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A Literature Review on Improving Nurse-Patient Communication Manuscript

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Improving Nurse-Patient Communication Skills Through A Toolkit

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Executive Summary

Effective communication happens when the sender of the message sends it, and it is conveyed and understood by the receiver (Gilbert & Hayes, 2009). Medical errors are the third leading cause of death in the United States alone (McMains, 2016). The Joint Commission (TJC) (2019) implemented National Patient Safety Goals (NPSG) in 2002, and improving communication among caregivers has been a goal that has been frequently revised. Due to ineffective communication, life-threatening errors are created among healthcare workers. Nurses play an important role in the communication channel and barriers can be created when there is a lack of health literacy. Providing nurses with the proper tools to improve their communication with their patients will enhance their skills and improve the patient experience.

Manuscript

The purpose of this manuscript is to discuss the comprehensive review of the literature connecting communication between nurses and their patients. Terms that were used in this systematic search included *nurse-patient communication, teaching tools, nurse perception, effective communication, patient safety, and health literacy.* Some of the databases that were used in this search were CINAHL, Pub Med, Joana Briggs, and OVID. All of the journals that were selected were evidence-based. Inclusion criteria used were those focusing on interactions between nurses or healthcare providers and patients. Although the goal was to utilize articles less than five years old, some were older and still used due to the nature of their connection with communication and relevance to the topic. Many of the studies shared the perception of either the healthcare professional and/or the patient.

The John Hopkins Nursing Evidence-Based Practice *Research Evidence Appraisal Tool* was used to critically appraise the evidence (Dearholt and Dang, 2012). This tool was used to score the quality and level of the evidence. The ratings ranged from Level I (weakest) to Level V (strongest). The most consistent types of evidence found were qualitative in nature. With the use of this tool, there was proof that recommendations were systematically developed in the literature. The sources used in the table of evidence were from nationally recognized experts based on research evidence. (See Appendix A).

Oncology Patients

Of all the evidence found to be the most relevant to nurse-patient communication, there was only one Randomized Control Trial (RCT) that was done by Rask and colleagues (2009). In this study, patients were from a cancer unit. They were able to participate and had received treatment in their clinic regardless of the cancer diagnosis. Nurses were divided into intervention

and control groups over a period of seven months. There were three different questionnaires distributed that measured the effectiveness of communication training.

Another study conducted by Lam et al., also involved oncology patients. In this observational study, there was a language barrier between nurses and patients. Patient satisfaction was measured using verbal and non-verbal cues they received from nurses. Both studies showed that patients were more satisfied with communication from their nurses regarding an explanation of procedures. Although patients in both studies had cancer, there were no specific skills that would improve patient outcomes. However, the nature of the care would need nurses to provide a more personal relationship for their patients to completely understand what was being taught.

Chen and Raingruber's (2013) study also involved oncology patients. These authors concluded that staff and hospitals would benefit from offering interdisciplinary training that includes role-playing. This is extremely important in initiating communication surrounding sensitive topics such as self-care and cancer. In addition to these authors, deLeeuwe et al., (2014), Fallowfield et al., (2001) and Isaacson et al., (2018) concluded that on-going communication training would be beneficial to nurses in improving skills learned.

Seizure and Dementia Patients

Repeating topics, capturing patient needs, and engaging in current patient circumstances are some communication tools used in a study by Beulow and colleagues (2018), as well as Chao and colleagues. Utilizing such tools when interacting with patients suffering from dementia or with a history of seizures enhance the patient-provider interaction while building trusting relationships.

Diabetes Patients

Al Sayah and colleagues (2014) conducted a study about health literacy on patients with a chronic disease such as diabetes. The authors found that repeating health information, clarifying instructions, checking and asking for understanding, and seeking patients perception are all components in a communication loop. Closing this loop helped to identify the lack of health literacy that patients may experience. Out of 36 encounters that took place, only four were used with a complete communication loop. This is relevant in addressing patient needs while clarifying pertinent information that will improve patient outcomes.

Tools

Addressing patients by their last name and the title Mr. /Ms. rather than their first name is more formal. Barre (2007) suggests that this form of identification provides symmetrical communication between them and their healthcare provider. Addressing them as *hon* or *sweety* may give a sense of belittling. This form of asymmetrical communication prevents the patient from leading the conversation and may not feel their thoughts or feelings are relevant Barre (2007).

Chu et al., (2018) conducted a study from 2011 through 2014. Implementing Communication Training Program interventions to a group of 46 nurses and 62 patients, the attitudes of nurses showed gross improvement after a workshop. Not only were there a decrease in patient agitation, but also an increase in knowledge from nurses and patients. Quality of Life (QOL) was also increased. In addition, Gilbert and Hayes (2009) found the communication strategies that were implemented seemed to be an effective methodology for improving nursing skills.

In a study conducted by Sethi and Rani (2017), an important point was addressed. In addition to the skills nurses needed to learn, it was crucial that nurses and patients were in a

desirable environment. Negative impact on nurses' environments may in fact, create barriers to communication. Patients could pick up on this energy and not show as much interest in messages their nurses may be trying to convey. Constant monitoring of skills was recommended as previously mentioned by deLeeuwe et al., (2014), Fallowfield et al., (2001) and Isaacson et al., (2018).

Conclusion

In conclusion the review of the literature brought to light the urgency for improved communication between nurses and their patients. Regardless of the illness or medical condition of the patient, there will be variance in communication styles. Although communication barriers exist in healthcare, it is evident that health literacy is a key factor. Effective communication improves the relationship through building trust, minimizing patients' anxiety, guilt, and reducing pain (Seth & Rani, 2017). Improving patient overall experience can be achieved by sharpening nurses' skills that should include a focus on communicating with patients who have differing levels of health literacy. By providing the tools needed, better patient outcomes are expected along with an improved quality-of-life.

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Barrere, C.C. (2007). Discourse analysis of nurse patient communication in a hospital setting; Implications for staff development. *Journal for Nurses in Staff Development, 23*(3), 114-122.

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Appendix A- Evaluation Table

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Al Sayah, F., Williams, B., Pederson, J. L., Majumdar, S. R, & Johnson, J. A. (2014). Health Literacy and Nurses' Communication With Type 2 Diabetes Patients in Primacy Care Setting. *Nursing Research, 63*(6), 408-417.	None	Qualitative research study	Study took place in 3 Primacy care network in Canada. Between 5/2012 thru 4/2013. 36 Pattients 18 y/o and older, had Type 2 DM, communication in English, with no severe mental or physical issues were able to participate. 9 female nurses involved in Chronic Disease mgmt. participated.	Health literacy Scored 1-5, high scores showed low HL. 3 screening questions used. 5 key components used in Interaction communication loop a) repeating health info, b) clarifying instructions, c) asking for understanding d) checking for understanding, e) seeking patient perception Use of jargon categories including medical and mismatch language	Each encounter was audio recorded. Each nurse had at least 2 encounters that were recorded. Data collection cont. until data sat was reached.	Two professional transcriptionists and a coding manual were used for this study. Coding was done independent. Interrater agreement done using percentage agreement and kappa statistic.	Nurse used complete community loop in only 4 of 36 encounters. Most common component of community loop was clarifying health info/instruct (58%). Repeating health info was 2nd most used (33%). Least used was checking for understanding (81% never used) then followed by asking for understanding (42% never used). Nurses in PC settings rarely used full communication loop in DM self mgmt. educ. There were missed opportunities for to enhance patient education and understanding. Health literacy did not affect nurses communication. However, nurses used less jargon with patients with inadequate health literacy.	IIIB

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Barrere, C.C. (2007). Discourse analysis of nurse patient communication in a hospital setting; implications for staff development. *Journal for Nurses in Staff Development, 23*(3), 114-122.	Social construction-ist theory	Small convenience sample was used	Conducted in two Northeastern hosp. 20 nurse-patient pairs on medical/surgical or telemetry units All participants were Caucasian and spoke English. There were 4 groups: 5 Male/male 5 male/female 5 fem/fem 5 fem/male gendered pairings. Ages of nurses 23-47yrs. Patients ages from 40-88yr.	Interactions were audio recorded with mini-microphone as they occurred during day and eve shifts	Focusing on symmetry vs. asymmetry nature of nurse-patient communication related to gender of nurse and patient interaction. There were 11 modes of discourse: Address, focused assessment, teaching/information sharing, negotiation of personal and medical, sick/depend, reassurance, departure, overlooked, personal self disclosure, negotiation of act & ideological	Notes transcribed. Notes were simultaneously read and listened to. Transcription protocol was used. Identification of the initial categories and themes, then re-read to determine final modes of discourse.	Nurse was interactionally dominant. Two modes of discourse used, the nurse used patients first vs. last name. Most use title of Mr./Mrs. Of eight first time nurse-patient interactions, only once was patient asked how patient preferred to be addressed. Nurses referred to patients as honey or hun. giving sense of asymmetrical communication. Nurses need to not to always lead the conversation, but be a participant in the conversation.	III B

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Beulow, J., Miller, W., & Fishman, J. (2018). Development of an epilepsy nursing communication tool: Improving the quality of interactions between nurses and patients with seizures. *Journal of Neuroscience Nursing, 50*(2), 74-80.	None	Qualitative research design	There were 8 nurses recruited 7 had expertise in epilepsy, one was an expert in patient communication. Tool is designed to help nurses without epilepsy training to have a more thorough and constructive conversation with patiens with epilepsy.	An ENCT (Epilepsy Nursing Communcation Tool) was developed in 3 phases. Open ended survey questions were created .	10 nurses rated the tool for having clinical usability and feasibility. This was done thru a web-based digital platform. 5 point Likert scale used 1- (strongly disagree) thru - 5 (strongly agree).	Tool was reviewed in 3 phases. In last phase scores were tallied with further revisions. Tool given back to 8 nurse experts for final comments.	Results indicated that the nurse found the tool to be useful, easy to use, and acceptable. Tool provided assistance in repeating topics from memory loss, capturing patient needs, enhancing patient-provider communication, which could improve the quality of interactions between patients and their providers to ensure optimal management of epilepsy.	III B

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Chao, H., Kaas, M., Su, Y., Lin, M., & Wang, J. (2017). Effects of the advanced innovative internet-based communication education program on promoting communication between nurses and patients with dementia. *The Journal of Nursing Research 24*(2), 163-172.	None	Quasi-experimental design. Convenience sample used	Study was done between 7/2010 and 5/2011. Nurses recruited from long term care facilities in Southern Taiwan. RN or LVN with at least 3 months experience with caring for people with dementia and have access to the internet	Evaluation of an Advanced Innovative Internet-based Communication Education (AIICE) program. Testing nurses communication knowledge, attitudes, frequency of assessing patient communication capacity, and communication perform in context of care of dementia.	Changes assessed over time across three points: baseline, 4th week posttest, and 16th week posttest.	Statistical analysis used was SPSS 17. 0 One sample t-test was used for initial analysis, and general estimating equations used to compare changes over time. Bonferroni used for pairwise comp of outcomes	Study shows that AIICE program improves nurses communication knowledge, frequency to assess patients communication capacity, communication performance. Alleviates memory and behavior-related problems and depressive symptoms of pts. Training is recommended. There was significant improvement over baseline by 4th to 16th week post-test. ($p < .01$)	II B

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Chen, C. H., & Raingruber, B. (2013). Educational needs of inpatient oncology nurses in providing psychological care. *Clinical Journal of Oncology Nursing 18*(1), E1-E5.	None	Qualitative research design	26 inpatient oncology nurses participated from an academic medical center	8 conference calls were made as reminders to staff for participation	Likert-type questions were used in the survey. Also open-ended questions we included.	Cross tabulations used to calculate age and education. T-test was used.	Hospitals would benefit from offering interdisciplinary training that includes role-playing to initiate sensitive topics. Self care should be covered during training	III B

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Chu, C.H., Sorin-Peters, R., Sidani, S., De La Huerta, B., & McGilton, K. S. (2018). An interprofessional communication training program to improve nurses' ability to communicate with stroke patients with communication disorders. *Rehabilitation Nursing 43*(6), E25-E34.	None	Quasi-experimental	Study done between 3/2011 and 3/2014. 46 nurses participated. 62 patients participated. Groups divided into control and intervention. Study done on 2 in-patient stroke rehab units in Ontario Canada. Nurses were FT, PT RNs, Patients had to have stroke related moderate-severe communication disorder.	IP (Inter-professional Communication Training Program) developed. Initial training done in 1 8hr day, Booster training done in ½ day 8 months later. On-going support from speech language pathologist for 1 year	Pre-post measures IP surveys conducted at 3 stages: prior to IP training, 3 months after workshop, and 1 year follow up after booster workshop. CIQ (Comm. Impairment Quest) measures nurses attitudes toward communicate with pts. 4 point Likert scale used (1 poor- 4 excellent)	Data analysis used STATA. Repeated measures hierarchical regression used account for missing values. $a<0.05$ was applied for all stats test to accept 5% chance of Type I Error.	Nurses' attitudes and knowledge improved 3mths after workshop. Knowledge improved significantly, Attitudes also continued to improve but not to significant degree. Increase in Quality Of Life and decrease in patient agitation noted Minimal literature r/t nursing and patient communication in rehab setting of stroke recovery. Knowledge gap	II B

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
de Leeuwu, J., Prins, J. B., Uitterhoeve, R., Merkx, M. A. W, Marres, H., A., M., & van Achterberg, T. (2014). Nurse-patient communication in follow-up consultations after head and neck cancer treatment. *Cancer Nursing 37*(2), E1-E9.	A bio-psychosocial model	Descriptive observational study	Total sample of 16 people. There were 10 patient and 6 partners. Study done between March and Sept 2010 in outpatient clinic in Netherlands. All nurses attended short training workshop of 2 3-hr sessions.	Scale was developed for oncologic setting. At time of recordings, patients were 2-8 months post-treatment and disease free. Outcome ranges were from -1 to 1.	17 video recordings were captured from 10 pts. All interactions lasted between 20-30 minutes.	Medical Interview Aural Rating Scale (MIARS) was used to code video recordings. Specialized software called Observer XT 9.0	Nurses adequately responded to approximately 25% of patient and partners cues 75% of all cues were responded to using distancing behaviors known to reduce space. Majority of questions were answered adequately. Amount of cue responding remained below 0 for nurses. Ongoing professional training and clinical supervision may be helpful for nurses to further improve communication skills.	III B

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Fallowfield, L., Saul, J. & Gilligan, B. (2001). Teaching senior nurses how to teach communication skills in oncology. *Cancer Nursing 24*(3), 185-91.	None	Qualitative design	129 nurses participated Nurses had to be a minimum of 2 years post registration to enroll in course.	2 day Courses were taught in small hotel away from hospital over a 2 year period. Small groups of 4 or less people. 32 item questionnaire for demographic purposes and analog to rate own confidence in dealing with communication difficulty in oncology and teaching.	Questionnaires were administered before and immediately after course. After 3 months another questionnaire was mailed to see if any teaching initiatives were started	Comparisons were using non-parametric Wilcoxon matched pairs, signed rank test. All areas show a statistically significant improvement in confidence.	Most common problem identified was dealing with colleagues was confirmed by 39% of nurses. Other highest - ranking problems were information giving/ eliciting informed consent 27% of nurses. 91% of the nurses had altered their teaching as result of the course. 85% initiated new communication teaching skill learned. There is increasing need to provide more resources for effective training is pt care is to improve.	III B

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Gilbert, D. A, & Hayes, E. (2009). Communication and outcomes of visits between older patients and nurse practitioners. *Nursing Research 58*(4), 283-293.	None	Qualitative study	Statewide sample of 31 NP and 155 older pts. In New England state. Only female NPs were included	Video recordings were used for the visits. Patients had to rate on a Consumer Assessment of Health Care Providers Survey. Scale ranged from 1 (worst care possible) thru 10 (best care possible)	Roter Interaction Analysis System (RIAS) used to measure verbal activities. Intercoder reliability has average of r = 0.85	Mixed model regression was used until predictors of $p<0.05$. Data was analyzed using mixed – model regression of SAS 9.1.	Communication strategies were implemented as an effective methodology for nurses communication skills.	III B

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Isaacson, M. J., & Minton, M. E. (2018). End-of-life communication. Nurses cocreating the closing composition with patients and families. *Advances in Nursing 41*(1), 2-17.	Relevant theory. A COMFORT model, which is a patient-centered, palliative care communication framework designed to address communication challenges across the health care continuum.	Hermeneutical analysis	10 hospice nurses participated Employees were female, between 30 & 60 y/o. Had 10 to over 30 years exp. 5 rural nurses cared for patients in homes, acute care, and SNF. 5 urban nurses cared for patients in hospice house	Semi-structured interviews were used that lasted 45 – 60 minutes. Was recorded and transcribed verbatim.	Over 2 month period themes were gathered, cases and shared meanings.	. Qualified transcriptionist was used to analyze the narratives	Specialized end of life training for pre-licensure students result in improved knowledge and attitude toward care of the dying. Post-licensure training in ongoing communication is needed for accurate, timely and sensitive issues regarding patients. Nurse and patient influence each others communication Communication matured from training through the ELNEC curriculum	III B

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Lam, W., Wong, F.Y., & Chan. (2018). Factors affecting the levels of satisfaction with nurse-patient communication among oncology patients. *Cancer Nursing 00*(0), 1-11.	None	Observational study	25 RNs and 94 oncology patients were recruited from 1 unit.	A demographic sheet was used, a checklist with patients concerns, checklist of non-verbal cues used by nurses and patients, Likert scale on patients level of satisfaction.	Questionnaires in Chinese were used	SPSS version 24 used for analysis. Descriptive stats.	Patient receiving admission procedures were significantly more satisfied with communication with their nurses compared with those who were more concerned about impact of the disease on self-care.	III B

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Rask, M. T., Jensen, M. L., Andersen, J., & Zachariae, R. (2009). Effects of an intervention aimed at improving nurse-patient communication in an oncology outpatient clinic. *Cancer Nursing 32*(1), E1-E11.	None	Controlled trial Randomly stratified assigned intervention and control group. 413 patients participated in the study	24 nurses in an oncology were organized into 3 teams and equally represented in intervention and control groups. Total time of study was 7 months.	Nurses assessed at baseline, 1 week after communication skills training, and again 3 months after. Patients could participate if 18 and received treatment in clinic regardless of CA dx or stage	3 different Questionnaire package given to patient and returned in sealed envelope and deposit in locked box	ANOVA was a measure of the effect of nurse/patient communication skills training	This study was unable to support the hypothesis that nurse communication skills training would be associated with improved nurse/patient outcomes. Analyses of which pt needs and expectations the nurse/pt relationship in cancer care has to fulfill, as well as of the specific communication interaction and patterns identified. Further studies needed to address these issues.	I A

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Sethi, D., & Rani, M. K. (2017). Communication barriers in health care setting as perceived by nurses and patient. *International Journal of Nursing Education 9*(4), 30-35.	None	Cross sectional descriptive study. Simple random sampling	50 nurses and 50 patients of two private hospitals in 2016. Medical, surgical, ICU/CCU, and ER wards were included	Nurses quest had 44 items. Patient questions had 30 items. Each had 5 options: none, little, average, high, and NA. Barriers divided into 4 categories	Two separate questionnaires for nurses and patients. Tool divided into 3 categories: patient related factor. Nurse related factor, and common factors between nurse and patient	Descriptive and inferential stats used in SPSS 16. P value ≤ to 0.05 considered statistically significant	Barriers found were language, environmental, cultural, overload of nurses work schedules Raising the awareness of nurses and patient and creating desirable environment Nurses must be trained in communication skills and constant monitoring of skills to support encouragement	III B

*Johns Hopkins Hospital/The Johns Hopkins University (2012). Appendix E: Research evidence appraisal tool. In *S. L. Dearholt & D. Dang. (Eds.). Johns Hopkins nursing evidence-based practice: Model and guidelines* (2nd ed.,)