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## Shift Reporting: Educating Nurses on Effective Communication

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*Walden University*

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# Walden University

College of Nursing

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Cheryl I. Smith

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Walden University  
2022

Abstract

Shift Reporting: Educating Nurses on Effective Communication

by

Cheryl Iris Smith

MS, MSN, Western Governors, 2017

BS, California State University Los Angeles, 2006

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

August 2022

## Abstract

Effective communication is vital to nursing practice, as it can ensure quality care delivery and promote positive patient and organizational outcomes. In most organizations, the exchange of information between nurses is done during the end of shift (EOS) reporting. The purpose of this DNP project was to determine if an educational intervention focused on effective communication in EOS reporting increased knowledge and confidence among nurses working in a home healthcare setting. Fifty-seven nurses were invited to participate in the educational intervention, and 49 nurses took part for an 85% response rate. The average age of the sample was 45.51 years ( $SD = 11.63$ ), with 82% ( $n = 40$ ) of the participants being female. The participants had 16.35 years ( $SD = 11.57$ ) of nursing experience and were in their current position for 9.21 years ( $SD = 8.30$ ). The average pretest score was 93.67 ( $SD = 11.49$ ), with the average posttest score being 95.10 ( $SD = 7.67$ ). Using a paired t-test to estimate the data, there was no statistical difference between the pretest score and the posttest score ( $t = -0.86, p > 0.05$ ). Participants of the educational intervention were asked about their confidence level of EOS reporting and use of SBAR on a scale of 1 to 7, with 1 = *no confidence of use* and 7 = *fully confident of use*. The average pretest score of confidence was 5.76 ( $SD = 1.43$ ), and the average posttest score of confidence was 6.53 ( $SD = 0.68$ ). Using a paired t-test to estimate the data, there was a statistically significant difference in pretest confidence and posttest confidence ( $t = -3.86, p < 0.001$ ), showing an increase in confidence among the participants. The DNP project has shown a positive social change by increasing nursing confidence in using the SBAR to improve communication among nurses.

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## Dedication

I want to dedicate the DNP project to my mother, Fernella Smith. She has been an inspiration in my life and always told me to keep pushing forward. I am also grateful to my fiancée Abdelatif Kada for his encouragement and support in reaching my goals and achievement.

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## Table of Contents

List of Tables .....	iv
Section 1: Nature of the Project .....	1
Introduction.....	1
Problem Statement .....	3
Purpose Statement.....	3
Nature of the Doctoral Project .....	4
Significance.....	6
Summary .....	7
Section 2: Background and Context .....	8
Introduction.....	8
Concepts, Models, and Theories.....	9
Relevance to Nursing Practice .....	10
Effective Communication .....	11
Benefits of Effective Communication .....	12
Barriers to Effective Communication .....	13
Effects of Poor Communication Between Nurses .....	13
SBAR Tool.....	14
Positive Patient Outcome.....	15
Local Background and Context .....	16
Role of the DNP Student.....	17
Role of the Project Team .....	18



Summary .....	19
Section 3: Collection and Analysis of Evidence.....	20
Introduction.....	20
Practice-Focused Question.....	20
Sources of Evidence.....	21
Participants.....	21
Procedures.....	22
Protections.....	24
Analysis and Synthesis .....	24
Summary.....	24
Section 4: Findings and Recommendations .....	26
Introduction.....	26
Finding and Implications .....	28
Findings.....	29
Implications.....	31
Recommendation .....	32
Contribution of the Doctoral Project Team .....	33
Strengths and Limitations of the Project.....	33
Summary.....	34
Section 5: Dissemination Plan .....	36
Introduction.....	36
Dissemination .....	36

Analysis of Self.....	37
As a Practitioner.....	37
As a Scholar .....	38
As a Manager .....	38
Completion of Project.....	39
Summary .....	39
References.....	41

List of Tables

Table 1. Descriptive and Inferential Statistics,  $N = 49$  ..... 30

## Section 1: Nature of the Project

### **Introduction**

Effective communication is a critical component of nursing care to ensure quality care delivery and promote positive patient and organizational outcomes (Payne et al., 2000). In two Institute of Medicine (IOM) reports, *To Err is Human* and *Crossing the Quality Chasm*, the IOM stressed that good communication is critical to ensuring reliable care (IOM, 2001). Further, the Joint Commission reported in their *Sentinel Event Data Summary* that poor communication is “especially prominent during patient handoffs” (p. 1). Given these initiatives to improve the quality of patient care, there is an increased focus within healthcare organizations to provide quality care and promote patient safety through improved methods of communication (Frazier & Garrison, 2014). One way of achieving improved communication is end-of-shift (EOS) reporting.

EOS reporting is an essential communication process that is integral to patient care delivery, patient outcomes, and organizational outcomes. EOS reporting has been operationally defined as “a system of nurse-to-nurse communication between shift changes intended for transferring essential information for safe, holistic care of patients” (Tan, 2015, p.188). Given that the primary goal of EOS reporting is the translation of information, using an effective process to exchange information can improve communication, prevent errors, and promote safe practice (Shahid & Thomas, 2018). Researchers have found that a large percentage of all adverse events and critical errors during treatment involve poor communication during EOS handover (Müller et al., 2018; Schmidt et al., 2019).

EOS reporting is essential in all areas of care delivery, including home health care, as the translation of information regarding care delivery is paramount. Research has shown that using appropriate tools to communicate a patient's current status, recent changes in condition, and/or potential challenges to care may prevent patient errors, avoid missed treatments, and minimize misinformation, which may promote and enhance the patient's quality of care (Boshart et al., 2016). Further, using an evidence-based reporting system for communication also promotes accountability, ownership, and teamwork, allowing nurses to feel a sense of security when performing patient care as part of their role. One such tool is the Situation, Background, Assessment, and Recommendation (SBAR) Communication Tool. A systematic review conducted by Müller et al. (2018) demonstrated that implementing the "widely adopted communication strategy SBAR...was a valid remediation approach" (p. 7) to developing effective communication among providers. Thus, using the SBAR communication tool may be a plausible solution to ineffective communication that may cause poor patient and organizational outcomes.

A local home health agency noted that there was not an EOS reporting plan during a recent clinical evaluation. As a result, an informal needs assessment was conducted, which revealed gaps in understanding the benefits of effective communication and tools that could be implemented to enhance and guide effective communication. Increasing nursing knowledge of effective communication and tools that promote effective communication and associated risks of ineffective communications was identified as a plausible solution to address this concern with this population.

### **Problem Statement**

Current trends in healthcare delivery have seen considerable growth in-home healthcare. The Centers for Medicare and Medicaid Services (CMS) estimates that over 8,000 home health agencies deliver care to over 2.4 million elderly and disabled individuals annually (Ellenbecker et al., 2008). The U.S. home healthcare market is projected to grow 7% annually from \$103 billion in 2018 to \$173 billion by 2026, outpacing growth in all other care delivery markets (Lineaweaver, 2019). Given this, health systems are examining ways to improve patient outcomes within the home healthcare market. One example of this includes enhancing communication between the nurse, the organization, and the family in a timely manner.

There is currently no standardized process for nurses within the identified home health agency to provide bedside reporting. The nurses are presently giving verbal reports in the home and through text messaging. Information is often not standardized and not translated well, and as a result, vital information is often missed. Establishing a standardized method that promotes communication and patient safety is essential. SBAR is one technique that can be used in nurse knowledge exchange, as it is a standardized format that allows for accurate information exchanged regarding the patient's current condition, clinical changes, patient care, and treatment (Leonard & Zomorodi, 2019).

### **Purpose Statement**

Ineffective communication and miscommunication are causes for concern among nurses when transferring information during a nurse's knowledge exchange. Walsh et al. (2018) have referenced that 80% of medical errors have been associated with ineffective

and miscommunication. Further, poor communication between nurses can lead to inaccurate patient plans, medication errors, and delayed treatment (Shahid & Thomas, 2018). Thus, the purpose of this Doctor of Nursing Practice (DNP) project was to determine if an educational intervention focused on the benefits of effective communication and a formal communication model (SBAR) as part of the EOS reporting increases knowledge and confidence in EOS reporting among nurses working in a home care setting. The hope was that the increased knowledge regarding the benefits of effective communication and the use of the SBAR tool would be translated into practice and result in improved patient and organizational outcomes and, as a result, promote positive social change.

### **Nature of the Doctoral Project**

The project was conducted at a home health agency in the western part of the United States. The agency has 250 nurses who provide home nursing care to over 120 patients. Nurses who work for the organization provide care for patients between the ages of 2 months to 90 years of age, and the nurses' cases range from 149 hours to 683 hours of skilled nursing care per month. The patients' medical conditions include mechanical ventilator dependence, tracheostomies, gastrostomy tubes, and seizures. Private duty nursing hours are obtained through the Early and Periodic Screening, Diagnostic, and Treatment. This is a federal status and regulated state-funded program where children ages 0-21 can receive shift nursing in the home. The program for adults over 21 years old is called Home and Community-Based Services Waivers. This program provides shift

nursing for adults who have disabilities requiring skilled nurses and prefer to remain in the home for care instead of residing in a nursing facility.

It is well documented in the literature that effective nursing communication prevents adverse patient outcomes (Burgener, 2020). Therefore, this DNP project focused on an educational intervention geared toward the benefits of effective communication and a formal communication model (SBAR) as part of the EOS reporting to increase knowledge and confidence in EOS reporting among nurses working in a home care setting. With the increased understanding, it is hoped that the knowledge is then translated into practice, resulting in positive patient-centered outcomes and positive social change.

The project was conducted at a home health agency in the United States' west coast. The agency has 200-250 nurses who provide nursing care to over 120 patients in the home. Therefore, the agency's environment was feasible to assess the project's analysis, design, development, implementation, and evaluation.

The nurse's knowledge exchange is essential as the patient's information is shared to allow effective communication among nurses. It is well documented in the literature that effective nursing communication prevents adverse patient outcomes. This DNP project focused on improving the communication method among nurses to reduce adverse patient outcomes. By improving patient knowledge exchange between nurses, patient care can be enhanced, allowing for positive patient-centered outcomes and positive social change.



## Significance

Providing safe care to patients is a goal set by the Joint Commission's *National Patient Safety Goals* to ensure effective communication is provided by caregivers (Shahid & Thomas, 2018). The IOM also recognized the importance of ensuring timely, effective, patient-centered care is communicated among nurses during care transfer (Shahid & Thomas, 2018). Increasing communication and sharing of information between nurses is essential to improve safety, communication, and patient satisfaction (Radtke, 2013). In addition, healthcare organizations have realized that interpersonal communication is vital for nurses to provide safe and effective care to patients (Toghian et al., 2014).

The literature supports that the Communication SBAR tool is beneficial as it streamlines common written and verbal language among nurses (Shahid & Thomas, 2018). It also helps resolve problems and promotes shared knowledge among the nurses involved in patient care. The principal focus of EOS reporting is to allow nurses to provide a handoff on the care that has been provided to the patient during their shift. This type of communication enables nurses to be accountable for their care and build trust among the nurses (Walsh et al., 2018). Nurses involved in exchanging information during EOS reporting help ensure the patient receives care continuity and exhibits best nursing practices (Dorvil, 2018).

The literature showed that ineffective communication among nursing staff could cause misinformation, medical errors, and essential information loss (Toghian et al., 2014). In addition, ineffective communication can cause patient injury, delay in care, and

even death (Foronda et al., 2016). Therefore, this DNP project was focused on an educational intervention geared toward the benefits of effective communication and a formal communication model (SBAR) as part of the end-of-shift reporting to increase knowledge and confidence in EOS reporting among nurses working in a home care setting.

### **Summary**

The exchange of information between nurses is an essential nursing practice that is part of interprofessional communication, which allows for team building and safe practice (Park, 2020). Nurses must connect during the shift change to share information about their care with the patient. Sharing information at the end of the shift is critical for in-patient care since professionals share vital clinical information (Park, 2020). This information can affect patient outcomes positively or negatively. Ineffective communication can cause near misses and missed pieces of information and errors. Therefore, effective communication is vital for positive patient outcomes and organizational outcomes.

## Section 2: Background and Context

### **Introduction**

In this DNP project, I aimed to improve communication and knowledge exchange by educating nurses on using the SBAR for the EOS report. Communication between nurses is essential when caring for patients, preventing misinformation and errors from occurring. According to Joint Commission (JC), the practice of sharing information during the change of shift is essential for the quality of care and the safety of the patient (Schirm et al., 2018). Effective exchange of information between nurses during shift change should use a methodical approach to relay information about care, progress, and treatment (Ballantyne, 2017).

The World Health Organization (WHO) recommended 2007 the SBAR tool for nurse knowledge exchange during the end of the shift (Ballantyne, 2017). Using an SBAR tool will provide clear and accurate information structured using situation, background, assessment, and recommendations (Yu & Kang, 2017). Researchers have found that nurses using the SBAR tool allow communication and culture change among nurses (Shahid & Thomas, 2018). The nursing staff will require training on the SBAR framework to ensure they understand its use (Shahid & Thomas, 2018).

There is concern regarding how nursing exchanges information during shift change within the organization. Since the care is provided in the home, the nurses do not always directly contact each other during shift changes. The nursing hours vary for patients, with shifts ranging from 8 to 16 hours per day. Given this, the patients' care information is sometimes shared the next day when the next nurse assumes care, usually

after the outgoing nurse has left the home. The nurses need to be educated on a process that will increase communication between nurses to enhance the transfer of care. Nurse knowledge exchange is essential for continuing patient care and ensures information is transferred efficiently (Yu & Kang, 2017).

### **Concepts, Models, and Theories**

This DNP project was grounded in Lewin's Change Theory. Lewin's theory comprises three major concepts: driving forces, restraining forces, and equilibrium; these principles facilitate change (Cummings et al., 2015). The DNP project educated nurses, changing, and improving the concept of reporting to make it useful in practice. This project was under the guidelines of staff education as discussed in the Walden University Manual for Staff Education.

Lewin's process creates awareness using unfreezing, which looks at old processes, pattern changing and moving (Wojciechowski et al., 2016). The method of unfreezing is considered the first stage. This process requires nursing leadership to be a change agent and team leader. During this phase, the change agent will mobilize the team to gear toward change (Shirey, 2013). This allows the individual or group to use brainstorming and role modeling in alternative ways. The second stage of Lewin's theory is moving or transitioning. This stage is considered the stage of moving toward the change and requires coaching and communication to provide a coherent action plan (Shirey, 2013). This is the stage where the engagement of individuals occurs (Shirey, 2013). During this stage, the group will experience plan development and engagement in the new process (Shirey, 2013).

The last process is refreezing, which focuses on re-training and stabilizing the new system formed (Wojciechowski et al., 2016). This is considered the third stage, focusing on stabilizing the change process (Shirey, 2013). During the refreezing process, the new practice change should be accepted. Through acceptance, the shift in practice becomes part of the norm (Shirey, 2013).

### **Relevance to Nursing Practice**

Through research, the Joint Commission determined that 75% of the reported adverse events resulting in death were related to poor communication among healthcare staff (Campbell et al., 2020). Communication is vital to prevent these occurrences from happening. Communication is essential in nurse knowledge exchange to ensure patient information is transferred during the EOS report. Nurse knowledge exchange promotes nurse accountability ownership, transparency, and safe practice (Schirm et al., 2018). Ineffective communication while exchanging information can cause risk and poor patient care (Yu & Kang, 2017). The nurse's knowledge exchange is essential as the patient's information is shared to allow effective communication among nurses. It is well documented in the literature that effective nursing communication prevents adverse patient outcomes. This DNP project focused on improving the communication method among nurses to reduce adverse patient outcomes. By improving patient knowledge exchange between nurses, patient care can be enhanced, which allows for positive patient-centered outcomes and positive social change.

## **Effective Communication**

The goal of this DNP project was to educate the nurses on effective communication methods that allow nurses to share information during the end of shifts. Nurses who effectively communicate through an exchange of dialogue can provide quality care and meet patients' needs. Communication is defined as exchanging ideas, thoughts, and feeling (Gluyas, 2015). Improving nurse knowledge exchange promotes and enhances teamwork and team building. It allows nurses to become more engaged with patient care, which improves communication and supports safe care. Effective communication contributes to nurses' responsibility and accountability, essential for a positive perception of patient and client relationships (Lee et al., 2016). Nurses are more engaged in care when they feel empowered with knowledge. Researchers have reported that shift reporting improves efficiency, enhances care, and prioritizes the patient's care (Dorvil, 2018). Promoting a supportive culture within the nursing practice will enhance nurses' ability to provide safe care. Having an excellent form of communication is essential to make sure everyone understands the changes that will occur and their acceptance of the changes.

Effective communication is crucial, as it can affect patient care outcomes positively or negatively (Burgener, 2020). Both patient safety and patient outcomes can be compromised if nurses do not communicate well. The transference of information using communication can be seen as a transaction between quality and quantity by creating a message for effective communication; one must consider cultural, social, and psychological values, surroundings, or circumstances (Kourkouta & Papathanasiou,

2014). Nurses who communicate well with each other reduce the errors that can occur while caring for the patient. When nurses are knowledgeable about their patients, they feel a sense of confidence and reassurance that they are providing quality care. Communicating effectively allows for continuity of care and relationship-building between nurses (Gluyas, 2015).

### **Benefits of Effective Communication**

It is essential to use a communication platform that everyone in the team understands. Lack of communication can cause negative results; therefore, there must be effective communication to prevent miscommunication (Butt et al., 2016). Effective communication allows for sharing non-verbal and verbal messaging, which helps build and support interprofessional relationships and environment among the nurses (Kourkouta & Papathanasiou, 2014). Researchers have suggested that communication is a valued fundamental strategy that organizations can use to provide quality, compassionate care to patients (Bramhall, 2014). Effective communication is vital for interprofessional and nurse-patient relationships (Bramhall, 2014). Educating nurses on techniques to develop effective communication skills will increase the nurses' ability to provide quality care and guard the health of the nursing professional (Kourkouta & Papathanassiou, 2014). Nurses who become effective communicators can keep the line of communication open, build teams, and are considered an essential element of any organization (Vogelsmeier et al., 2011). Effective open communication will allow nurses to share ideas and, overall, improve the quality of care and excellent patient outcomes.

### **Barriers to Effective Communication**

According to Folkman et al. (2019), conflicts within the team can cause decreased interaction, information sharing, and decision making. Pulling the team together, discussing the issues, and allowing the individuals who have a conflict the ability to vent help deescalate the negativity. Team building is essential because the focus is on motivating and engaging people to take part in the change associated with changes in policy and procedures (Tappen et al., 2017). Team building requires input from different stakeholders, meetings, and collaboration between all involved for change to occur and ensures that individual and organizational outcomes are successfully met.

Sometimes current practices can cause pushback from staff. When this happens, interprofessional relationships and communication are essential among the team. Building an excellent relationship between leadership and staff fosters team support and allows for a better understanding of the team's needs to succeed (Folkman et al., 2019).

### **Effects of Poor Communication Between Nurses**

Poor communication among nurses can lead to mistakes, patient care errors, and quality care issues, contributing to poor patient outcomes. Researchers have found that most negligence cases have resulted from poor communication among nursing staff (Burgener, 2020). When information is not translated well among the nurses, this can lead to underlying adverse events resulting in inadequate coordination of care to the patient (Burgener, 2020). Poor communication among nurses can also lead to misperceptions of the critical care needed for the patient (Gluyas, 2015). This results in a communication breakdown that can affect interprofessional relationships.



## **SBAR Tool**

The United States Navy first developed the SBAR tool to communicate between nuclear submarines during duty handoff between officers (Renz et al., 2013). It was found to promote satisfaction and outcomes (Shahid & Thomas, 2018). In the 1990s, Kaiser Permanente of California adopted the tool to cultivate patient safety culture within their organization (Renz et al., 2013). In 2002, Kaiser Permanente in Colorado's rapid response team also adopted the tool to promote safety (Achrekar et al., 2016).

The SBAR tool provided a framework of communication between nurses, allowing them to share patient-specific health care information during knowledge exchange (Burgener, 2020; Shahid & Thomas, 2018). The tool has been found to enhance communication while decreasing the time to give a report (Burgener, 2020). The SBAR tool has been considered the "gold standard handoff structure" for exchanging information (Shahid & Thomas, 2018). Healthcare organizations have realized that the value of effective communication is tied to effective and safe patient care (Shahid & Thomas, 2018).

The SBAR tool allows the nurse to become more aware of the patient's current situation and condition during handoff (Shahid & Thomas, 2018). Researchers have found that using an SBAR tool allows the nursing assessment data to reflect the quality and quantity of information when addressing patient status (Renz et al., 2013). The SBAR tool will enable nurses to break down how the patient care information will be disseminated in the following manner (Shahid & Thomas, 2018):

- **Situation-** What is the situation

- **Background-** What is the background information
- **Assessment-** What is your assessment of the problem
- **Recommendation-** How should the problem be corrected

The primary focus of using an SBAR tool is to improve communication effectiveness through standardization of communication methods that allow relevant information about patient care to be shared with others (Achrekar et al., 2016). Using SBAR has shown that information is transferred effectively and “takes the guesswork out of the equation” (Renz et al., 2013).

### **Positive Patient Outcome**

Using the exchange of information during shift reports is a critical part of patient care, as it transitions care from one nurse to the other so that care will not be disrupted (Tobiano et al., 2018). It is essential to have good comprehensive communication among nurses for successful patient care outcomes (Kourkouta & Papathanasiou, 2014). Nurses who participate during an EOS reporting take responsibility for patient information and accept responsibility for the patient's care. Using a structure standard to exchange information during shift reporting can cause positive results (Bukoh & Siah, 2020). When nurses are informed about the patient during handoff, this allows them to understand better the care needed for the patient and give her the vital information to provide quality care (Bukoh & Siah, 2020). According to Bigani & Correia (2018), bedside reporting (BSR) allows nurses to perform an early assessment, reduce medication errors, and reduce BSR errors and discrepancies. The increased knowledge of patients' care resulted in patients feeling of safety and satisfaction with their care (Bukoh & Siah, 2020). Studies

on satisfaction have reported that patients have felt secure knowing that nurses are exchanging information about their care (Bressan et al., 2019; Kullberg et al., 2017). Researchers have suggested that using a structured BSR can improve patient safety outcomes by reducing complications, medication errors, and adverse events (Bukoh & Siah, 2020).

### **Local Background and Context**

The DNP project was conducted in a home health agency in California that currently employs 20 RNs and 230 LPN/LVNs. The RNs and LVNs working at the home health agency were invited to participate in an educational session geared towards teaching effective communication while exchanging information. On average, 120 patients receive care from these nurses in their homes, ranging from 8 hours to 16 hours per day. Clinical evaluations are done monthly, and during a recent review, it was determined that there is an issue with the EOS reporting between care providers. Therefore, using the evidence-based practice as a guide, a review of the literature was conducted to determine the best practice to improve EOS reporting among the nurses to enhance effective communication skills and promote safe care transfer.

The patients served by home health agencies can be complex; therefore, an effective tool is needed to transfer information between providers to prevent errors and promote positive patient outcomes. Educating staff on effective communication skills and using a standardized tool such as SBAR is a plausible solution to the identified concern. Research has shown that when EOS reporting uses a systematic approach to ensure knowledge exchange, there is reflexed documentation of the continuity of care (Foronda

et al., 2016). Dorvil (2018) posted an improvement in efficiency, accuracy, teamwork, and accountability when nursing improves communication. Thus, it is hoped that the increased knowledge gained by the nurses will be translated into practice and ultimately result in positive patient and organizational outcomes.

### **Role of the DNP Student**

Healthcare today has become complex and requires expanding the nurse's educational preparation to make changes and improve nursing care. The role of the DNP nurse is a change agent and visionary leader that creates sustainable care and nursing practice models that meet organizational needs for quality health care across the healthcare continuum (Walker & Polancich, 2015; Jenkins et al., 2007). This may be defined as a person who can transform an organization or system through improvement and development (Walker & Polancich, 2015). Given this, I see my role as a change agent, educating nurses on effective communication skills, hoping that the newly learned knowledge will be translated into practice, enhancing patient and organizational outcomes, and allowing social change to occur.

The presented project focuses on leadership, evidence-based practice, improved health care, and improved outcomes. Given that a patient's care requires team effort and coordination, effective communication is paramount for those involved in the patient's care to remain informed. By providing an educational intervention to members of the patient's care team, the nurses will be knowledgeable about the importance of effective communication and essential tools such as SBAR, which will allow the nurses to provide quality care to the patients they serve. Using the literature as a basis, I created and

implemented an educational intervention regarding SBAR and SBAR scenarios under the guidance of a group of stakeholders. The educational project assisted nurses in closing this gap in practice and providing them with the tools and knowledge needed to translate the evidence into practice. In this role, I see myself as an expert clinician and educator.

Last, the knowledge I have obtained as a DNP student has assisted me in learning my role that will promote social change by using evidence-based practice to improve communication between nurses and inter-professional collaboration. Thus, I see myself as a leader in promoting the use of evidence to ground and promote the nursing practice. In this role, I am dedicated to promoting excellent patient and organizational outcomes and resolving healthcare issues while fostering improvement in nursing practice.

### **Role of the Project Team**

Following Institutional Review Board (IRB) approval, a group of stakeholders from the agency were identified, including the organization's Administrator, Branch Manager, Director of Patient Care Services, Nursing Supervisor, and Case Manager, to review and guide the project from the organization's perspective. The final approval for the project came from the agency administrator. There was an ongoing collaboration with the stakeholders as they advised me on the project's direction, shared information, and ideas, communicated suggestions for the project, evaluated the project's content, and determined any barriers that may hinder the success of the educational project. Ernest House, a well-known theorist, posited that stakeholder involvement gives voice to the organization while promoting social justice (Taut, 2008). Thus, gaining and maintaining the stakeholder team's support is essential for a successful project.

### **Summary**

The Doctor of Nursing Practice (DNP) project allowed the student to show the knowledge base that they have learned in the program. The doctoral-prepared nurse must identify a clinical practice problem and find a resolution through research using evidence-based practice. According to Roush & Tesoro (2018), holding a DNP allows the nurse to practice at the highest level and establish advanced techniques and competencies. In addition, because of the training, the nurse will implement evidence-based practice to improve healthcare. This will be done through leadership, quality improvement measures, systems changes, and translation of evidence (Roush & Tesoro, 2018).

### Section 3: Collection and Analysis of Evidence

#### **Introduction**

Nurse knowledge exchange is an essential nursing practice that can prevent miscommunications and errors when transferring patient care between nurses. Providing a handoff between nurses allows the inbound and outbound nurses to discuss the status of the patient's care and identify concerns that may arise during the next shift of care. Promoting interprofessional collaboration increases communication, promotes nurses to be accountable, cultivates teamwork, and builds a sense of security within the team. This DNP project was designed to determine if an educational intervention geared toward implementing a formal communication model (SBAR) as part of the EOS reporting increases knowledge and confidence in EOS reporting among nurses working in a home care setting. The educational project gave the nurses the ability to build communication. I used evidence-based research articles to validate the importance of nursing knowledge exchange, communication, and safety.

#### **Practice-Focused Question**

Does an educational intervention geared towards effective communication and a formal communication model (SBAR) as part of the EOS reporting increase knowledge and confidence among nurses working in a private home care setting?

The project was developed to address the importance of effective communication while exchanging information between shift reports. The DNP project gave the nurses the essential tools to communicate with each other effectively. The project also promoted

interpersonal collaboration and team building while improving patient outcomes through effective communication.

### **Sources of Evidence**

I conducted a review of the literature by obtaining data through Walden University's online libraries. A comprehensive literature review of improving shift reporting for evidence-based best practices was done using peer-reviewed credible sources within the past five years. The sources used to obtain information were PubMed, CINAHL, Ovid, Google Scholar, and Medline. The search terms used to find the resources included *nurse-to-nurse*, *bedside shift reporting*, *shift reporting*, *improving shift reporting*, *nursing handoff*, *communication*, *effective communication*, *warm nurse handoff*, *SBAR*, and *nurse knowledge exchange*. All sources were evidenced-based, peer-reviewed, summarized, and reviewed for relevance. Each reference was evaluated for its evidence hierarchy level. The evaluation process looked at the content and universal theme. Research studies have found that exchanging information among nurses can increase accountability and reduce errors while improving communication between nurses (Walsh et al., 2018). Further studies determined that nurse exchange increased nurse satisfaction while giving nurses a sense of ownership and teamwork (Galatzan & Carrington, 2018).

### **Participants**

The stakeholders approved the educational project, and IRB approval was obtained; RN and LVN/LPNs working for the home health agency were invited to attend an educational presentation on effective communication during the EOS reporting. The



home health agency has approximately 200-250 nurses working full-time, part-time, or per-diem. The nurses are diverse, and several nurses are pursuing a higher level of education. Therefore, the educational intervention was offered multiple times to allow the maximum number of nurses to attend.

### **Procedures**

Following Walden IRB approval, a committee of identified stakeholders, including the organization's administrator, branch manager, director of patient care services, nursing supervisors, and case managers, were invited to a meeting where the educational intervention will be discussed, and learning objectives, innovative ideas, guidance, and feedback will be solicited and collected. The information presented, the literature as a basis, and the educational intervention were created along with a pretest and posttest that reflects the content of the intervention. Once created, the stakeholder group reviewed the educational intervention, pretest, and posttest to establish each element's content validity using Polit and Beck's (2006) Individual-Content Validity Index (I-CVI) and Scale-Content Validity Index (S-CVI). If content validity was not established, the stakeholder group reconvened, and insight was gleaned from the group until content validity was successfully established.

After establishing content validity, a secure introductory email was distributed to all nurses working for the identified organization. The introductory email explained the purpose of the educational intervention and asked for voluntary consent for participation. The participants could click "ok" if they agreed to participate, which was a proxy for informed consent. After agreeing to participate, the individuals were presented with a

pretest, which asked the participant first to create a unique identifier known only to the individual. Following the creation of the unique identifier, the individual was asked five demographic questions (age, gender, education, years in nursing, and years in current position); ten true/false questions regarding EOS reporting and the use of the SBAR tool to establish a pretest score based on the number of questions answered correctly; and one Likert-scale question asking the participant to rate their confidence in EOS reporting and use of SBAR on a scale of 1 to 7, where 1 = no confidence at all and 7 = most confidence. Once the pretest was completed and submitted, the participant was asked to review a PowerPoint presentation focused on EOS reporting and the use of SBAR.

A PowerPoint presentation that uses words and pictures was used to engage the audience's attention. The information presented using this format will help keep the audience focused on the topic and their attention to the content (Forsyth et al., 2010). Following the PowerPoint presentation, the participants were asked to complete a posttest. Each participant was asked to use their unique identifier on the posttest, and the posttest contained the same ten true/false questions as the pretest to create a posttest score (number of questions correctly answered) as well as one Likert-style question asking the participant to rate their level of confidence on a scale of one to seven with 1 = no confidence at all and 7 = most confident. It was estimated that the pretest took 7 to 10 minutes to complete; the educational intervention took 20 to 25 minutes to complete; the posttest would take 5 to 7 minutes for a maximum time of 42 minutes.

## **Protections**

This project was of minimal risk to the participants and protected the human subjects involved. Following organizational approval, Walden IRB approval was obtained before the project's inception. Participation was voluntary, no identifying information was asked or collected, and all data were reported in the aggregate. All questionnaires (pretest and posttest) were identified only by a unique identifier known only by the participant and, after completion, were kept in a locked drawer in a locked office, as per Walden IRB regulations.

## **Analysis and Synthesis**

The participants of the educational intervention were asked to create and use a unique identifier to match the pretest to the posttest to determine if there was a difference in scores between the pretest and posttest, which served as a proxy for increased knowledge and confidence. The data from the pretest were matched with the data from the posttest, then were entered into an Excel spreadsheet and transferred into SPSS. Descriptive statistics were used to describe the sample. Inferential statistics were used to determine if there is a difference in pretest and posttest scores regarding EOS shift reporting and the use of SBAR in EOS reporting and an improvement in the confidence of EOS.

## **Summary**

Section 3 presented information on the target population, data collection, and analysis. I developed this DNP project to educate nurses on improving communication and nurse knowledge exchange using an SBAR tool during shift change. Nurse-to-nurse

communication is essential in the daily care of the patient. Communication skills are necessary for nursing practice because critical information is shared between nurses on the care delivered (Ballantyne, 2017). Program evaluation is important to provide the project developer with the essential information for the project's success. The project used essential tools to translate data, which assisted in the project's success. Pretest and posttest were used as a part of the data collection. A Likert-scale questionnaire provided affirmation and validation of the nurses' opinions.

## Section 4: Findings and Recommendations

### **Introduction**

Effective communication is vital in the nursing practice to prevent miscommunication, which can cause errors to occur when providing care. Improved quality of care and positive patient outcomes have been linked to effective communication (Afriyie, 2020). Nurses who take part in nurse knowledge exchange are more likely to practice safely and better understand the care they are providing. The SBAR tool was one of the most effective ways to communicate between nurses when exchanging information through evidence-based research. It allowed nurses to document patient care information in a format that was easy to understand and enabled nurses to focus on the most important information that needed to be shared.

There were concerns at the home health agency that information was not being shared amongst nurses during the shift change. There was no established process, and nurses did not feel they were always well informed about their patients. Effective communication “influences the nursing process, clinical reasoning, and decision-making” (Afriyie, 2020). This DNP project was in alignment with the ANA essential and addressed gaps in practice within the home health agency. Strategies were used to address challenges.

The doctoral project goal was to educate nurses on effectively communicating using an SBAR tool during EOS to exchange information on patient care. By improving communication, nurses will feel confident in the care they will provide, and patient outcomes will improve. The practice focus question was: Does an educational

intervention geared towards effective communication and a formal communication model (SBAR) as part of the EOS reporting increase knowledge and confidence among nurses working in a private home care setting? The project used Lewin's theory, which is based on changing behavior using three processes: unfreezing, moving, and refreezing. The educational presentation increased the nurses' awareness of the importance of communication by using SBAR for EOS. The first process is referred to as unfreezing. "Unfreezing allows the fluidity necessary for change" (Burnes, 2020). Afterward, I came up with an action plan called the moving stage in Lewin's theory. "A change of position within a field" (Burnes, 2020). The educational presentation then focused on changing behaviors and moving towards a new change to improve communication. During this phase, the SBAR was presented with an explanation of its use and how it would benefit nurses while exchanging information. The last part of the presentation focused on the "refreezing to bring about the permanence of the new situation" (Burnes, 2020). This was where the nurses were geared towards accepting the change of practice, where the nurses should use the SBAR tool during shift reporting.

I obtained evidence for the project by doing a scholarly literature review through the Walden University Library. The literature review provided information on effective communication, SBAR tool, and EOS use. I compiled the information into a PowerPoint video presentation and then sent out to the nurses.

A detailed explanation of the educational project was provided to the nurses, and consent for participation was requested. Once the participants' consent was obtained, the nurses could participate in a pretest before introducing the education video. Once the

video was completed, the participants were asked to complete the posttest. The project was available for about 6 weeks. Descriptive statistics collected could describe the samples obtained. Inferential statistics help determine the differences between the pretest and the posttest. This process helps measure nurses' knowledge.

### **Finding and Implications**

Prior to implementing the educational intervention, a group of stakeholders reviewed and rated the educational intervention, pretest, and posttest for its content validity. The implication of the DNP project involved the stakeholder team, who helped with the establishment of the project. During the process, I-CVI and S-CVI were used to determine content validity. Once content validity was established, 57 nurses were recruited and voluntarily agreed to participate in the educational intervention focused on effective communication, EOS reporting, and the use of the SBAR tool. Nurses were provided with a pretest questionnaire, giving them ten questions about their knowledge of communication and using an SBAR tool. After the questionnaire, an educational webinar was presented, followed by a posttest questionnaire of 10 questions on the same topic. A Likert-scale question was presented asking the participant to rate their confidence in EOS reporting and use of SBAR on a scale of one to seven, where 1 = "*no confidence at all*" and 7 = "*most confidence*" was given to the nurses. The webinar educational intervention was used because of the COVID-19 pandemic and the need for social distancing.

Data were collected and entered into an Excel spreadsheet. After entering the data into an Excel spreadsheet and reviewing and cleaning the data, eight cases were deleted from the database because of missing data, producing a final sample size of 49 ( $N = 49$ )

participants. Nearly 82% ( $n = 40$ ) of the participants were female; 16% ( $n = 8$ ) were male, and one individual (2%) identified themselves as non-binary. The average age of the sample was 45.51 years ( $SD = 11.63$ ), with a range of 23 to 71 years of age. Nearly 40% of the participants ( $n = 19$ ) had a bachelor's degree, with 31% ( $n = 15$ ) having a diploma degree; 16% ( $n = 8$ ) having an AA / associate degree; 12% ( $n = 6$ ) having a master's degree; and 2% ( $n = 1$ ) having a doctoral degree. On average, the participants had 16.35 years ( $SD = 11.57$ ) of nursing experience and were in their current position for 9.21.

### Findings

Upon completion of the educational intervention focused on effective communication, EOS reporting, and the use of SBAR, the pretest and posttest were reviewed and scored for the number of correct answers out of 100 points. The average pretest score was 93.67 ( $SD = 11.49$ ), and the average posttest score was 95.10 ( $SD = 7.67$ ). Using a paired t-test to estimate the data, the correlation between the two scores was statistically significant ( $r = 0.327$ ,  $p < 0.05$ ); however, there was no statistical difference between the pretest score and the posttest score ( $t = -0.86$ ,  $p > 0.05$ ).

Additionally, prior to the educational intervention, the participants were asked to rate their confidence level regarding EOS reporting and use of SBAR on a scale of one to seven, with 1 = "no confidence of use" and 7 = "fully confident of use". The average pretest score of confidence was 5.76 ( $SD = 1.43$ ), and the average posttest score of confidence was 6.53 ( $SD = 0.68$ ). Using a paired t-test to estimate the data, the correlation between the two scores was statistically significant ( $r = 0.285$ ,  $p < 0.05$ ), and



there was a statistically significant difference in pretest confidence and posttest confidence ( $t = -3.86, p < 0.001$ ) indicating an increase in confidence among the participants (Table 1).

**Table 1**

*Descriptive and Inferential Statistics, N = 49*

	Frequency	(%)	Mean (SD)	Range
Gender				
Male	8	16%		
Female	40	82%		
Non-binary	1	2%		
			45.51 (11.63)	23 - 71
Age			16.35 (11.57)	1 - 47
Years In nursing			9.21 (8.30)	0.5 - 30
Years in current position				
Education				
Diploma	15	31%		
Associates degree	8	16%		
Bachelors / BSN	19	39%		
Masters / MS / MSN	6	12%		
Doctoral	1	2%		
Knowledge			93.67 (11.49)	50–100
Pretest score			95.10 (7.67)	70 - 100
Posttest score				
Confidence*				
Pretest			5.76 (1.43)	2 - 7
Posttest			6.53 (0.68)	5 - 7

\*Statistically significant at  $p < 0.05$

## **Implications**

This DNP project has many implications for the organization. First, based on the finding of the educational project, there was no knowledge increase among the participants, as demonstrated by the pretest and posttest scores. Given this, one may conclude that the participants of the educational intervention had current knowledge of effective communication skills and SBAR, as demonstrated by the scores in the 90th percentile range. These scores suggested the nurses had knowledge of effective communication and the SBAR tool; thus, it is concluded that the educational intervention acted as a solid review of this important information.

Second, while the project findings did not increase the nurses' knowledge of effective communication and SBAR, the findings did demonstrate that the nurses had an increase in their confidence in using the SBAR tool. This demonstrates the importance of confidence among nurses and how confidence can positively affect an organization. Bissett et al. (2016) posited that when nurses gain confidence, they are more inclined to use their current knowledge to enhance practice and engage in evidence-based practice. As demonstrated by this project, by enhancing the nurses' confidence, it is hoped that the knowledge of effective communication will be translated into practice, which in turn will build a culture where nurses share information that ultimately will create positive patient and organizational outcomes. Further, by using the SBAR tool, the nurses will establish a common language among the nurses while promoting decision-making and resolving conflicts within the team (Shahid & Thomas, 2018).

Third, as a result of the increase in confidence, it is hoped that this may increase the nurses' accountability and responsibility to improve communication, translating into improved patient outcomes, such as increased patient safety and promotion of patient-centered care (Burgener, 2020). This may lead to positive organizational outcomes as effective communication enhances a meaningful relationship between the nurses and patients (Kourkouta & Papathanasiou, 2014). This will cause increased patient satisfaction and positively affect patient outcomes. The organization can further use this training to introduce the SBAR tools to new nurses hired by the organization and/or build knowledge and confidence in nurses presently working.

Last, effective leadership is essential to produce a change among nurses and the DNP project's implementation process. The DNP educational project has the potential to affect social change by providing the tools to improve nursing practice and patient safety by increasing nurses' knowledge. This project may produce positive social change because it included strategies to teach nurses the importance of effective communication and sharing information during shift reports using the SBAR tool. The project has the potential for positive social change by promoting effective communication among the nurses, which will improve patient safety and patient outcomes and ultimately result in positive social change among the nurses.

### **Recommendation**

Based on the analysis of the DNP project, recommendations were given to the leadership team. First, using the SBAR tool will benefit the organization by streamlining patient information transfer between nursing staff; thus, it should be implemented to

provide standardization of EOS reporting. Second, given the implementation of the SBAR tool, the organization should continue the educational intervention program for new hires, so they are knowledgeable on how to give end of shift reports. This would prevent staff from using other methods when providing shift reports and maintaining practice continuity. Last, given that the staff has baseline knowledge of EOS reporting, it is recommended that an educational intervention on EOS reporting and the use of the SBAR be included in the nurses' annual education sessions to maintain the nurses' knowledge of effective communication. Through these recommendations, effective communication skills can be maintained among staff.

### **Contribution of the Doctoral Project Team**

The stakeholder team plays a role in the project's direction. The project team reviewed the content of the PowerPoint video presentation to make sure it was valid and in alignment with the object of the DNP project. The project team presented ideas for developing the questions used in the pretest and posttest. The project team helped send out flier emails and sent a text with information on the educational project to encourage nurses to participate in the training. The project team was helpful in the success of the educational DNP project.

### **Strengths and Limitations of the Project**

The primary strength of this project was the enthusiasm of the stakeholders and the participants of the educational intervention. First, the stakeholders of the home health agency were very supportive of the project's implementation process; thus, this was a primary strength of the project. Moreover, the nursing supervisors and case managers

were very involved in the projects as they played a significant role in evaluating and making recommendations for the pretest and posttest educational intervention. Second, 49 nurses took part in the intervention with an 85% response rate. As a result, effective teamwork and interpersonal collaboration were the main reasons for the project's success. The project showed that leadership and governance are important in establishing best practices within the nursing profession.

Despite the project's strengths, there were multiple weaknesses of the project. First, the nurses targeted for the project were recruited from a convenience sample of nurses belonging to a single organization; thus, the results may not be generalizable to other organizations. Second, the sample size of 57 participants may not represent the general nursing population. Last, eight of the respondents contained missing data and thus were deleted from the project analysis.

### **Summary**

Based on the analysis and synthesis of the DNP project, there is an educational value to be used to train other nurses. The results suggested that nurses understood the SBAR tool, but there was an improvement in the nurses' confidence in using the SBAR tool. Furthermore, the results suggest the nurses would most likely confidently use the SBAR tool to share information during the EOS report. The project did not increase the nurses' knowledge, as they may have been exposed to the SBAR in their academic training for nursing. The DNP project increased their confidence in using the SBAR tool. With the nurse's increased confidence, they are more to use the tool by having a better understanding of its use. Further, nurses using the SBAR tool will increase patient

satisfaction, improve patient safety, and allow for team building among the nurses. I recommend that this educational intervention be used for new hire nurses or nurses who need a refresher on the SBAR tool.

## Section 5: Dissemination Plan

### **Introduction**

The project's findings showed that the nurses had baseline knowledge of EOS reporting and the SBAR tool but improved their confidence in using these tools in their practice. Doctoral scholars must disseminate research to stakeholders and other healthcare practitioners. Sharing outcomes allows the research projects to help the researcher determine which areas were successful and how those changes can make a difference in healthcare. This section will articulate the dissemination plan presented to the organization to assist the nursing practice further. I will discuss my goals and self-evaluation as a scholar in the nursing profession.

### **Dissemination**

The DNP project required input from the stakeholder and team members to coordinate the educational project. Team building is essential because the focus is on motivating and engaging people to participate in the change in practice associated with changes in policy and procedures (Tappen et al., 2017). Building the team required input for different stakeholders, holding meetings, and allowing for collaboration on the development of the educational program. During the process, there was an open forum that informed the stakeholders about the project, its progress, and the outcomes of the completion of the educational project. This was an essential concept for introducing a concept of change, as it fosters change by enhancing interaction, motivation, and learning (Tappen et al., 2017).

## **Analysis of Self**

### **As a Practitioner**

Participation in the DNP program has given me the skills and knowledge to grow as a leader and educator. As a director of patient care services, I found it important to ensure nurses use effective communication to improve communication, prevent nursing errors, and improve patient care. Holding a position as director of patient care services carries a responsibility to make decisions that effects nurses, staff, and patients. There must be a balance between power and being transparent. The position is one of trust, where the agency expects that all regulatory standards are followed, patient rights are recognized, and quality care is given to the patients. According to Grim (2010), leaders can bring people together and use resources to produce change. Being prepared to work in a leadership role and becoming an “ethical fit” requires training and growth. Directors must know the population of the patients they serve, patients’ rights, and legal aspects of care to ensure best practices are followed.

My interest in improving communication prompted me to research evidence-based practice that could enhance the nurses' skills and education. The project’s results showed that nurses have knowledge of using an SBAR tool and improved their confidence in using the SBAR tool. This is a positive outcome since nurses are confident in using the SBAR tool they have gained and understand using the ESO tool. They will more than likely use it for shift reporting. To ensure this knowledge is maintained, I have identified the importance of continuing to educate new hire nurses who plan to work for the agency. My goal is to continue academic development by staying current with the



evidence-based practice within the nursing practice. I will also continue using the skills I have learned, e.g., data collection, descriptive, inferential statistical, and analysis methods.

### **As a Scholar**

The DNP program helped develop my skill in conducting scholarly research. The program has elevated me by improving my knowledge and self-confidence; participation in the DNP program allowed me to incorporate the theories I have learned into my professional practice as an advanced practice nurse. As an advanced practice nurse, I must be able to translate and incorporate information that I have obtained into clinical practice. The project that I developed allowed me to use those skills successfully. I will continue to advance my academic development and share my knowledge with other colleagues.

### **As a Manager**

The DNP project has allowed me to develop my leadership skills by developing and planning with the stakeholders' participation. The project required to research, development, and feedback for participants. With the input and feedback from the stakeholders, I used a training tool that was an attention grabber and informative to the nurses involved in the project. Further, my education as a doctoral student has allowed me to increase my ability to solve problems by using research, allowing me to develop methods to make changes. Through the DNP project, I educated nurses on effective communication, which allowed them to feel confident in using the SBAR tool. I have also improved their confidence in using the tool to communicate the patients' care needs.

The experience that I have learned through the DNP program has strengthened my abilities to form relationships with stakeholders and my knowledge to use different theories in practice.

### **Completion of Project**

My experience in the DNP program and the completion of the DNP project have been enlightening and fulfilling. Developing the educational project that teaches nurses the importance of communication has increased their awareness that communication is needed for safe practice and care of patients. Effective communication is the building block of trust and relationships in nursing care (Afriyie, 2020).

I also found that effective leadership was essential for change and was needed in the project's implementation process. The DNP opens a broader range of ethical practice as it educates the nurse to use research to help make decisions in clinical practice. DNP uses evidenced-based practice to ensure standards are safe to practice. Successful dissemination of research requires the researcher to have the right group and deliverer of the information presented (Curtis et al., 2017).

### **Summary**

The development of the education project increased the staff's awareness of the importance of communication and the using SBAR to share information. The use of an effective communication tool, such as SBAR, is essential for quality of care. The staff developed more confidence in using the SBAR by better understanding the importance of the tool and the importance of effective communication. Improving nurses' ability to communicate during shift reporting has enhanced the nurses' confidence. This will

improve nurses' knowledge outcomes and safety. Developing new strengths and knowledge will enhance my ability as an advanced practice nurse.

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