized approach to bedside communications with opportunity for patients to ask and respond to questions (Beckett & Kipnis, 2009). The SBAR tool provided a framework for organizing information in bedside report.

The use of SBAR has demonstrated improvement in communication in the hospital environment in a wide array of relationships outside of just bedside report. Communication among healthcare providers, whether it's provider-patient, or colleague-to-colleague, is hampered by a number of barriers. These barriers consist of differing education and experience levels, communication styles, emphasis on importance of information and the stress associated with the hospital environment (Thomas, et al., 2009).

One of the more relevant applications of SBAR to overcome communication barriers between nurses and physicians was outlined in a study performed by Thomas et al. that focused on senior nursing students. Traditionally, communication between nursing students and physicians is intentionally kept to a minimum to allow the student to observe the communication between a physician and an experienced nurse as a model. Thomas et al. observed senior nursing

students during their clinical rotations and in a 2 day role-play simulation prior to the implementation of SBAR and the students were characterized as disorganized, uninformed, and lacking in preparation when interacting with the physicians. These negative interactions created a sense of frustration with the physician and anxiety for the nursing students (Thomas, et al., 2009).

Following this observation, Thomas et al. implemented a role-play simulation with an SBAR instructional component into the curriculum for these students the ensuing semester. The students were continually observed during their clinical rotations that semester following the role-play instructional simulations and noticeable improvements in communication were noted. Following the SBAR role-play implementation, the students were characterized as being more confident, having improved critical thinking and problem solving skills, as well as demonstrating improved decision making (Thomas, et al., 2009).

## **Project Plan and Evaluation**

### **Market/Risk Analysis**

There were no major market risks or obstacles to completing this capstone project. There was no conflict of interest identified by the nurse researcher. Participants in the study gave consent and were interviewed without incident. There were no major issues that endangered or put subjects at risk.

### **Project Strengths, Weaknesses, Opportunities and Threats**

The strengths of this capstone included that the hospital where the research was conducted is a Magnet® organization and has a strong emphasis on evidence-based practice and research at the bedside. One of the organizational goals is that bedside report be done at every shift change throughout the hospital to improve HCAHPS scores. Managerial hospital staff

wants to understand why nurse-patient communication scores have not reached the institutional goal of the 75<sup>th</sup> percentile on HCAHPS surveys.

A weakness of the study was that the workshop length prevented nurses from working on the same day that the workshop was given which created difficulty in scheduling. This inconvenience could lead to a lower participation rate in the future. Another weakness was that participation criteria required the nurse be licensed for at least one year and employed on the unit for a minimum of 6 months to participate in the study. There are many individuals that are either new to the unit or have been registered nurses less than a year which potentially could have reduced participation in the study.

The greatest opportunity afforded by the study was the chance for nurses to gain skill in using SBAR in communicating with the patients during bedside report. Through the strategy of role-play nurses practiced using SBAR in bedside report in a non-threatening learning environment during the workshops. This increased nurses' confidence in providing a more effective bedside report.

Potential threats to the study were that study participants could have communicated with each other during the study which could have influenced the data collection. Since the sessions were done by their clinical director participants may have felt fearful of being completely candid in response to the open-ended questions. One of the potential threats was chance of poor participation or not answering the questions in detail.

### **Driving Forces/Restraining Forces**

Bedside report was an organizational initiative to help increase HCAHPS scores which served as a driving force for the project. Although not an outcome of this study, improving HCAHPS scores was an organizational goal and was measured continuously. Improvement on

HCAHPS scores was a driving force. Supervisors randomly performed audits during each shift on three patients and watch nurse perform bedside report. Mandatory implementation of a standardized approach to bedside report was a driving force and the study will benefit all stakeholders; the organization, nurses, and patients.

Participation in the workshop was voluntary and did not affect the nurses' employment or performance evaluations. The workshop was approximately 2 hours long with one break and was held in a room at the hospital for convenience. Two sessions were offered one in the morning and the other later in the day to accommodate both day shift and night shift nurses.

### **Need, Resources, and Sustainability**

The need for this capstone project was to understand the perceptions of nurses about a workshop developed by the nurse research to improve nurse-patient communication in bedside report. The study participants shared perceptions of how the workshop has impacted their perception of nurse-patient communication using a role-play.

Resources used for this project included the time to plan and develop the workshop, recruit participants, conduct the workshops, gather data, analyze and code the data, and develop themes. Laptop equipment and use of a room on the medical floor were other required resources. No monetary expenditures were required. The personnel involved were the nurse researcher, the participants, the nurse mentor, and the capstone chair.

Sustainability of this capstone project would be accomplished through the following steps

1. Findings of the study shared with stakeholders including the management, nurse leaders and staff nurses
2. Changes put in place that would continue the workshop on SBAR as an expectation for new nurses oriented to the hospital

3. Development of a schedule of future workshops for nurses to support nurse-patient communication using SBAR in bedside report and monitoring of related HCAHPS scores.

### **Feasibility/Risks/Unintended Consequences**

Feasibility of this study was determined by the capstone chair and DNP mentor. The hospital was an appropriate place for this study to take place. IRB approval from both the hospital and Regis IRB was granted to move forward. An expedited application was submitted to IRB and approval was received. There were minimal risks and no unintended consequences of implementing the study.

### **Stakeholders and Project Team**

The resource team consisted of the nurse researcher and the capstone chair. The clinical mentor served as the consultant. Stakeholders included staff nurses on the medical unit, patients, nursing leadership, and hospital administration.

### **Cost-Benefit Analysis**

There were no identified costs to the participants to participate in this study. There was however, the cost of time that the study participants incurred in order to participate in the 2 hour workshop. Laptops were borrowed during the workshop to assist with completing post-workshop questionnaires since the participants entered data directly into a database. All data is being kept and was de-identified on a secure server in a folder requiring a password. Data was gathered through open ended survey questions on Survey Monkey on the laptop computers. Survey Monkey enterprise is a paid subscription paid for by the hospital. Benefits included that the hospital will have a sustainable workshop that can be used as part of orientation for new employees to share expectations for bedside report. Anticipated benefits of the study include

improving nurse-patient communication and ultimately improving HCAHPS survey scores. There was minimal risk to participants and the hospital in conducting this study.

### **Mission/Vision Statements**

The mission was to improve nurse-patient communication in bedside report to assist in improving HCAHPS scores.

The vision was to create a sustainable workshop that will increase nurses' understanding of nurse-patient communication using SBAR at the bedside.

The goal of this study was to obtain perceptions of the experience of participating in a workshop to determine understanding of nurse-patient communication at the bedside using SBAR.

### **Project/Outcome Objectives**

The project outcomes for this study were the following:

- Following IRB approval the nurse researcher identified a purposive sample of nurses with more than one year nursing experience, who have been on the medical unit for more than 6 months, and who voluntarily participate to be in the workshop. This was done by the goal of September 2015.
- The nurse researcher conducted the workshops with participants and collect data through written surveys on Survey Monkey by November 2015.
- The nurse researcher organized, analyzed the data by May 2016.
- The nurse researcher will present results of the study to the institution where the research was done by September 2016.

The process outcomes would be met as per the timeline that is proposed above.

### **Logic Model**

See Appendix A.

### **Research Design**

This study utilized a qualitative phenomenological design. The aim of qualitative research was to gaining a deep understanding of a specific organization or event (Creswell, 2000). According to Patton (1990), the qualitative research design of phenomenology is one that focuses on “descriptions of what people experience and how it is that they experience what they experience” (p.71). The method of phenomenology can be used to study the practices that are culturally unique to nursing such as giving bedside report. Patton (1990) describes the goal of phenomenology is to identify the essence of the shared experience and to identify the commonalities of the human experience during a particular learning experience.

This capstone project used the belief that through practice of routine behavior then attitude influences the practice. Therefore, once the nurse has an awareness of how to involve the patient in bedside report and believes in the impact it will have the nurse practice becomes routine and the attitudes will become so incorporated the nurse will no longer have to interpret the underlying reasons for the practice.

### **Population Sampling Parameters**

The sampling strategy for the study was purposive sampling as nurses were selected from a medical unit chosen for the study with participants that share specific characteristics. The aim was “to identify “information-rich” participants who have certain characteristics, detailed knowledge, or direct experience relevant to the phenomenon of interest” (Curry, 2009, p.1445).

The specific characteristics were: nurses who have a minimum of one year experience as a registered nurse, have worked on a medical-surgical unit for at least one year, and have been

employed on the unit a minimum of 6 months. Purposive sampling was appropriate for this study because we selected a specific population to do a specific task. The sample size for this study was 12 as the participants during the workshop were broken up into groups of three to perform the role play sessions.

### **Appropriateness of the Setting for EBP Project**

The setting included a 400 bed Magnet ® hospital in the Southwest US that had a variety of inpatient medical –surgical patients. The hospital has mandated the use of bedside report and hasn't seen an increase in HCAHPS survey scores related to nurse-patient communication. Hospital administrators supported this research study.

### **EBP Design Methodology**

The qualitative design of phenomenology was used for this study. It is through reflection on the data that essential themes and the discovery of the essence of the lived experience were emerged (Creswell, 1998). A phenomenological approach allowed for discovery of how people think and feel about the circumstances in which they find themselves (Thorne, 2000). This study uncovered the commonalties of the lived experience of participating in the workshop on nurse-patient communication.

### **Intervention**

The intervention used a scheduled educational session for nurses on the Medical Unit. The workshop was 2 hours in duration. The educational materials included:

- Step 1: Background education on SBAR, Bedside report and importance of patient participation in bedside report
- Step 2: How to use SBAR during bedside report for consistent report practices
- Step 3 -Discussion and education on ways to involve the patient in bedside report



using SBAR and key pieces ways to help initiate conversation and engage patient during bedside report process

- Step 4-Showed a video that demonstrated proper use of SBAR and involving the patient in bedside report process
- Step 5-Bedside Report Scenario's:
  - Role Playing Role 1 as Patient (Rotate with partners)
  - Role Playing Role 2 as Nursing giving report (Rotate with partners)
  - Role Playing Role 3 as Nursing Receiving report (Rotate with partners)

After the video, nurses used role playing to demonstrate their understanding and the application of the SBAR bedside report process. Students divided up into groups of three for the role playing exercise. One nurse acted as the patient and the other two nurses gave report at the bedside. Each nurse took a turn at the different roles and then gave their impressions of the experience. This intervention was done in a realistic setting in a hospital patient room using a patient bed.

### **Data Collection**

Data collection was accomplished in this study through surveys with open ended questions regarding the experience of the workshop. Surveys were collected electronically through Survey Monkey after the workshop and are being stored by the primary investigator on a secure server. Survey Monkey is a secured site that allows the participant to remain anonymous and withdraw from the study at any time (Survey Monkey, 2015). Currently the organization uses the enterprise version of Survey Monkey, which is HIPAA compliant and allows the organization to own its data and manage content. Study participants provided demographic information at the start of the survey which included: gender, age, education level, years of

nursing experience, med-surg years of experience, and years on current unit. See Appendix for data collection specifics.

The open-ended survey questions were:

Question #1: How would you describe effective nurse-patient communication?

Question #2: What was your experience as the “patient” in the nurse-patient communication role play?

a. Based on your experience what do you believe is important to the patient in bedside report?

Question #3: What was your experience as the “nurse” in the nurse- patient communication role play?

a. Based on your experience what do you believe is important for the nurse to do in bedside report?

Question #5: What more do you need to know about how to perform bedside report using SBAR?

Question #6: How has this workshop influenced the way you will perform bedside report in the future?

### **Data Analysis**

Thematic Analysis was used to discover the themes in the narrative from the open ended questions after the educational workshop (Creswell, 1998). Once there was a list of basic themes the data was then placed in a table grouped by similar ideas. A collection of basic themes were classified according to the idea that is characteristic of the data. That characteristic idea then became the organizing theme that was used to organize the basic theme into groups of similar ideas. As more than one organizational theme developed, the global theme emerged to represent

a position that developed about the issue. The organizing themes were brought together to exhibit a single conclusion that became the global theme of nurse-patient communication (Creswell, 1998).

### **Trustworthiness**

According to Lincoln and Guba (1985), trustworthiness of a research study is evaluated using four components that assess its worth including credibility, transferability, dependability and confirmability. For this study credibility was established using persistent observation. Lincoln and Guba (1985) stated that the purpose of persistent observation is to “identify those characteristics and elements in the situation that are most relevant to the problem or issue being pursued and focusing on them in detail” (p.304). Persistent observation provides depth to the findings and establishes the “truth” of the findings (Lincoln & Guba, 1985).

Transferability shows how the findings are applicable in other contexts (Lincoln & Guba, 1985). The transferability technique used was thick description. Thick description described the phenomenon in great detail so the conclusions could be drawn to see if they are transferable to other settings (Lincoln & Guba, 1985). Dependability confirmed that the findings were consistent and could be repeated through the use of external audits. External audits involved having a researcher not involved in the research process examines both the findings and process. This allowed an opportunity to challenge the process and findings to assess adequacy of data and preliminary results (Lincoln & Guba, 1985). The last element used to establish trustworthiness was confirmability, which makes sure the findings of the study are shaped by the participants and not by other interests or bias of the researcher (Lincoln & Guba, 1985). The technique used to establish confirmability was peer review conducted by another researcher that was not involved in the research process.

### **Protection of Human Rights**

All participants signed informed consent giving permission to participate in the study. The purpose, goals, and objectives of the study were thoroughly reviewed at the start of the study. Participants were assured of anonymity and confidentiality and their responses were de-identified. The workshops were conducted in a private room in the hospital. The nurses participating were informed that participation was voluntary and that they could withdraw from the study at any time and for any reason without risk or employment repercussions. The survey was accessed on individual computers through Survey Monkey which is on a secured server using privacy guidelines that meet the standards for HIPAA compliance (Survey Monkey, 2013). The data will be kept for three years and then destroyed.

The DNP researcher satisfactorily completed Regis University's CITI 'Human Research Curriculum' after passing all required modules on 1/3/2015, member # 4302504. The DNP researcher completed CITI Human Subjects training after passing all required modules on 12/17/14, member ID# 4302504. The study was submitted to Regis IRB and the hospital IRB for exempt status and approved September 2015.

### **Research Findings**

The final sample of participants in this research included twelve nurses. Four categories with themes emerged from the data. The categories included *Effective Communication*, *Being a Patient in the Role Play*, *Being a Nurse in the Role Play*, and *Future Needs*. The categories and themes are presented in the order that they appeared in the data.

## Effective Communication

### Listening

The theme of *Listening* was revealed in the category of *Effective Communication* for participants in the role play. Each nurse felt it was important to listen to the patient and to each other. A nurse stated “Being effective in this area requires listening.” A participant stated that “Patients should feel the nurse is listening to their concerns.” Another nurse said “Listen--you will learn the most about your patients’ symptoms, knowledge level, fears, pain, social situation etc. by being an open and honest listener.” Another participant summed up the responses by saying “The nurse has to be able to involve the patient and listen to them whether it’s answering their questions concerning their care or just keeping them updated on the status of where there are in line for a test.”

### Clarity

The theme of providing *Clarity* emerged under the category of *Effective Communication*. It was determined that nurses needed to give information in a way that gave patients understanding and clarity about their nursing care in bedside report. One nurse summarized a majority of the participants’ perceptions by stating that it was important to “provide clear and precise information to the patient.” A nurse stated “By clarifying statements made the nurse confirms perceptions and ideas that the patient may have.” Another stated that “nurses should utilize the 3 Cs, clarity, collaborate, and confirm during the bedside report to ensure all information is correct.” Another stated “Having an open line of communication as well as transparency is key in safe, effective quality care.” It was also revealed that timing was important. A participant noted it is important for the “nurse to clarify issues immediately.” In order to have clarity a variety of ways were named as means to maintain communication with the patients

along with bedside report. A participant stated that “effective communication can be communicated in different ways such as [through] a discussion, written reminders on the white board, and handouts.”

### **Patient Understanding**

The theme of *Patient Understanding* was a prominent part of the category of *Effective Communication*. Participants wanted to ensure that patients understood information being relayed to them in bedside report. An important finding shared by many of the nurses was how critical it was to confirm that patients understood what they were hearing and that the nurses did not assume they understood. A participant said “It [communication] is only effective if the patient understands what we are talking about.” Another stated “Effective communication takes place when handover is done in a three-way communication process that highlights SBAR and results in the oncoming nurse having an understanding of the patient’s plan of care and the patient, if oriented, also understands the plan of care.”

The participants identified ways to encourage patient understanding through discussion and the opportunity to ask questions. A nurse stated “Prior to leaving the room, the plan of care should be discussed.” Another participant supported this by saying “The nurse should ensure [that] the patient understands what is discussed [and] make sure that there is a two way [nurse–patient] channel of communication.” Another participant stated that it is essential for the patient to “understand their plan of care and have an opportunity to interact during report.” Yet another said “...to help patients understand ...allow them to ask questions as needed.”

The nurses verbalized ways to determine patients’ understanding in bedside report. One nurse stated that to gauge understanding “the patient [could] repeat back any of the information or ask a pertinent question.” Another said “... that understanding could be measured by patient

verbalization of their understanding of the subject.” Yet another noted that “...using open-ended questions allows patients to respond with more than just a yes or no answer.”

An approach to supporting patient understanding was for the nurse to give information in terms that patients could understand and not use medical jargon. A nurse stated “Effective communication in my opinion is speaking with the patients in words that they understand.” As one participant noted “Even such simple terms as O2 SAT means nothing to a lay person. Our medical jargon has to be clarified throughout the report to ensure the patients actually comprehend what we are saying.” Other approaches shared by the nurses to ensure optimal patient understanding included being aware of “specific needs of the patient” and that “each person learns at different rates and modes.”

### **Being the Patient in the Role Play**

#### **Can I Trust**

The theme of *Can I Trust* was revealed in the category of *Being the Patient in the Role Play*. The participants shared the experience of lying in a bed between two nurses giving and taking report and wondering whether they could trust them. For some this brought about feelings of discomfort and vulnerability. One nurse stated “I’m not really that comfortable with people talking about me.” Another stated “As the patient, I was quite ‘leery’ of what these two individuals were going to do to me” And another noted “At times it was almost scary being the one in the bed and having the nurses discuss my case at the bedside.” One nurse noted that “I found that if I didn’t have medical background it would be confusing [and] anxiety inducing to hear report.”

The participants also revealed that when playing the role of the patient they evaluated the nurses. A participant stated that “during the bedside report she did a lot of observing of the staff

interaction and knowledge about me. I was evaluating them [the nurses] and their competency to decide if I could trust them as caregivers based on their communication and interactions.” A nurse stated “The patient must feel confident that the nurse will look out for his best interests, keep him safe from any harm and advocate on his behalf with various providers.”

When playing the role of the patient the nurses described nurse behaviors gained their trust. They felt it was important to be acknowledged and validated as the patient.” One nurse stated “Speaking directly to me with eye contact made me think this person was caring about me.” One participant explained that “When they [the nurses] talked only to each other it made me feel as if they [the nurses] were plotting against me and perhaps not in my best interest.” Another said “patients want to feel involved and not feel like they are being talked about.” Yet another said “I believe it is important to talk with the patient rather than over or down to the patient.” A participant emphasized the importance of the nurse “letting the patient feel that we will be there for them whenever they need us.”

Other nurse behaviors that built trust included “engaging the patient” or “involving the patient.” Many of the participants described involvement with the nurses as spending time answering questions. A participant stated “My nurse took the time to answer all the questions that I had.” Another participant stated that by “engaging the patient in bedside report it helps make the experience not as frightening or scary.” One participant gave an example of how the nurse involved the patient by saying “[the nurse] let the patient interject comments by asking them questions [that] you know will give the oncoming nurse some of the assessment; for instance ‘Jack was given Dilaudid one hour ago’ how would you rate your pain now Jack?” A participant summarized the experiences of involvement as feeling “safe and well informed by having the nurse listen to her and by allowing her to participate in the conversation.”



Another aspect of building trust that emerged was the importance of the nurse assessing for physical comfort of the patient. One participant stated “They did a visual check on me to make sure I was in a comfortable position in bed.” Another said “They addressed my pain.” A participant summed up the idea of gaining trust through the nurses’ behavior by saying “After the nurse’s explanation and getting me involved during the hand-off I feel that I am well taken care of and in good hands.”

### **Explain Why**

When acting in the role of the patient in bedside report the participants shared the theme of wanting the nurses to *Explain Why*. They wanted to understand the purpose of report and why it was done. A participant stated it was important to “explain to the patient why we are doing bedside report and that they can ask questions, ask for clarification, and add missing information or even correct misinformation.” Participants also stated that patients should have explanations for why specific nursing actions were being done. Explaining ‘why’ helped patient more fully understand their care. A participant said “It is important to let the patient know about the plans and procedures she will have. Explain to the patient why we are doing these things for example placing the bed alarm on.” Another participant stated “The most important things to include [in bedside report] ... would be the plan for the day such as test, procedures, times if known, and why these things would be performed.”

## **Being the Nurse in the Role Play**

### **Preparation**

The theme of *Preparation* was revealed in the category of *Being the Nurse in the Role Play*. The participants stressed the importance of preparation for the bedside report role play. This meant the efficient gathering of information to give or take report. One nurse stated “I feel

very responsible to ‘get it right’.” They also described their feelings of not being prepared. A participant that did not prepare well stated that “I felt incompetent and inexperienced. I didn’t feel like I knew the patient well and that the patient could pick up on this in real life.” Another said “I did not review the scenario as well as I could have therefore I wasn’t as prepared for the shift report.” Many of the nurses admitted a similar thought to this participant: “I didn’t feel well prepared for the role but generally I try to have a well thought out report.”

Using SBAR (Situation, Background, Assessment and Recommendation) helped the nurses organize their report in the role play. A nurse described SBAR as “important because you can have a baseline on your patient’s status right at the beginning of the shift.” Another nurse stated “SBAR helps you plan and manage your shift. [It helps you] to be able to know how to prioritize your assignments as well.” Another stated “It is important to follow SBAR format when giving report or taking report. In this way the information, safety, and patient’s situation and condition is observed and taken care of in [an] efficient way.” Yet another stated “Using SBAR keeps the information during report short and sweet by giving only the pertinent information.”

### **Distractions**

The theme of *Distraction* was revealed in the category of *Being the Nurse in the Role Play*. Even when the nurses prepared ahead for bedside report and used the SBAR format, distractions occurred that interrupted the flow of the report. One nurse stated “It [the role play] showed how important and difficult it is to stay focused and get relevant information exchanged when the patients have questions or needs that are off topic and distracting.” Another participant expanded upon the difficulties of being interrupted by saying “The patient would occasionally interrupt with questions and I would try to answer them to the best of my ability. “ She went on

to say that “The on-coming nurse would also interrupt asking questions that weren’t really relevant to the patient’s current condition [and] when this happened it makes me lose my train of thought and possibly delay report.” Some common feeling shared by the nurses about giving and taking report were that “not every report is the same format-there will be interruptions and improvising to be done on every individual patient you report on” and “...make it about the patient rather than about the nurses.”

### **Future Needs**

#### **More Practice**

The theme of *More Practice* was revealed in the category of *Future Needs* related to bedside report. Participants saw the need to practice SBAR at the bedside to feel “confident” “focused” and “organized.” A participant stated that after completing the role play they “felt confident” in bedside report using SBAR format, but needed to remember to “stick to the format.” Another participant stated that because “there is so much to remember” performing bedside report using SBAR just “requires practice.” They described challenges that required more practice. One participant stated “Sometimes I focus more on the physical complaints and what I have done [for the patient] that I forget to relate labs and radiological results that go with that complaint.” Another said “Sometimes it is hard not to jump right over to one area and not follow the format.”

The workshop and role play were favorably received by the participants. The workshop according to one nurse was a “reminder of how to stay focused and precise while giving a thorough report. A nurse stated “This workshop reinforced the importance of following the SBAR format and performing bedside report in a thorough and efficient way. In this way many errors could be caught and fixed and patient safety and outcomes improved.” Another nurse stated that

“I do feel that filling out the SBAR section on the computer is very helpful.” The participants also identified areas of need for further practice. The nurses wanted to know “ways to use bedside report in contact isolation rooms” and “how to engage confused patients.” They stated that “practice of these type of scenarios would be beneficial” in future workshops.

### **Staff Commitment**

The theme of needing *Staff Commitment* was revealed in the category of *Future Needs* following the workshop on bedside report. In regards to staff commitment a participant stated that “they found this workshop helpful for handoff and we should encourage more nurses to participate in this workshop.” The participants believed that commitment by staff members would be critical to the success of implementing bedside report. Another participant remarked she had concerns about “How to make it [bedside report] consistent and get commitment out of other staff.” She went on to say “It can be difficult dragging other nurses into the room when they are hanging back.” After experiencing the role workshop and role play one of the nurses demonstrate her commitment to SBAR in bedside report by saying “If I notice another nurse not engaging [the patient] I will involve the patient. I will ask the patient questions rather than the [other] nurse when appropriate.”

### **Discussion**

This study revealed how twelve nurses who participated in an educational intervention perceived nurse-patient communication. When asked what they considered to be effective nurse-patient communication participants overwhelmingly revealed that listening was an integral part of communication. They expressed how the patient “should feel the nurse is listening to their concerns” and that listening helped them “learn about their patients.” Tan (2015) reported that nurses who listened to patients during bedside report gave them the feeling that they really cared

about them. Study participants implied that both the oncoming nurse and the nurse giving report needed to listen to each other and to the patient. According to Cahill (1998), some of the reasons that the nurse may not listen to the patient in bedside report is because they tend to go through the “ritual” of bedside report to make sure information is relayed to the oncoming nurse rather than involving the patient. The nurse not involving the patient can make them feel “unheard” and “excluded” (Cahill, 1998). McMurray et al. (2011) stressed the importance of enhancement of communications skills by nurses when initially implementing bedside report with staff. The majority of references about listening in the literature concerned basic skills in nurse-patient communication. Kourkouta and Apathanasiou (2014) noted that listening requires concentration of attention and mobilization of all the senses for the perception of verbal and non-verbal messages from each patient. McWhinney (1998) stated that listening requires the listener to empty themselves of personal concerns, distractions and preconceptions.

Another aspect of nurse-patient communication addressed by participants was the need for clarity when communicating in bedside report. They spoke of the need to relay “clear and precise information.” The use of SBAR was identified as an approach to providing clarity. Cudjoe (2016) states that “Nurses use the SBAR technique to report concise, pertinent and complete verbal information when communicating with physicians, engaging in hand-offs, and giving nurse-to-nurse shift reports.” Griffin (2010) further supported using SBAR by saying bedside reporting and SBAR streamlines the report process making it more concise, objective, and relevant. The Joint Commission (2012) encouraged the use of SBAR describing it as “the best practice for standardized communication in healthcare.”

The nurses in the study described how involvement in bedside report gave them clarity about the immediate needs of the patient. Novak and Fairchild (2012) confirmed this by saying

that one of the biggest benefits of bedside report was that the oncoming nurses had the ability to immediately confirm the previous shift's report by visualizing the patient. Jeffs et al. (2013) reported that bedside report allowed for immediate visualization of the client during shift change facilitating the prioritization of care. The nurses in the study also described how use of supplementary forms of communication could enhance how information was conveyed in bedside report. Sehgal, Green, Vidyarthi, Blegan, and Wachte (2010) suggested the use of whiteboards in conjunction with bedside report to assure that conveyed information was relevant, accurate, consistent, and easy for staff to use. The Joint Commission International Center for Patient Safety (2005) supported the use of technology such as portable computers to supplement walking rounds and bedside report to facilitate timely, efficient, and accurate transmission of patient information.

A significant finding that emerged from the study was the importance nurses placed on wanting confirmation that patients understood information conveyed in bedside report. The participants spoke of the need for patients to understand the purpose of bedside report. Griffin (2010) supported this and stated that patients and families should be oriented to the report process when they are admitted and that the nurse should explain the value of their participation. Participants also wanted clarification that patients understood information given in report. It was through discussion and opportunity to ask questions that patient understanding was encouraged. The nurse-patient relationship theory by Ida Jean Orlando (1960) focuses on meeting the needs of the patient and supports the nurses' role of keeping the patient at the center of the interactions.

Other authors also supported engagement of patients in report. Laws (2010) stated that patients should be provided with an opportunity to ask questions so they know what things are being monitored through the shift. Tobiano, Chaboyer and McMurray (2013) stated that bedside

report allows an opportunity for clients and family members to open the lines of communication by contributing their input and desires. Tan (2015) supported fostering an interpersonal teaching-learning environment, where nurses empower patients to become involved in their care.

In this study participants wanted evidence that patients understood the plan of care shared in bedside report. They described ways to determine if information was understood. This included having patients “verbalize understanding” and “repeat back what was said” as a way to confirm understanding. The literature did not specifically address the importance of patient understanding or techniques for determining understanding. This is considered an area that requires further research.

There was an emphasis by the nurses in the study that they needed to use words patients understood and avoid medical jargon. This was supported in the literature by McMurray et al. (2012) who stated that using nonmedical terminology enabled clients to comprehend their plan of care and encouraged them to share their opinions and expectations. Chaboyer, McMurray, and Wallis (2010) reported that in their study bedside report was more successful when medical jargon was kept to a minimum.

Being the patient in the role-play caused the nurses to question whether they could trust their caregivers. The participants shared how it felt to be “talked about” and how they “wondered about the competency of the nurses.” This perception by staff was confirmed in a study by Caruso (2007) who noted that patients and family members payed close attention to staff communications, professionalism, and organization during bedside report. Shattell (2004) addressed the issue of trust between the nurse and patient by describing how lack of trust at the beginning can lead to the patient not fully engaging in effective communication with the nurse and may alter the perception of care they receive. Tan (2015) noted that patients develop trust

and reassurance as they witness safe professional transfer of responsibilities from one nurse to another.

Building trust according to the nurses in the role-play involved specific behaviors. One of these was engaging the patient and encouraging participation. Griffin (2010) reports that change of shift report offers an opportunity to improve the experience of care by partnering with patients and families. Sheppard (1993) who noted that communication involves more than transmission of information but also involves transmitting feelings, recognizing these feelings, and letting the patient know that their feelings have been recognized.

Nurses playing the role of patient also wanted the full attention of the nurse. They did not want to be “talked over.” According to Shattell (2004) behaviors that promote interpersonal communication include eye contact and interacting in an energetic and enthusiastic manner. Kourkouta and Papathanasiou (2014) also support giving the patient full attention when communicating by saying “the patient should have the feeling that the time spent with the nurse whether it is five minutes or an hour is entirely his” (p. 65). This supports the view by participants in the study that the patient should have the undivided attention of the nurse during report.

Nurses playing the patient in the role-play wanted explanation for why decisions were made and the reason for procedures in their plan of care. They wanted to trust they would receive correct information. A study by McCabe (2004) study found that when nurses use a task oriented approach the patient feels they are “too busy” to communicate with them. Radtke (2013) noted that “bedside report can help promote a therapeutic relationship between the nurse and patient and help build patient satisfaction and trust in the nursing care provided” (p. 20).



Another behavior that the helped patients gain trust in the role-play was being asked about their comfort level. They appreciated having the nurse ask if they were in pain or needed a position change. Orlando (1960) addressed the importance of the nurse assessing for physical comfort and meeting the patient's immediate needs as a way of keeping the nurse's focus on the patient (Dufault et al., 2010). Tan (2014) emphasized the caring process is carried out in bedside report by providing comfort, privacy and safety to the patient.

The participants described how the experience of being the nurse giving and receiving report in the role-play influenced their perceptions of nurse-patient communication. They expressed how preparation for bedside report was critical and made an impact on the report process. In the role-play some of the nurses were unprepared and found it difficult to communicate effectively. Being unprepared made them feel "incompetent." They shared how using the SBAR tool helped them organize their report and prioritize their assignment. Street et al. (2011) describes SBAR as a structured communication technique that uses Situation-Background-Assessment-Recommendation (SBAR) as a framework to streamline information exchanges and promote patient safety. According to Novak and Fairchild (2012), the SBAR tool is a communication tool that standardizes information given and focuses on decreasing communication variability, making report more concise, objective and relevant. The literature notes that standardized bedside reporting is a step towards improving nurse-patient communication (Radke, 2013). The specific ways that the nurses prepared and applied the SBAR tool to patient information were not discussed.

An important finding of the study was that nurses identified distractions that interrupted use of SBAR in the role-play. Particularly problematic were patients and nurses asking questions during the report causing the nurse to lose focus and extend the report length. Ways to handle

interruptions were not directly addressed in the literature. Griffin (2010) noted that nurses must learn negotiation skills to meet the needs of patients and families that surface during bedside report. A suggested approach was to set aside future time with the patient to address issues not related to report. This approach that could also be used with nurses who asked questions beyond the scope of what was needed. Understanding and working through interruptions were challenges identified by the participants.

Future needs related to providing bedside report were identified in the study. Nurses shared that the workshop and role-play were helpful in giving them experience in using SBAR at the bedside. The literature supports the use of role-play as a strategy to learn communication skills. Vines, Dupler, Van Son and Guido (2014) reported that educational in-services should be conducted to present the components and processes involved in bedside report. Role-playing was successfully used in their research to cultivate and improve communication skills and increase nurse confidence.

The nurses also acknowledged that “there is much to remember” and performing SBAR” requires practice.” They expressed satisfaction with the SBAR format but wanted additional practice time. They also wanted information on how to implement SBAR with patients in isolation rooms and with confused patients. Griffin (2010) notes that role-playing can prepare nurses for responding to uncomfortable or different situations they encounter at the bedside.

An important finding of this research was that the nurses described the need for staff commitment. They wanted more nurses at their facility to use SBAR in report and stated that involving *all* staff was critical to the overall success of implementing bedside shift report process. They describe having to “drag other nurses into the room when they were hanging back.” The literature supports nurses’ resistance by identified barriers to implementing bedside report.

Kassean and Jaggoo (2005) found that nurses in their study felt fear of accountability, lack of confidence, and the perception that bedside reporting would lead to more work. Anderson and Mangino (2006) found that nurses felt that bedside report violated patient confidentiality and would cause longer duration of reporting time. Tan (2015) found that nurses had difficulty letting go of old practices. These are all possible reasons for the lack of participation noted by the participants.

The nurses in the study did not identify an overall plan or program for report redesign. Studies support the need for extensive planning, training, and gradual transition to bedside reports (Wakefield, Ragan, Brandt, and Tregnago, 2012; Radtke, 2013). A number of authors described use of Lewin's theory of planned change as a foundational framework to successfully implement report redesign (Vines, Duplter, Van Son, & Guido, 2014; Tan, 2015). Jaggoo and Kassean (2005) propose that strong leadership and knowledge of communications skills are essential to create an atmosphere of trust in order to initiate change in the attitude and behavior of staff and gain their collaboration. Laws and Amato (2010) recommended that nurse managers must have a vision to create change. Tan (2015) stated that transforming traditional shift reporting to nurse-patient-nurse bedside reporting entails strong leadership, open communication, education of all staff, patients, and teamwork among nurses in order to resistance from nurses.

### **Limitations and Recommendations**

A limitation of this study was that the sample was composed of only 12 out of a larger number of nurses on a single medical surgical unit in a large hospital. Future studies should include all the nurses' one unit or samples of nurses on different units in in the same or different facilities. It should be noted that other nursing units might have differences in their culture, socialization patterns, and communication practices that might affect perceptions of the

workshop and role-play. Recommendation of topics for future studies includes how to address distractions during bedside report and the effectiveness of different templates for preparing and recording patient SBAR information. The continued study of effective communication skills in bedside report is needed.

### **Implications to Practice**

A major implication of this research study on the perceptions of nurses who experienced a workshop on bedside report was that successful use of SBAR should be accompanied by effective nurse patient- communication skills. The workshop successfully gave nurses information about SBAR and gave nurses the opportunity to practice using the standardized tool. Participants' perceptions of the experience revealed the importance of communication skills including active listening, efficient use of SBAR through technology, and ways to assess patient understanding at the bedside.

The role-play was a successful learning strategy that gave nurses the personal experience of being a patient and nurse in bedside report. Playing the different roles gave insight into what makes the experience successful from the patients' and nurses' perspectives. Factors that improved communication included: gaining trust, being adequately prepared, engaging the patient, and dealing with distractions. The workshop and role-play are viewed as effective educational activities and should be a part of an overall institutional plan for implementing change in bedside report.

An important implication of the study was the need for institutional preparation and continued workshops to support commitment by staff in using SBAR in bedside report. A mission statement and plan developed by nurse leaders should be shared with staff as an initial part of the redesign process. Barriers to staff participation should be addressed and a

standardized shift SBAR template for the institution developed. A timeline for implementation should include educational activities that begin in orientation and support the gradual transition to the new format. Educational strategies include the continued use of the workshop using role-play and extra practice sessions and mentoring if staff identifies the need.

### **Conclusion**

This research looked at nurses' perceptions of communication in a workshop that used a role-play strategy to prepare nurses to use SBAR in bedside report. The result of this research support findings from past literature and provide greater understandings of how to improve nurse-patient communication at the bedside. This research contributes to increased patient satisfaction and patient centered care.

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## **List of Appendices**

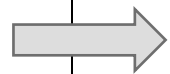
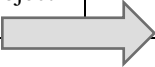
Appendix A. Systematic Review.....	48
Appendix B. Logic Model.....	49-50
Appendix C. Data Collection Tool .....	51-52
Appendix D. Timeframe.....	53
Appendix E. Budget and Resources.....	54
Appendix F. IRB Approval Letter – Regis University.....	55
Appendix G. Agency Letters of Support.....	56-58
Appendix H. CITI Training Certification .....	59-60

## Appendix A

### Logic Model

<b>Logic Model</b>  <b>Appendix B</b>  <b>RESOURCES</b>	<b>ACTIVITIES</b>	<b>CONSTRAINTS</b>	<b>OUTPUTS</b>	<b>SHORT &amp; LONG-TERM OUTCOMES</b>	<b>IMPACT</b>
<ul style="list-style-type: none"> <li>Approval from Capstone Chair and Mentor on approved PICO</li> <li>Capstone proposal and oral presentation</li> <li>Availability of resources including training room and equipment to implement educational sessions</li> <li>Nurse sign up to participate in sessions</li> <li>Allow time 2 hours for nurses from med unit to participate in session therefore are not scheduled on the unit to work at bedside.</li> <li><b>Educational materials</b> such as background education on SBAR, Bedside report and patient participation in bedside report</li> </ul>	<ul style="list-style-type: none"> <li>Scheduled Educational sessions for nurses at organization on Medical Unit. 2 hour workshops and sign consent to participate</li> </ul> <p><b>Goal 2 workshop sessions to include:</b></p> <p>A. Educational materials that discuss:</p> <ol style="list-style-type: none"> <li>Background education on SBAR, Bedside report and Patient participation in bedside report</li> <li>Technique on how to use SBAR during bedside report</li> </ol> <p>B. Discuss and Demonstrate: Ways to involve the patient in bedside report using SBAR and key pieces to help initiate conversation during</p>	<ul style="list-style-type: none"> <li>Sample size due to willingness to participate</li> <li>Cost for nurses to come to participate in educational workshop vs. voluntary non paid participation</li> <li>Time for nurses to participate in educational session due to high hospital census</li> <li>Buy in from the nurses and culture change</li> <li>Consistency of adoption from learned materials during</li> </ul>	<ul style="list-style-type: none"> <li>Improve the bedside report through a more structured and consistent bedside report.</li> <li>Improve nurse-patient communication through open dialogue and learned techniques in the workshop</li> <li>Increase in patient satisfaction scores on HCAHPS surveys including Nurse Communication questions.</li> </ul>	<ul style="list-style-type: none"> <li>Improve nurse-patient communication through open dialogue and personalized care plan</li> <li>Standardized communication method to help involve the patient in bedside report</li> <li>SBAR tool is a way for the nurse to organize report to create a more thorough and direct report so important information is passed along accurately</li> <li>Decrease errors through transparent and</li> </ul>	<ul style="list-style-type: none"> <li>Project ties into many of the essentials of nursing practice and enhances knowledge to improve nursing practice and patient outcomes.</li> <li>Decrease potential for inaccurate information passed from shift to shift</li> <li>Increased continuity of care and active involvement of patient in plan of care</li> <li>Keeps the patient more informed throughout the stay of the hospital</li> <li>Re-enforces education and purpose of procedures, medications or action plans.</li> </ul>

<b>Logic Model</b>  <b>Appendix B</b>  <b>RESOURCES</b>	<b>ACTIVITIES</b>	<b>CONSTRAINTS</b>	<b>OUTPUTS</b>	<b>SHORT &amp; LONG-TERM OUTCOMES</b>	<b>IMPACT</b>
<p>technique to be created and finalized</p> <ul style="list-style-type: none"> <li>• Video for staff to watch on best practices for bedside report using SBAR technique and involving the patient in bedside report</li> <li>• Formulate Script for role playing for SBAR for bedside report with group of 3</li> <li>• Proposal submission for IRB approval from both the organization IRB and Regis IRB</li> <li>• Approval to move forward with project</li> </ul>	<p>bedside report process</p> <ul style="list-style-type: none"> <li>C. Discussion on key ways to use SBAR in bedside report while involving the patient in everyday practice</li> <li>D. Show video that demonstrates proper use of SBAR and involving the patient in bedside report process</li> <li>E. Role playing taking turns with 2 people giving report to each other and the other team member as the patient. Rotate so each individual completes all 3 roles.</li> <li>F. Post Education Session Survey/Open Ended Questions</li> </ul>	<p>workshop</p>		<p>open communication with patient</p> <ul style="list-style-type: none"> <li>• Decrease potential for inaccurate information from shift to shift</li> <li>• Improvement of HCAHPS patient satisfaction scores</li> </ul>	



## Appendix C

### Data Collection Tool

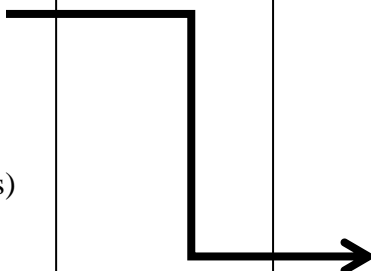
A Microsoft Access database engine and Survey Monkey internet-based tool will be used for collection of the data. The advantage of using a database vs. excel will be that it will assist with the data analysis as it has the better data management, advanced reporting techniques and advanced searching/query capabilities. In addition, a query analysis can be used to select out key words to assist in grouping themes and categorization. Not only will databases pull all responses, but can also do count queries to assist with percentages of each theme. This particular database will employ a one to many relationships amongst the two tables so that each primary key respondent (identifier) will be able to have multiple survey records linked to a single id. Those that participate in the post educational survey will directly enter the data into the internet database (Survey Monkey) through use of laptops provided. Since Survey Monkey is a database that can be exported into Microsoft Access this will occur post data entry for increased functionality of query analysis and will be held on a secured server.

#### TABLE: RESPONDENT INFO

- Primary Key: Respondent ID
- Demographics:
  - Male/female
  - Age
  - Education Level (ADN, BSN, MSN, DNP)
  - Nursing Experience (Years)
  - Med Surg Experience (Years)
  - Years on particular unit

#### TABLE: SURVEY

- Survey ID (Primary Key)
- Survey Date
- Survey Time
- Survey Category (Post)
- Respondent ID (Secondary Key)
- Question 1
- Question 2
  - Question 2a
- Question 3
  - Question 3a
- Question 4
- Question 5





## OPEN-ENDED SURVEY QUESTIONS

Question #1: How would you describe effective nurse-patient communication?

Question #2: What was your experience as the “patient” in the nurse-patient communication role play?

Question #2a.: Based on your experience what do you believe is important to the patient in bedside report?

Question #3: What was your experience as the “nurse” in the nurse- patient communication role play?

Question #3a.: Based on your experience what do you believe is important for the nurse to do in bedside report?

Question #4: What more do you need to know about how to perform bedside report using SBAR?

Question #5: How has this workshop influenced the way you will perform bedside report in the future?

## Appendix D

### Timeframe

- \* **May 2015:** PICO Identified
- \* **July 2015:** Defended proposal
- \* **July 2015:** Submitted to Regis IRB
- \* **September 8, 2015:** IRB Expedited Approval
- \* **September 2015:** Project began/ Identify participants/ informed consent received
- \* **October 2015:** Intervention Performed
- \* **November 2015:** Completed data collection
- \* **January -March 2016:** Analyzed data
- \* **March 2016:** Defend Final Project

## Appendix E

### Budget and Resources

#### Research Costs

Item	Cost	Explanation
Researcher 's Time	\$0	Not compensated
Laptops	\$0	Owned by Organization
Survey Monkey	\$0	Subscription owned by Organization
Room Rental/Patient Room Set up	\$0	Owned by organization
Organization IRB Fee	\$0	Waived: \$1500
NVivo Software/ Word files were used instead	\$0	Software not used
Total	\$0	

#### Cost to Replicate

Researcher 's time 80 hours @ \$50/hour	\$4000	Estimated time to recruit subjects, obtain consent, workshop, survey & Stats
Laptops	\$500	Rental of five laptops for survey completion
Survey Monkey subscription	\$50	\$50-250 Varies by subscription
Room Rental/Patient Room Set up	\$250	Estimated charge for room use
Organization IRB Fee	\$1500	Estimated charge for Organization IRB
NVivo Software	\$200.	Purchase of software to organize data
Total	\$12,500	Estimated total amount

## Appendix F

### IRB Approval Letter-Regis



#### IRB – REGIS UNIVERSITY

September 1, 2015

Rebecca Tolino  
4756 East Lavender Lane  
Phoenix, AZ 85044

**RE: IRB # 15-218**

Dear Ms. Tolino:

Your application to the Regis IRB for your project, "Using an Educational Intervention to Address Nurse-Patient Communication at the Bedside: A Qualitative Study", was approved as an exempt study on August 21, 2015. This study was approved per exempt study category of research 45CFR46.101.b(#1).

The designation of "exempt" means no further IRB review of this project, as it is currently designed, is needed.

If changes are made in the research plan that significantly alter the involvement of human subjects from that which was approved in the named application, the new research plan must be resubmitted to the Regis IRB for approval.

Sincerely,

A handwritten signature in cursive script that reads "Patsy McGuire Cullen".

Patsy McGuire Cullen, PhD, CPNP-PC  
Chair, Institutional Review Board  
Professor & Director  
Doctor of Nursing Practice & Nurse Practitioner Programs  
Loretto Heights School of Nursing  
Regis University

cc: Dr. Pamela Stoeckel



## Appendix G

### Agency Letters of Support

**To: Dr. Melanie Brewer**

**From: Rebecca Tolino**

**Subject: Capstone Letter of Intent**

**Date: June 14, 2015**

I am writing to obtain permission to conduct a qualitative research study in your facility with the purpose of using an education intervention to address nurse-patient communication by conducting an educational workshop. This study will be done to fulfill requirements for completion of the Doctor of Nursing Practice degree at Regis University, Denver, CO. The following information will review the study:

This project will employ a **Population-Intervention-Comparative-Outcome (PICO)** format for development of the research question to be investigated:

**Population:** Nurses working on a medical surgical unit in an acute care hospital

**Intervention:** Information and role-play workshop using ISBAR

**Comparative:** None

**Outcome:** Perceptions of effective communication with patients at the bedside

**Research Question:** "In nurses working on a medical surgical unit in an acute care hospital (P) does the implementation of an information and practice session using ISBAR (I) affect perception of nurse-patient communication in bedside report(O)".

**Project Significance:** It has been shown that simply instituting bedside report does not necessarily improve nurse-patient communication. Nurses need to be educated on standardized methods of giving report. Having a common predictable structure for giving bedside report influences the patient's perception of communication with the nurse.

**Type of Study:** Qualitative Research Design of Phenomenology. According to Patton (1990), the qualitative research design of phenomenology is one that focuses on "descriptions of what people experience and how it is that they experience what they experience" (p.71). The method of phenomenology can be used to study the practices that are culturally unique to nursing such as giving bedside report. Patton (1990) describes the goal of phenomenology is to identify the essence of the shared experience and to identify the commonalities of the human experience during a particular learning experience.

**Participant Requirement:**

- Nurses who have more than one year experience

- Nurses who have been working on the specific unit for more than 6 months
- Voluntarily will participate in the workshop and can withdraw at anytime

**Risks, Cost, and Benefits:**

- **No identified Risk**
- **No identified Cost**
- **Benefits:**
  - Improved Nurse-Patient Communication
  - Long-term potential improved HCAHPS
  - Improve bedside report

**Project Goals and Objectives:**

The main goal of this project is to determine nurses' perceptions of nurse-patient communication following a workshop using SBAR with the intention of improving nurse-patient communication. The outcome will support the use of the workshop as a sustainable approach to informing nursing staff of appropriate nurse-patient communication.

**Objectives:**

1. The nurse researcher will identify a purposive sample of nurses with more than one year nursing experience, who have been on the medical unit for more than 6 months, and who voluntarily participate to be in the workshop by September 2015.
2. The nurse researcher will conduct the workshops with participants and collect data through written surveys on Survey Monkey by November 2015.
3. The nurse researcher will organize, analyze, and determine themes from the data by December 2015.
4. The nurse researcher will present results of the study to the institution where the research was done by April 2016.

**Permission is requested to conduct this research study at HonorHealth Shea Medical Center 9003 East Shea Blvd Scottsdale, Arizona. I have included a template for the brief site approval letter that is required on letterhead from you.**

Thank you for your assistance with completing my DNP Capstone Project.

Sincerely,

Rebecca Tolino RN, BSN, MHI, DNP(c)  
DNP Student



October 1, 2015

RE: Your application regarding *Using an Educational Intervention to Address Nurse-Patient Communication at the Bedside: A Qualitative Study*

Dear Rebecca:

The Institutional Review Board (IRB) at HonorHealth Research Institute has reviewed your request for expedited approval of the new project listed above. It has been determined that although the work meets the criteria for research as defined by 45 CFR part 46.102(d), the activity is not a systematic investigation designed to develop or contribute to generalizable knowledge. As a result, this project does not require further IRB review. You are free to conduct your project without further reporting to Institutional Review Board at HonorHealth.

For your information, a copy of the Office of Human Research Protection Decision Chart 1, which summarizes the basis on which this determination is based, is found at:

<http://www.irs.org/online/policies/checkedlists/decisioncharts.html#DC1>

Although this specific work as described does not require review, please continue to submit protocols for all research activities that involve humans or data from humans to the IRB at HonorHealth Research Institute for a determination of whether review is required. In addition, should the protocol, as submitted, be revised in any way that might affect either the data collected or the procedures for collection, please contact the IRB Office to review whether the determination of human subjects status need also be re-reviewed.

Contact Julie Washington at (480)323-3071 if you have any questions or require further information.

Thank you for keeping the Board informed of your activities.

Sincerely,

A handwritten signature in blue ink that reads "Melanie Brewer".

Melanie Brewer, DNSc, RN, FNP-BC, FAANP  
Member, Institutional Review Board at HonorHealth Research Institute  
Network Director, Nursing Research

CC: Julie Washington, IRB Coordinator  
Steve Logan, Research Compliance Officer

## Appendix H

### CITI Training

#### COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM) COURSEWORK REQUIREMENTS REPORT\*

\* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Rebecca Tolino (ID: 4302504)
- **Email:** rtolino@shc.org
- **Institution Affiliation:** AZTransNet (ID: 805)
- **Institution Unit:** Scottsdale Healthcare
- **Phone:** 480-323-3798
  
- **Curriculum Group:** Responsible Conduct of Research
- **Course Learner Group:** Social and Behavioral Responsible Conduct of Research Course
- **Stage:** Stage 1 - Basic Course
  
- **Report ID:** 14797288
- **Completion Date:** 12/17/2014
- **Expiration Date:** N/A
- **Minimum Passing:** 80
- **Reported Score\*:** 92

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Responsible Conduct of Research (RCR) Course Introduction	12/17/14	No Quiz
Research Misconduct (RCR-Basic)	12/17/14	4/5 (80%)
Data Management (RCR-Basic)	12/17/14	4/5 (80%)
Authorship (RCR-Basic)	12/17/14	5/5 (100%)
Peer Review (RCR-Basic)	12/17/14	5/5 (100%)
Responsible Mentoring Archived 1625	12/17/14	6/6 (100%)
Conflicts of Interest (RCR-Basic)	12/17/14	4/5 (80%)
Collaborative Research (RCR-Basic)	12/17/14	5/5 (100%)
Responsible Conduct of Research (RCR) Course Conclusion	12/17/14	No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

**CITI Program**  
 Email: [csupport@miami.edu](mailto:csupport@miami.edu)  
 Phone: 305-243-7970  
 Web: <http://www.citiprogram.org>



**COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)  
COURSEWORK TRANSCRIPT REPORT\*\***

\*\* NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Rebecca Tolino (ID: 4302504)
- **Email:** rtolino@shc.org
- **Institution Affiliation:** AZTransNet (ID: 805)
- **Institution Unit:** Scottsdale Healthcare
- **Phone:** 480-323-3756
  
- **Curriculum Group:** Responsible Conduct of Research
- **Course Learner Group:** Social and Behavioral Responsible Conduct of Research Course
- **Stage:** Stage 1 - Basic Course
  
- **Report ID:** 14797268
- **Report Date:** 12/17/2014
- **Current Score\*\*:** 92

**REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES**

	<b>MOST RECENT</b>	<b>SCORE</b>
Responsible Conduct of Research (RCR) Course Introduction	12/17/14	No Quiz
Authorship (RCR-Basic)	12/17/14	5/5 (100%)
Collaborative Research (RCR-Basic)	12/17/14	5/5 (100%)
Conflicts of Interest (RCR-Basic)	12/17/14	4/5 (80%)
Data Management (RCR-Basic)	12/17/14	4/5 (80%)
Responsible Mentoring Archived 1625	12/17/14	6/6 (100%)
Peer Review (RCR-Basic)	12/17/14	5/5 (100%)
Research Misconduct (RCR-Basic)	12/17/14	4/5 (80%)
Responsible Conduct of Research (RCR) Course Conclusion	12/17/14	No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

**CITI Program**

Email: [info@cipd12.com](mailto:info@cipd12.com)  
 Phone: 305-243-7970  
 Web: <http://www.citiprogram.org>