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Improving Nurses' Communication Skills Using the Situation-Background-Assessment-Recommendation Model

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Walden University

College of Nursing

This is to certify that the doctoral study by

Leslie Denise Gonzalez

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2024

Abstract

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Recommendation Model

by

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MS, Walden University, 2008

BS, University of North Carolina at Wilmington, 2003

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

May 2024

Abstract

Lack of effective communication among health care providers results in negative health outcomes, low patient satisfaction, and compromised patient safety. An educational intervention to improve communication skills was implemented with staff including licensed practical nurses, registered nurses, and nurse practitioners. The project was implemented and evaluated for improved patient outcomes and satisfaction. The framework for the project was the situation-background-assessment-recommendation (SBAR) model. Pre- and postimplementation surveys were used to assess nurses' knowledge of the effectiveness of SBAR on communication skills and patient satisfaction. Descriptive statistics and inferential analysis, including the Wilcoxon sign test, were employed to analyze pre- and postintervention scores in the communication with nurses' domain. The analysis revealed a statistically significant improvement in communication skills after the SBAR communication training intervention. The mean pretest score was 7.07 out of 10 with a standard deviation of 1.16, and the posttest scores showed remarkable improvement with all nurses achieving the maximum score of 10. This project has implications for health care providers, administrators, and policymakers, highlighting the importance of investing in communication training programs to enhance patient care quality and satisfaction. Improved communication in health care settings may contribute to positive social change by promoting better health outcomes and patient experiences.

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Dedication

I would like to dedicate this doctoral project in memory of four people who transitioned during my journey.

My Dad

Dad was always so proud of me no matter what it was that I achieved. He passed away, and I was not with him during his last days. I made the decision to work on my doctoral degree after he passed away to become the doctor that he always wanted to be.

My Mom

My mother was always my best friend. She believed in me and trusted me like no other. Losing my mom was the worst day of my life! She gave me the motivation to finish what I started so many years ago. Even though my mom is not with me physically, she encourages me daily to get up and not give up!

My Uncle Pierce

Uncle Pierce was a major influence on me when I was growing up. In my eyes he was so smart and worldly. He told me stories of when he was in the Army and how it was his steppingstone to greater things. My uncle made me promise to be the best nurse doctor in North Carolina. I refuse to disappoint.

My Son

Donte was such a loving person. He would always brighten up my day. Although he did not make it to his 30th birthday, he left behind beautiful memories. He will live forever in my heart!

My prayer is that I will continue to make all of you proud.

Acknowledgments

First, I give thanks to the Almighty God for all his blessings and glory. Without his grace, I could not have succeeded. I also thank all who helped make this journey possible.

My sincere appreciation goes out to my committee chair, Dr. Bob McWhirt. His priceless patience and input are beyond words. Without the knowledge and assistance of my committee member, Dr. Mary Martin, I could not have embarked on this adventure. Furthermore, this project would not have been likely without the resolute assistance of Dr. Joan Hahn, who consistently motivated me to finish.

I am also appreciative of my supervisors, coworkers, and office companions for their emotional support, feedback sessions, and editing assistance. I would especially like to thank Sharon Burgos for her inspiration and influence.

Finally, I would be negligent if I did not include my family, particularly my children. Their confidence in me has sustained my motivation and positive attitude throughout this process. My children are the reason I have dedicated my life to demonstrating that perseverance and passion will always yield positive results.

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Section 1: Nature of the Project

Effective communication is essential among health care professionals to ensure patient safety, patient satisfaction, and positive outcomes. Effective communication skills encourage collaboration among nursing professionals, stakeholders, and the patient. For instance, various health care organizations and nursing stakeholders advocate for effective communication at all health care levels to realize the nursing and health care goals (Elliott-Smith, 2006; Kirpatrick, 2014). Improper communication techniques can lead to the breakdown of nurse–patient communication processes. The American Academy of Nursing (2015) emphasized the need for effective communication among nursing professionals. Although some nurses consistently practice effective communication, most need to pay more attention to the significance of effective communication in health care settings (Disch et al., 2015).

Nurses can influence the health care system in many ways and are identified as the most trusted health care providers (Brenan, 2017). Moreover, the nursing profession is considered the most powerful and largest, and one that links health care delivery and health care policy. According to Kreitzer and Koithan (2014), nurses' communication skills, expertise, knowledge, and experience significantly contribute to relevant and meaningful health care system decisions. However, there are two significant barriers to this influence of nurses: One is nurses' lack of passion for their work, and second is nurses' lack of skills when addressing patients and key stakeholders (Baum, 2002; Jurns, 2017). The situation-background-assessment-recommendation (SBAR) communication tool is significant in addressing these challenges and interactions among patients, licensed

practical nurses, registered nurses, and nurse practitioners. The current project aimed to evaluate the significance of an education program developed to foster effective communication in nursing practice. The process started with staff training on the SBAR communication technique. The SBAR tool was used as a means through which nurses could confidently and effectively interact with other nursing practitioners and patients. This project incorporated the Walden staff education manual.

The practice-focused questions were based on the population, intervention, comparison, outcome, and time (PICOT) statement. The measurement for the intervention, comparison, and outcomes were centred on the pre-and postintervention survey scores to discover any notable changes in patient satisfaction. For the intervention plan, the focus was on improving nursing staff knowledge and communication skills. The pre- and postintervention survey scores were compared for changes, including an increase or decrease in patient satisfaction. The general projected outcome for this project, when implemented, was expected to increase patient satisfaction scores between pretest and post-test assessments.

According to Brennan (2017), communication is a complex and continuous process enabling participants to share their experiences. In this connection, the nursing workforce must recognize their role in effectively communicating with all patients. Studies have shown that effective communication can lead to positive outcomes, including improved safety, better employee morale, improved patients' perception of quality of care, improved patient health and compliance with therapy (Jansson, 2016), and increased patient satisfaction and family satisfaction (Huffines et al., 2013; Moore, 2014).

Generally, patients labeled “difficult” compel nurses to become defensive toward them. For instance, an individual will immediately resort to avoiding anyone believed to be difficult (Brunero & Lamont, 2010). According to Macdonald (2003), nurses experience several challenges and the loss of control during care for patients labeled difficult. Therefore, health care providers must communicate effectively among themselves and with any patient, the difficult ones included, to ensure the successful delivery of adequate and quality care. The current project was expected to benefit patients and nurses by improving their communication with patients and their families. This change may bring positive social change by improving patient and nurse satisfaction. By communicating using SBAR, patients will better understand what is happening with their care, creating a better nurse–patient relationship.

Problem Statement

Ineffective communication among health care providers is one of the leading causes of unnecessary hospital incidents such as medication errors, delayed treatment processes, mortality, injury, and surgical site-related errors (American Nurses Association [ANA], 2017). According to the Joint Commission (2014), communication-related errors are responsible for 70% of sentinel events, such as deaths in the last 2 decades. Additionally, poor communication among the health care providers may lead to disruptions of information flow from care providers to patients and their families. Furthermore, conflict is likely to ensue when the approach taken by the patients and the family members is not conducive to allowing an adequate information flow to medical staff. Consequently, health care providers may resort to a defensive approach that often

results in labeling patients as difficult, complicating the situation further. Nurses need to develop a process-based approach that addresses the factors contributing to communication problems in nursing practice and promotes a more effective communication approach among them to promote better health outcomes (Fisher et al., 2014).

The problem addressed in the current project was the lack of a systematic communication process, which could assist in more effective communication, leading to increased patient satisfaction. Patient satisfaction scores had decreased in the last year when they were previously in the upper 90th percentile. The scores were expected to increase to previous levels after providing a hospital-wide communication model such as SBAR. A more concise form of communication could lead to a better understanding of the expectations of the health care professional and the patient and their family, therefore promoting greater patient and nurse satisfaction.

Purpose Statement

The purpose of this project was to develop, implement, and plan for long-term evaluation of a systematic communication process for nursing staff through training in communication techniques for the long-term development of effective communication skills needed to interact with difficult patients. This project addressed the practice gap of the lack of a consistent approach to handoff communication. There was no consistent communication tool used by each nursing unit. SBAR assisted in initiating communication that is more consistent throughout the organization.

A skills training program was designed and implemented based on the SBAR techniques, expected to help in assessing the change in patient satisfaction after implementing SBAR communication techniques. This is consistent with Kirpatrick's (2014) argument that the fundamental nursing goal is to provide care based on effective communication. Furthermore, according to Jones (2012), communication is the foundation of any good nurse–patient relationship. I employed evidence-based SBAR communication methods in training the nurses as the change agents in clinical practice. The implementation plan entailed the education process and was expected to lead to the formalization of health policy for patient safety as one of the top priorities when selecting any policy that would have any form of impact on patients' well-being. The long-term evaluation will be based on data analyzing differences in pre- and posttest outcomes to determine the extent to which the communication skills of the nurses change after taking the SBAR. The guiding practice-focused question was the following: For nurses working in a hospital setting with difficult patients (P), does SBAR collaborative communication for handoff reports (I) improve communication and patient satisfaction scores (O) in comparison to the traditional communication for reporting (C) after 1 month of implementation (T)?

Project Questions

The following questions were formulated as the guiding framework of this project:

1. Can the nursing communication education program influence a change in patient satisfaction after the implementation of the SBAR communication techniques?
2. Can SBAR training be evaluated using pre- and postimplementation surveys to improve nurses' perception of its effectiveness as a communication tool on their workforce, communication skills, and patients' satisfaction?

These questions were used for a staff education project that measured post training impact using a pre- and post-evaluation. The project aimed to improve nurse and patient satisfaction and nurse–patient communication.

Nature of the Doctoral Project

I implemented an education project focused on determining effective interventions that improved nurses' communication skills, enhanced nurse–patient relations, and raised patient satisfaction levels. I aimed to develop a staff education communication program that would improve communication among nurses and promote positive change, particularly while handling difficult patients. There was no consistent communication tool used by each nursing unit. SBAR assisted in initiating communication more consistently throughout the organization.

The primary goal of this project was to promote effective communication among the nursing workforce and other health care providers. Also, this project looked to enhance job satisfaction among the nursing workforce and other health care providers, as measured by increased patient satisfaction. According to Jansson (2016), nurses' ability to communicate effectively is directly associated with implementing SBAR in any health

care setting. Additionally, the SBAR tool offers an effective template for nurses to communicate effectively with other health care practitioners, patients, and stakeholders. Jurns (2017) asserted that the SBAR tool is essential in policy advocacy issues and allows nurses to link their previous experiences with self-perception to enhance effective communication. Implementing the SBAR communication training was expected to translate into increased job satisfaction and effective communication among nurses, which would translate into improved satisfaction among patients.

Significance

The art of communication is an essential scientific underpinning useful in working with difficult patients. Effective communication can help minimize difficult patients' intolerable attitudes (Polito, 2013). Several studies have shown that effective communication is important in nursing practice because it has a positive impact on patient safety, the patient, and family satisfaction, as well as the patient's perception of quality care (Huffines et al., 2013; Nygren et al., 2013). However, the benefits of effective communication are not limited to patient outcomes. According to Moore (2014), numerous studies have also demonstrated an association between effective communication and improved employee morale.

Effective communication with difficult patients is relevant to nursing practice because of the negative impact of strategies nurses use when interacting with difficult patients. Brennan (2017) posited that nurses use emotional distance and persuasion strategies that impair nurse-patient relations during interactions with difficult patients. Typically, when thinking about interacting with difficult patients, it is easy to forget

about effective communication and ways to communicate successfully. The appropriate communication skills can help to make each encounter with a difficult patient more amiable and cause the nurse to appreciate the difficult patient.

Undertaking this project was essential because it provided current data on communication between the nursing workforce, patients, and other health care workers. The project provided a basis for improving information sharing in the health care setting. Moreover, the current project informed decision makers of the need to develop effective strategies to address ineffective communication among clinicians. Implementing SBAR will hopefully improve job satisfaction among the nursing workforce and treatment outcomes, particularly for complex patients.

Summary

Nurses often have difficulties effectively managing patients labeled as difficult. The inability to effectively engage with these patients in clinical practice often results in ineffective communication strategies such as persuasion, avoidance, and emotional distancing that impair nurse–patient communication and reduce favorable patient outcomes (Jansson, 2016). The solution to enhancing nurse communication with difficult patients is to provide communication training for nurses to provide them with the appropriate skills for effective communication. Effective communication can result in improved safety, better employee morale, improved patients' perception of the quality of care, and increased patient and family satisfaction (Moore, 2014). The current project was conducted to determine whether practical communication training for nurses would

enhance the relationship between difficult patients and nurses through implementing communication training for the nursing staff using the SBAR communication tool.

Section 2: Background and Context

Communication is essential across disciplines and throughout the care continuum. In health care settings, communication is crucial for exchanging information among health care providers and transferring clinical information to patients. The main practice problem identified in this project was the need for a systematic communication process brought about by ineffective communication prevailing among nurses (see Rossi et al., 2004). This challenge has led to undesirable hospital incidents such as medication errors, delayed treatment processes, high mortality rates, injuries, and surgical site-related errors. The problem highlighted the need for nurses to develop a process-based approach that addressed the factors contributing to communication problems in nursing practice that could support a more effective communication approach among nurses for improved health outcomes.

Developing a systematic communication process could assist in enabling more effective communication, resulting in increased patient satisfaction. A more concise form of communication could lead to a better understanding of the expectations of the health care professional and the patient and their family. Promoting higher patient and nurse satisfaction depends on effective communication in health care service provision. According to Kirpatrick (2014), enhancing communication skills among health care professionals can change the overall approach to dealing with complex qualities in patients and their family members. Research has shown that a standardized and evidence-based communication process reporting by nurses produced better outcomes of patient

safety, satisfaction by both nurses and patients, and increased efficiency in time for nurses (Cornell et al., 2013; Eberhardt, 2014).

According to Jansson (2016), individuals with similar communication styles communicate well. Effective communication is one way to reduce the likelihood of creating a patient that can be considered problematic. Effective interpersonal communication is essential for health care delivery in the health care setting. A few principles are beneficial in addressing aggressive, stubborn, and disruptive behaviors (ANA, 2017): (a) avoiding punishment for challenging behavior, (b) involving the psychiatric team in the case before the medical team is pushed away, (c) providing staff education about psychiatric and personality disorders, (d) evaluating the patient to identify the cause of the behavior and implementing a plan based on individual characteristics of the patient, and (e) establishing expectations that are realistic and obtaining organizational support for implementation. Keeping patients and their families satisfied can be challenging, but with practical communication approaches, it is possible to strengthen the trust between nurses and patients.

The Joint Commission (2015) noted that communication in health care remains an area of improvement. Poor communication among health care providers contributes negatively to medical-related errors and patient harm (ANA, 2017). How the health care professional responds to complex patients is no exception. The current project was conducted to educate nurses on communication techniques to develop practical communication skills for sharing information and handling complex patients. To ensure a

focused project, I explored whether implementing SBAR communication techniques would improve nurses' communication skills, job satisfaction, and patient satisfaction.

Concepts, Models, and Theories

Health care institutions and providers are tasked with implementing techniques that promote practical communication skills (ANA, 1998). According to Vardaman et al. (2012), the SBAR communication tool has proven to be effective in providing a common language among clinicians, thereby improving communication and guiding schema development to enhance the ability of nurses to assess a situation systematically, make informed decisions rapidly, and promote the standardized nursing practice. The goal was to achieve effective communication and better patient treatment outcomes.

The evidence-based practice model that best applied to this problem was the Iowa model of evidence-based practice. For this project, I recognized that knowledge-focused triggers would be instrumental in generating change. The Iowa model of evidence-based practice is a process of implementing evidence-based change with an initial step that involves determining whether the problem has a knowledge-focused or a problem-focused trigger (Cole, 2011). The Iowa model of evidence-based practice was the model of choice. Many treatment facilities use this model, and therefore it was the foundation for this education project.

As a framework, SBAR collects and shares pertinent clinical information in different professional disciplines to reduce incidents and adverse events and enhance patient outcomes (Narayan, 2013). Other scholars have stated that the SBAR communication tool provides a concept for improving communication within the health

care team (Blom et al., 2015). The current project was guided by the SBAR communication tool because it offered a comfortable template for effective communication, which aligned with the goal of improving health care satisfaction among nurses and patients. The rationale for selecting this model and concept was that it involved simple steps to understand and implement in health care settings.

Definition of Terms

Assumption: A basic principle assumed to be true without the need for scientific proof (LoBiondo-Wood & Haber, 1998).

Biomedical communication: Nurse- or physician-centered communication.

Biopsychosocial communication: Patient-centered communication.

Delimitations: Characteristics that restrict the population to a homogeneous group of subjects (LoBiondo-Wood & Haber, 1998).

Difficult patients: Patients who exhibit disruptive, uncooperative, unpleasant behaviors (Ovens, 1989). Difficult patients are described as patients who “make life difficult and continue to cause trouble even after they’ve left the practice” (Baum, 2002, p. 55).

Effective Communication: “a two-way ongoing process by which a person or persons stimulates meaning in the mind of another person or persons through verbal and/or nonverbal messages” (Grover, 2005, p. 177).

Joint Commission: The term for an independent, not-for-profit organization; The Joint Commission (2013) is the nation’s oldest and largest standards-setting and accrediting body in health care.

Situation, Background, Assessment, and Recommendation (SBAR): A

communication tool used by nurses and other health care professionals.

Relevance to Nursing Practice

Current research indicated that communication styles or strategies can determine whether a patient is compliant, uncomplicated, complex, or anxious (Polito, 2013).

According to the Accreditation Commission for Education in Nursing (2017), nurses and patients must communicate similarly by trying to mimic the patient's communication style. As stated by Kaiser (2017), rapport between the health care providers and the patients can quickly be reestablished by using listening skills, empathic statements, mirroring the patient's body language, and tone of voice. Keiser further stated that people communicate better when they communicate similarly.

There was a need for nurses to use effective communication with complex patients to achieve better patient outcomes. Although research regarding patient safety was beyond the current project's scope, effective communication's impact on patient outcomes includes improved patient safety and increased patient satisfaction with nursing care (Nygren et al., 2013). The literature on nurse-patient communication supported the use of SBAR training and provided evidence on which SBAR education program would be based.

Nurse-Patient Communication With Difficult Patients

Effective communication can be challenging when working with complex patients. Patients can be difficult for several reasons, including physical and mental disability, psychological and emotional trauma, or opposition to nursing health care

professionals and physicians (Disch et al., 2015). During interaction with complex patients, several barriers to effective communication arise. According to Kirpatrick (2014), lack of respect, lack of caring, mistrust, lack of empathy, anxiety, stereotyping and bias, violation of personal space, and confidentiality are significant barriers to effective communication.

Bias by Nurses

The nurse practices many poor behaviors, such as lack of caring, stereotyping, and bias (Disch et al., 2015). In surveying nurses' communication strategies, Tija et al. (2010) discovered multiple barriers initiated by the nurse, including a lack of openness and professionalism, language barriers, and general misconduct and neglect. Clear and open communication with patients is essential to adequate health care, and violating this concept has important safety implications for the patient regarding favorable clinical outcomes and patient satisfaction measures.

Appreciation of the Patient

Nurses must understand patients' reactions to communicate effectively with them (Cornell et al., 2013). Patients should be appreciated even though it is not easy to see the problematic patient as one who can be welcomed with open arms. The idea of receiving a difficult patient as an educational tool is unique in learning how to communicate with that type of patient. If nurses are not subjected to difficult patients as learners, they will continue to have difficulties interacting with this type of patient (Cornell et al., 2013).

According to Jeffery et al. (2015), there are straightforward ways to deal with difficult patients so that nurses and patients can come through their experiences with

satisfaction. Additionally, Jeffery et al. argued that ineffective communication is the root of difficult patient problems. Jeffery et al. further posits that “easy” never comes to mind when one thinks of difficult patients. Jeffery et al. used video vignettes to show scenarios of poor communication skills and a self-protective attitude. Jeffery et al. further demonstrated that the best way to handle the situation is by using a vignette, an effective communication approach for showing diverse ways that different communication strategies need to be used following the context of the situations encountered by patients.

Strategies to improve communication with difficult patients are vital to increase patient satisfaction and outcomes (Donato et al., 2016). One way to avoid conflict with difficult patients is for health care professionals to improve listening, understanding, and connecting with the patient. Often, difficult patients are frustrated or do not understand what is happening to them. Schindler (2016) stated that arguing with the patient or ignoring them cannot deliver satisfactory outcomes. Further, Schindler claimed that assessing the patient’s perceptions and understanding of situations helps to combat fears and frustrations and promotes cooperation. On the other hand, Jurns (2017) stated that when a patient or family member is upset, the best solution to managing the situation is for the nursing professional to approach them and discuss the issue but not the converse of it. This way, the patient understands that nursing professionals are there to help them get well.

Other strategies include policy development, using a negotiator, and assessing the perception and understanding of the parties involved in the dispute. Blom et al. (2015) expressed the significance of establishing a policy on managing difficult patients. It is

helpful to discuss patient expectations at the beginning of the relationship rather than wait until an issue causes confusion and uncertainty. However, many articles encourage using a negotiator to handle the situation before escalation (Jansson, 2016). A plan of action should include determining the patient's wishes and expectations.

Patient Satisfaction

Patient satisfaction is a fundamental concern in the health care industry. The current project aimed to assess the change in patient satisfaction (outcome variable) after implementing SBAR communication techniques. According to Snellman et al. (2012), professional caretakers are zealous about the care provided to their patients, and they are determined to ensure that patients experience the love and care they merit to achieve their potential objectives. Guidance and direction may be essential to enhance their interaction with patients, an aspect that the current project tried to resolve. Patient satisfaction with nursing health care services is the only hospital service acknowledged as having a direct connection to general patient satisfaction during care delivery. Nurses might have moral purposes in providing health care services to their patients; however, failure to effectively communicate the plan of health care, not meeting patient needs, and using unproductive patient–nurse communication could be a potential limitation to patient–nurse communication.

The current project focused on patient satisfaction as the outcome variable due to its ability to be constantly measured and supported by collected data. The clinical practice project included pre- and postintervention questionnaires to collect data from nurses to gauge their satisfaction with the nursing care delivery mode. Preintervention scores were

compared to postintervention scores to determine whether there was a meaningful change in satisfaction levels among the patient population being surveyed. The literature on communication suggested that communication, as a strategic component in offering high-quality health care services, results in patient satisfaction and better health (Norouzinia et al., 2015). The claim was substantiated by evidence from preintervention scores and postintervention scores. Effective communication is fundamental in offering high-quality nursing care to patients in hospitals and other health care facilities, resulting in patient satisfaction and improved health. Health care practitioners, especially nurses, should be equipped with effective communication skills as critical elements to providing adequate health care services. Norouzinia et al. (2015) indicated that effective communication skills among nurses can yield positive outcomes such as reduced anxiety, guilt, pain, and disease symptoms among the patients receiving health care services.

Also, nurses can boost patient satisfaction, acceptance, compliance, and collaboration with the health care team while improving the physical and functional condition of the patient. The nurse–patient relationship strongly influences health care quality. Patient satisfaction is associated with a patient’s direct and indirect involvement with the health care system and relations with health care service providers, especially communication (Berkowitz, 2016). A lack of effective communication skills among the nursing staff or failure to use the skills can have an undesirable impact on services offered by nursing staff to the patient population. The evaluation from the current project may make it possible to improve the quality of nursing health care services and boost the

satisfaction rates among patients and their families. I evaluated challenges in nursing staff's application of communication skills in nurse–patient relationships.

SBAR as an Effective Tool

Many authors have produced communication strategies to curtail unpleasantness from patients and their families (Baum, 2002; Jeffery et al., 2015; Lechky, 1992). One such communication strategy is based on SBAR, which is a structured communication tool that enables nurses to communicate effectively by providing relevant and concise information regarding the situation, background, assessment, and recommendation (Donato et al., 2015). This tool was adopted from a history in naval military operations strategy in health care settings and nursing practice.

The SBAR tool is proven effective in health care due to its ability to standardize communication among all health care staff. It is utilized for patient reporting procedures and is particularly useful to nurses while handing over during shift changes (ANA, 2017). Additionally, Kirpatrick (2014) states that the tool improves communication among inter-professional health care teams. It is noteworthy that handover during shift change requires structured information to ensure the delivery of concise and complete information, which is achieved through the SBAR tool (Staggers & Blaz, 2013).

Elements of SBAR

According to Kreitzer and others (2014), a situation refers to communicating, in ten seconds, about who you are, your position title, and your affiliated organization. This is the first step. Background relates to communicating the patient's history, including past

and present medical issues, and the extent of the patient's allergic reactions or information required for the encoding process.

Assessment refers to an overview of the patient's present condition, including test results, vital signs, a pain scale, where applicable, dosages, and how severe the patient currently is if it is a clinical emergency. During this assessment phase, healthcare staff, including nurses, should provide professional opinions on the patient's status. In the final stage, recommendation, the nurse communicates what is needed, the level of urgency according to patient severity, and the timeline for the action. Here, the "next steps" in inpatient care are articulated. The communication tool SBAR will assist the nurse in organizing thoughts to communicate critical information (Jansson, 2016). A study by De Meester and colleagues (2013) targeted nurses for SBAR training such as role-play and early detection algorithm to enable the nurses to perform airway, breathing, and circulation to a disability, and exposure abbreviated as ABCDE. The nurses were motivated to use the MEWS vital sign chart (the ABCDE) to perform patient assessment and complete SBAR documentation before calling for assistance. The findings showed that the SBAR tool improves communication among the health care providers (nurse-physician) and reduces unexpected hospital-related deaths among patients and preparation before calling for assistance. Analysis of the record review showed increased admissions due to unplanned Intensive Care and reduced unexpected deaths.

Valentyna Koval (2015) conducted a study where one of the objectives was to evaluate the effectiveness of a modified Situation –Background-Assessment-Recommendation (SBAR) technique in improving the process of patient handover by

standardization of inter-professional communication within the Emergency Department (ER). The study reported that the tool promised significant improvement in inter-professional communication within the ER by ensuring the sharing of complete but accurate information during patient handover.

SBAR is a technique employed in healthcare settings to facilitate timely and relevant communication. This is particularly true when good assessment skills, clinical judgment, and critical-thinking skills are incorporated into the SBAR protocol. According to Narayan (2013), SBAR provides effective and efficient communication, leading to better patient outcomes. The model provides healthcare professionals with an approach to communicating more effectively among themselves and accurately transferring essential information. As Achrekar, Murthy, Kanan, Shetty, Nair, & Khattry (2016) stated, the SBAR allows short, organized, and predictable information to be disseminated among healthcare professionals. Since nurses usually give precise details when reporting on patients and physicians want to hear the bottom line, the SBAR tool fosters effective dialogue through the standardized communication process.

Therefore, the SBAR technique bridges the gap between the nurse-physician approaches by ensuring better understanding between communicators. The process covers a summary of the current medical status of the patient, recent changes in the condition, potential changes that need to be identified, resuscitation status, recent values from the laboratory, allergies, and lists of problems and tasks for the incoming nurse. Physicians and nurses communicate using this tool when a change occurs in the patient's

condition. Similarly, the nurses communicate using the tool when transferring patients to another department or between shifts. Either way, the goal is to deliver quality care.

Improving Nurses' Communication Skills

Implementing a policy that requires nurses to continually develop their communication skills may have positive outcomes for all involved. By enhancing communication among the nurses, numerous issues can be resolved, such as clarifying information and creating feelings of trust, which improves the quality of care and patient safety. This project adopted SBAR communication strategies already in use at a facility to encourage effective communication and job satisfaction among the nurses and with patients, thereby improving patient trust toward clinical staff. Improving patient trust results in higher patient satisfaction with the clinical experience and better treatment outcomes.

Nurses' Training

Training nurses to use SBAR was essential for the project's success. It would seem sensible to assume that SBAR training will have improved staff members' empowerment (Randmaa et al., 2013). Implementing the communication tool SBAR in healthcare settings can improve communication between nurses, thereby increasing patient satisfaction while minimizing incidents instigated by communication errors.

Role of the DNP Student

The DNP student played a significant role as a primary coordinator of this project. This student had no direct association with the management or staff team where the educational project was carried out using the Walden education manual. The motivation

was deeply founded on her sincere commitment to assist nursing professionals to advance in skills and knowledge, improve patients' safety, and enhance the standards of care to the highest possible level. Potential biases, like those connected with individuals, were contained by carrying out the project in a home health care organization where the student had no direct relationship with anybody.

Role of the Project Team

The project team's role was to enhance communication reliability between healthcare practitioners through the SBAR technique between nurses. The function of the project team was to develop interpersonal relationships based on implementing quality strategies founded on risk anticipation and evidence. The team strived toward demonstrating effective communication, interpersonal relationships, and collaboration with the delivery care team members across the continuum of care. The project team was uniquely positioned to enable interdisciplinary collaboration based on evidence-based practice. Therefore, their role was to promote a culture of teamwork and collaboration. Working to motivate on the individual, as well as the group level, the project team strived to build characteristics of an efficient team such as closed-loop communication and mutual trust with leadership capability of task planning and coordination as well as inspiring motivation created in a positive atmosphere.

The project team aimed to assist in improving communication processes in the home health agency. The process started with staff training or education on the SBAR technique. The process ended with evaluating the SBAR application between nurses through observation and staff understanding, as shown in pre- and post-survey score

changes. Therefore, by working on the process, the project team predicted higher consistency in patient handoffs to healthcare providers, improved patient safety scores relative to communication, intradepartmental respect, and teamwork, and improved staff satisfaction scores relative to attitudes toward communication and teamwork. Poor communication is often associated with adverse patient outcomes, which are costly to the organization and the patients. Therefore, the project team's role was to work on the project to help healthcare staff sustain a culture of patient safety and ensure patient outcomes. The team members of the Staff Education project were:

- the team leader and project designer who acted as the facilitator
- home health director where the project took place
- nurse manager where the project took place
- IT specialist where the project took place

Summary

Keeping patients and their families satisfied can be challenging, but with practical communication approaches, it is possible to strengthen the trust between nurses and patients. Barriers that hinder nurses from effective communication include lack of caring, mistrust, lack of empathy, anxiety, stereotyping and bias, violation of personal space, and confidentiality. According to Brenan and colleagues (2017), clear indications exist for the relationship between nursing communication styles and positive patient outcomes. The evidence from the literature review revealed that communication skills training effectively enhanced nurses' communication skills (Disch et al., 2015). Essential components of communication skills training included a patient-centered approach,

effective learning, and strategies for effective communication with difficult patients
(Cornell, 2014; Jansson, 2016).

Section 3: Collection and Analysis of Evidence

Health care organizations monitor patient experiences to assess and improve the quality of patient care (Kieft et al., 2014). Because nurses take considerable time interacting with patients, they have a crucial influence on patient experiences. To improve patient experiences regarding the quality of health care services delivered, the nurses must be informed about the factors within the nursing work setting that have an impact. Ineffective nurse–physician communication within the hospital setting has undesirable impacts on patient care and the work settings for nurses and general practitioners. Communication between nurses and patients that supports effective health care service delivery is critical to support this mandate (Renz et al., 2013). Using a repeated measures design, I evaluated the impact of SBAR protocol and training on nurse communication with medical providers to enhance communication between the nursing staff and patients. Questionnaire data were collected from nursing staff in the intervention ($N = 15$) before and after the implementation of SBAR.

I used pre- and postimplementation questionnaires to gauge the impact of this project concerning assessment scores. Patient satisfaction is important for health care services and is frequently used as an indicator of the quality of nursing care in the clinical environment (Oyur, 2017). Most nurses are expected to find the tool helpful in organizing information and explaining what to communicate to patients. The expected limitations of the model by a section of nurses include the time it takes to complete the tool and communication challenges not addressed by the SBAR instrument. I also expected that the project findings, including reports on physician satisfaction, would support the

application of SBAR to resolve challenges of incomplete documentation and time limitations. All staff nurses, including both registered nurses, licensed practical nurses, and nurse practitioners, were eligible and invited to take participate in the project.

Practice-Focused Questions

I implemented an education project focused on determining effective interventions that would improve nurses' communication skills, enhance nurse–patient relations, and increase patient satisfaction levels. A PICOT questionnaire was developed for the SBAR project. According to Blom et al. (2015), helping nurses and physicians change their present handoff communication practice can be challenging. Patterns and procedures in communication processes are complex to transform through a change process. Offering nursing leadership teams better communication and teamwork strategies enhances the improvement of the work setting. It also enhances communication in nurse-to-nurse and physician-to-nurse contexts, collaborative nursing practice, nurse and patient satisfaction, and patient safety and outcomes. The PICOT question for the project was for nurses working in a hospital setting with difficult patients (P): Does SBAR collaborative communication for handoff reports (I) improve communication, patient safety outcomes, and patient satisfaction scores (O) in comparison to the traditional communication for reporting (C) after the completion of the post survey?

The project question was answered by implementing an education project involving communication training of the nursing staff using the SBAR communication tool. The project team developed a communication program to improve communication among nurses and promote positive change, particularly while handling difficult patients.

Müller et al. (2018) conducted a study to summarize the impact of the implementation of SBAR on patient safety in a wide variety of settings within primary and secondary care and nursing homes. The review found that there was moderate evidence for improved patient safety using the SBAR implementation approach, mainly when applied in structuring communication over the phone. At the same time, the study's outcomes show a lack of high-quality research on this extensively used communication tool in nursing practice. The quality of communication experienced in the interactions between nurses and patients has a crucial impact on patient outcomes (O'Hagan et al., 2014). Within that context, the current study acknowledged that communication is vital, and practical communication skills are critical to developing a therapeutic nurse–patient relationship.

The element of communication aligns with the objective of the project, which examined the effectiveness of communication in nursing practice with complex patients, showing how effective communication enhances a therapeutic nurse–patient relationship, teamwork, patient satisfaction, and outcomes. The practice problem was the need for more adoption of SBAR collaborative communication for handoff communication among nursing staff. Researchers projected that the problem may worsen because one of the leading challenges in health care is a hospital-related misunderstanding with a high incidence of poor outcomes. Sibiya (2018) claimed that the nurse is essential in delivering vital health services and is fundamental to strengthening the health system.

A nurse must try to improve their communication skills because poor communication can be risky and result in confusion and misunderstanding. This problem occasionally results in a lack of cooperation among nurses and deterioration in the quality

and nature of health care services rendered by patients, including the difficult ones.

Randmaa et al. (2014) embraced SBAR in a sedative clinic. The primary results indicated staff members' perspectives of communication between different professions and their views of safety methods. The secondary results revealed that there were psychological empowerment and event reports due to mistakes made in communication processes.

Sources of Evidence

Evidence was published in various sources such as journal entries, books, research reports, organizational reports, and significant research databases for nursing practice.

Ellis (2016) guided nursing students to find, evaluate, and use evidence within nursing practice to solve real-life problems. The sources containing evidence comprised distinct types of information such as clinical guidelines, systematic reviews, randomized controlled trials, or qualitative research sources that were publicly available. Along with the primary data collected through questionnaires, the listed sources addressed the practice-focused question. The data for this project were collected based on the survey to determine the preintervention score under the communication with nurses' domain (see Abruzzese, 1992). After the preintervention was completed and nurses were educated on optimal communication, satisfaction data were collected for postimplementation assessment.

Collecting this evidence provided primary data from nurses to help with the program. The sampled data were analyzed using Statistical Package for the Social Sciences (SPSS), and the findings were discussed. Houser (2013) claimed that primary sources include reports of original research authored by the investigator and published in

a scholarly source such as a peer-reviewed journal or scholarly book. The evidence collected from secondary sources, mainly from research databases, was used to substantiate the primary findings in a bid to educate the nurses in communication techniques. The project questions that were posed along with the main PICOT question were answered.

Published Outcomes and Research

The databases that were used to find outcomes and research related to the nursing practice problem included CINAHL's Advanced Search, PubMed, Cochrane Library, Nursing & Allied Health Database (ProQuest), NCBI, and Medline. The search engines that were used to find outcomes and research related to the practice problem were Google and Bing. The key search terms were the proposed keywords in the abstract section, including *communication*, *SBAR*, *health care providers*, *nurses*, and *patient satisfaction*. These keywords helped me identify the exact issues being investigated in the project. Similarly, the combinations of search terms used included *communication in nursing practice*, *patient satisfaction scores*, *nurse satisfaction rates*, and *SBAR program*. The combination of keywords helped me reduce the search criteria in Google and Bing to return results that were more accurate and associated with the data.

The scope of this review in terms of years searched and types of literature and sources searched were done holistically. For instance, an advanced search for evidence-based practice options was applied to limit results to various result types. Keele (2011) noted the significance of evidence-based journals and literature materials in nursing research. These include materials from evidence-based practice journals, articles

concerning evidence-based practice, and research articles. The research articles included systematic reviews, clinical trials, and meta-analyses. There were also commentaries on studies, particularly applying the practice to nursing research.

Archival and Operational Data

The data collected were based on the methodology highlighted in Section 2. The data were based on the original contribution of nurses expected to participate in the survey and respond to the questionnaire items for the SBAR technical training on communication skills. The data collected informed the discussion of findings and recommendations for the project team to guide future practice-focused improvement initiatives or activities. Also, the data were relevant in helping nurses to make informed practice decisions. The data were also useful for the home health management in finding areas that need additional input to improve nursing communication skills and in appreciating the importance of the nurses' input into the record.

The report on how the primary data were originally collected focused on the overall validity of the nurses' response data as a source of evidence. I noted any limitations inherent in the data collected from designated nurses. The home health management team sought to grant permission using a signed site agreement form available in the Walden DNP manual on staff education. Permission was sought for agreement to interact with the nurses and to perform a 1-month project in the facilities. The nurses' participation was based on informed consent because the data covered the scope of the project. Personal information was not divulged due to confidentiality reasons. Using historical documents was important because it assisted me in

understanding people engaged in the project. History provides data on how people lived and conducted themselves in the past.

Evidence Generated for the Doctoral Project

The data were collected using the questionnaire tool for the pre- and postimplementation survey, which was developed for the nurses to respond to various communication aspects of the SBAR technique in nursing practice. The questionnaires were administered before and after training the nurses in a pretest and posttest assessment on patient satisfaction.

Participants

The nurse participants were individuals who contributed evidence to address the practice-focused questions. Training was offered to 15 nurses who participated in the project. Whoever came to the training and filled out the survey made up the convenience sample. These participants were relevant to the project because it was based on the practice-focused questions formulated in a PICOT statement.

Procedures

The tools included the SBAR questionnaire for the pre- and postsurvey, and SPSS was used for data analysis. Quantitative analysis techniques such as descriptive statistics and analysis of variance were used to analyze the data and their alignment with the constructs in the project. The validity and reliability of the scores produced by the instruments were tested through Cronbach's alpha before analysis of the raw data. The questionnaire is included in Appendix A.

Protections

The institutional review board (IRB) approval was received through the university before the design and performance of the training program by incorporating the Walden education manual, which supported an expedited IRB review. Once IRB approval was received, (#01-18-22-0112724) a training program was designed to facilitate the training of nursing staff on the communication program. IRB approval was sought in this project because the project had both a direct impact on the people who were taking part in the training and an indirect impact on the people whom the training influenced.

Security measures were taken to ensure the ethical protection of participants, including data retention plans through encryption of external hard disks to be used in data storage. Jensen and Laurie (2016) acknowledged that there are three main ways of protecting recorded data from unauthorized use, one of which is encryption. This method can give a researcher much higher confidence in confidential data, protecting them from unauthorized access. If the participants expressed discomfort with the exercise in the current project, there was an opportunity to withdraw. The Walden University IRB played a significant role in approving the project, which involved further advice on perfecting the project implementation. For confidentiality, the names of participants and the home health agency were masked and replaced with dummy information in their places as an ethical consideration.

Analysis and Synthesis

The system used for recording data was a questionnaire tool, with training via a PowerPoint presentation. PowerPoint has a variety of advantages, including user-

friendliness and the ability to view it at any time with a computer or laptop. Each nurse could view the presentations individually or collectively as a unit. The presentation was offered to all nurses after completing the preassessment.

The questionnaire data were organized into variables and coded in SPSS software for data analysis. The evidence was analyzed using the project's outcomes and objectives. The evidence on the questionnaire was retrieved from the responses and evaluated for logical conclusions and recommendations. The level of evidence gathered from the questionnaire was evaluated and supported by conducting a literature review on using SBAR to improve nurses' communication with difficult patients.

The questionnaire data were organized into variables and coded in SPSS software for data analysis. The evidence was analyzed using the project's outcomes and objectives. The level of evidence gathered from the questionnaire was evaluated and supported by reviewing the pre- and posttests.

The questionnaire tool, SBAR, and SPSS for data analysis were important in analyzing raw data. Quantitative analysis techniques, including descriptive statistics, analysis of variance, frequencies, correlations, and chi-square tests, helped me analyze the data and their alignment with the constructs in the project. Reliability analysis was performed to test the validity and reliability of the scores produced by the instruments. This was done through Cronbach's alpha before analysis of the raw data so modifications could be made to the questionnaire if the reliability analysis did not meet the threshold to align with the expected outcomes. Variants were coded on SPSS data editor and assigned quantitative values for data analysis.

Summary

In conclusion, this section proposed using a repeated measures design for the project. This helped to evaluate the impact of SBAR protocol and training on nurse communication with medical providers to enhance communication between the nursing staff and patients. The design was a prospective intervention project with a comparison group using pre- and post-assessments on the data collected from respondents. This section outlined the questionnaire data collected from nursing staff in the intervention for 15 respondents before and after the implementation of SBAR.

The PICOT question is for nurses working in a hospital setting with complex patients (P): does SBAR collaborative communication for handoff reports (I) improve communication, cooperation, patient safety outcomes, and patient satisfaction scores (O) in comparison to the traditional communication for reporting (C) after one month of implementation(T)?

Evidence is published in various sources such as journal entries, books, research reports, organizational reports, and significant research databases for nursing practice, among others. Ellis (2016) guides nursing students through identifying, appraising, and applying evidence in nursing practice. The databases that were used to find outcomes and research related to the nursing practice problem include CINAHL's Advanced Search, PubMed, Cochrane Library, Nursing & Allied Health Database (ProQuest), NCBI, and Medline, among others.

In the procedures, the tools used included the highlighted questionnaire tool, SBAR, and SPSS for data analytics. This section discussed quantitative analysis

techniques, including descriptive statistics and analysis of variance, used to analyze the evidence and their alignment with the constructs in the doctoral project. The validity and reliability of the scores produced by the instruments were tested through Cronbach's Alpha before analyzing the raw data. The protections covered in this section included the IRB's approval through the university before the design and performance of the training program. Approval was sought for this project because the project had both a direct impact on the people who were taking part in the training and an indirect impact on the people whom the training influenced.

Section 4: Findings and Recommendations

Quality health care depends on effective communication among health care providers. Communication ensures positive health outcomes and is pivotal to patient satisfaction and safety. However, the health care environment often presents challenges, particularly in difficult patient scenarios. Nurses resort to strategies such as emotional distance and persuasion in their interaction with such patients, inadvertently impairing effective communication. This posed a significant gap in practice that needed to be addressed.

The current project was conducted to address this challenge by assessing the impact of implementing SBAR communication techniques. The aim was to enhance communication among nurses, including licensed practical nurses, registered nurses, and nurse practitioners, thereby fostering improved patient outcomes. This project included a comprehensive approach, integrating a staff education program using the Walden education manual. The focal point of this initiative was training nurses in communication skills with the implementation guided by the SBAR model. The efficacy of this approach was evaluated through a pre- and postimplementation survey gauging nurses' perceptions regarding the effectiveness of SBAR in enhancing communication skills and elevating patient satisfaction levels.

The overarching goal of this study was to address the following practice-focused questions: Will implementing the program lead to tangible improvements in nurses' communication skills? Will implementing the program result in heightened patient satisfaction? These questions guided the investigation, aiming to bridge the gap in

practice and promote more effective communication within health care settings. The data for this project were collected using the survey to determine the preintervention and postintervention scores under the communication with nurses' domain. Descriptive statistics and inferential analysis, including the Wilcoxon sign test, were used to analyse the data.

Findings and Implications

The demographic characteristics of the study participants are presented in Table 1. In terms of gender, women dominated the sample, constituting 80% of the sample, while men accounted for the remaining 20%. Among specialties, registered nurses comprised the largest proportion at 80%, followed by licensed practical nurses at 13.3% and nurse practitioners at 6.7%. Regarding experience, the distribution was relatively even, with 40% falling into the 6–10 years and over 10 years categories while 20% of the participants had 0–5 years of experience.

Table 1

Demographic Information

Demographic	Category	Number	Percentage
Gender	Male	3	20.00%
	Female	12	80.00%
Specialty	Licensed practical nurse	2	13.30%
	Registered nurse	12	80.00%
	Nurse practitioner	1	6.70%
Experience	0–5 years	3	20.00%
	6–10 years	6	40.00%
	> 10 years	6	40.00%

The findings presented in Table 2 reveal aspects of communication within health care settings, particularly among nurses. The data indicated that a majority (60%) agreed that the SBAR program promotes continuous teamwork among nurses, emphasizing its role in fostering collaborative environments. Additionally, 53.4% perceived the program atmosphere associated with SBAR as both fun and helpful, indicating a positive reception and potential effectiveness of the approach. The survey underscored the critical role of effective communication in health care, with a notable consensus of 73.3% recognizing ineffective communication as a leading cause of unwanted hospital incidents, including medication errors and delayed treatments. Furthermore, the importance of communication in building trust between nurses and patients was highlighted, with 93.3% agreeing that practical communication approaches strengthen this vital relationship.

Regarding patient-centered communication, nearly three fourths of the respondents (73.4%) agreed that health care providers should communicate according to patients' preferences and needs, including considerations for ethnicity and language variables. However, there was some divergence in opinions regarding documentation, with a substantial portion not viewing it as personal and noncompulsory work. Lastly, the findings emphasized the potential consequences of communication breakdowns, as 66.7% agreed that misunderstandings in the communication process can erode the nurse–patient relationship, emphasizing the need for clarity and effectiveness in health care communication strategies.

Table 2*Perceptions of Communication*

Survey item	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
SBAR program promotes continuous teamwork among nurses	0.00%	6.70%	33.30%	53.30%	6.70%
I know about SBAR, and the program atmosphere is fun and helpful	0.00%	13.30%	33.30%	46.70%	6.70%
Ineffective communication among health care providers is one of the leading causes of unwanted hospital incidents such as medication errors, delayed treatment process, mortality as well as injury, and surgical site-related errors	0.00%	6.70%	20.00%	53.30%	20.00%
Effective communication approaches make it possible to strengthen the trust between nurses and patients	0.00%	0.00%	6.70%	60.00%	33.30%
Providers of healthcare should communicate according to the patient's preferences and needs, which includes ethnicity and patient language variables	0.00%	6.70%	20.00%	26.70%	46.70%
Documentation is a personal and non-compulsory work	26.70%	40.00%	33.30%	0.00%	0.00%
Misunderstanding in the communication process can erode the nurse-patient relationship	6.70%	6.70%	20.00%	40.00%	26.70%

The results in Table 3 indicate a significant improvement in the nurses' communication skills following the communication training intervention, as evidenced by the pretest and posttest scores. Before the training, the mean pretest score was 7.07 out of 10 with a standard deviation of 1.16. This suggests some variability in the baseline communication skills among the nurses, with scores ranging from 5 to 9.

Table 3

Summary Statistics of Pre- and Posttest Scores

Item	Mean	Maximum	Minimum	Standard deviation
Pretest score	7.07	9	5	1.16
Posttest score	10	10	10	0

After the training intervention, the posttest scores showed remarkable improvement, with all nurses achieving the maximum score of 10. This indicates that the training had a uniformly positive impact on all participants, leading to a complete mastery of the SBAR communication technique. Additionally, the lack of variability in the posttest scores (standard deviation of 0) suggests the training intervention resulted in a consistent improvement across all participants, eliminating any disparities in communication skills that may have existed before the intervention.

The frequency distribution and test statistics indicated no negative differences between posttest and pretest scores (where posttest scores were lower than pretest scores), as evidenced by the absence of negative differences. Instead, there were 15 positive differences, meaning that posttest scores were higher than pretest scores in all cases. The exact significance value (2-tailed) associated with the sign test was 0.000,

indicating that the likelihood of obtaining the observed positive differences (or a more extreme distribution) by chance was exceedingly low. This suggests a statistically significant improvement in communication skills from pretest to posttest due to the communication training intervention (see Table 4).

Table 4

Sign Test for the Difference Between Pre- and Posttest Scores

Frequency		Number
Posttest score - pretest score	Negative differences ^a	0
	Positive differences ^b	15
	Ties ^c	0
	Total	15
Test statistics ^a		
Exact sig. (2-tailed)		0.000
Sign test		

^a posttest score < pretest score

^b posttest score > pretest score

^c posttest score = pretest score

Implications of the Findings

The findings suggest implications across various dimensions of health care provision and patient care. At the individual level, the uniformly positive impact of the training indicates an enhancement in communication skills among nurses, potentially leading to more effective patient interactions and improved satisfaction levels. With most participants recognizing the importance of effective communication in health care, there

is a potential for heightened awareness and conscientiousness among nurses regarding their communication practices, thereby benefiting individual patient experiences.

At the community level, the implications are far-reaching. Promoting continuous teamwork among nurses, as evidenced by the survey results, suggests a collaborative environment within health care facilities. This collaborative spirit can extend beyond individual interactions to influence broader teamwork dynamics, fostering a culture of shared responsibility and accountability for patient care. Moreover, the emphasis on patient-centered communication and the recognition of the importance of addressing patients' preferences and needs contribute to building trust within the community served by health care institutions. This trust is vital for fostering enduring relationships between health care providers and their communities, leading to improved health outcomes and community well-being.

Institutionally, the implications of the findings underscore the significance of investing in communication training programs for health care professionals. The consistent improvement across all participants, as indicated by the lack of variability in posttest scores, highlights the efficacy of targeted interventions in addressing communication gaps within health care systems. Institutions prioritizing such training initiatives stand to benefit from enhanced staff competencies, reduced communication-related errors, and improved patient outcomes.

At the systemic level, the implications are twofold. First, the findings underscore health care systems' need to integrate communication training into standard professional development programs. As health care professionals are equipped with the necessary

skills to navigate complex communication scenarios, health care systems can mitigate the risks associated with communication breakdowns, such as medication errors and delayed treatments. Second, the emphasis on the potential consequences of communication breakdowns underscores the need for systemic reforms to optimize communication processes and foster a culture of transparency and accountability within health care systems.

Regarding positive social change, the implications of the findings are profound. Through prioritization of effective communication in health care settings, there is a potential to transform patient experiences and perceptions of care. Empowering health care professionals with the skills to communicate effectively enhances patient satisfaction and promotes dignity, respect, and empathy in health care interactions. Furthermore, by fostering collaborative environments and strengthening trust between health care providers and patients, these interventions can contribute to broader societal goals of promoting health equity and improving access to quality health care for all.

Recommendations

A multifaceted approach is proposed based on the findings of this study to address the identified gap in practice and enhance communication effectiveness in healthcare settings. Firstly, healthcare institutions should prioritize developing and implementing SBAR protocols and guidelines. These standardized procedures would delineate clear steps for situation assessment, background sharing, concise issue assessment, and actionable recommendations, ensuring consistency and clarity in communication practices. Additionally, integrating communication training into continuing education

programs for healthcare professionals is essential. Such training should focus on mastering communication techniques like SBAR and cultivating empathy, active listening, and cultural competence. Moreover, developing patient-centered communication policies is imperative, emphasizing the importance of tailoring communication to meet individual patient preferences and needs. By incorporating patient-centered communication into institutional policies, healthcare providers can foster trust and collaboration in patient interactions. Furthermore, integrating communication skills assessment into performance evaluations and promoting interdisciplinary collaboration among healthcare teams are crucial steps. Finally, continuous quality improvement initiatives should be implemented to monitor and evaluate communication effectiveness, ensuring ongoing refinement of communication protocols and strategies.

Contribution of the Doctoral Project Team

The doctoral project team, spearheaded by the DNP student as the principal investigator, played a pivotal role in planning and implementing an effective communication presentation aimed at equipping the home healthcare team with the necessary knowledge and skills. Working closely with the Home Health Director, the team orchestrated a collaborative effort involving the nurse manager, clinical nurses, and support from information technology. Each member of the team brought unique expertise to the table: the DNP student provided leadership and coordination, ensuring the project's alignment with DNP project objectives and clinical needs; the nurse manager offered insights into operational requirements and workflow integration; clinical nurses provided frontline perspectives and practical insights into communication challenges; and support

from information technology facilitated the seamless integration of communication tools into existing systems. By involving key stakeholders in the planning process, including those most affected by the implementation of the tool, the team ensured that the protocol addressed the concerns and perspectives of all members of the nursing team. This collaborative approach fostered buy-in and ownership among stakeholders, enhancing the likelihood of successful implementation and sustainability of the communication protocol. Additionally, the Home Health Director provided crucial support in data collection, analysis, and project coordination, ensuring the smooth execution of the project from inception to completion. Together, the doctoral project team exemplified a synergistic collaboration aimed at driving positive change and improving communication practices within the home health care setting.

The project team played integral roles in developing the final recommendations by leveraging their diverse expertise and perspectives. The DNP student, serving as the principal organizer, provided leadership and direction throughout the process, guiding the team in synthesizing project findings and clinical insights. The Nurse manager contributed operational knowledge and managerial guidance, ensuring that recommendations were feasible and aligned with organizational goals. Clinical nurses provided frontline perspectives and practical insights, offering valuable input on the applicability and effectiveness of proposed interventions. Beyond the doctoral project, there are plans to extend the initiative to broader healthcare contexts and populations. Leveraging the insights and successes garnered from the initial implementation, the vision is to scale up the communication protocol to other healthcare settings, such as

hospitals, clinics, and long-term care facilities. Additionally, efforts will be made to adapt the protocol to cater to diverse patient populations and healthcare specialties, ensuring its applicability across different care settings and demographics. Collaborations with other institutions and stakeholders will be sought to further refine the protocol and explore opportunities for dissemination and implementation on a larger scale.

Strengths and Limitations of the Project

The doctoral project demonstrates several strengths contributing to its overall impact and effectiveness. Firstly, the project's focus on enhancing communication among healthcare providers through implementing the SBAR model addresses a critical need within the healthcare system, with potential implications for improving patient outcomes and safety. Secondly, the project's collaborative approach, involving key stakeholders such as nurse managers and clinical nurses, and support from information technology, ensures that diverse perspectives inform recommendations and are more likely to be accepted and adopted within the organization. However, the project also needs to be improved, such as the potential for implementation challenges and resistance to change within the organization, which may hinder the adoption and sustainability of the communication protocol. Moreover, the project's scope may be limited to a specific healthcare setting or population, potentially limiting its generalizability to other contexts.

Several recommendations for future projects addressing comparable topics can enhance their effectiveness and impact. Firstly, it is essential to prioritize stakeholder engagement and collaboration from the project's inception, ensuring that diverse perspectives are considered and incorporated into the intervention design and

implementation process. Additionally, conducting a thorough needs assessment and feasibility study can help identify specific communication challenges and tailor interventions to address these issues effectively.

Section 5: Dissemination Plan

DNP capstone projects can be useful informational resources, enhancing nursing practice and benefiting others, particularly nursing specialties (Carter-Templeton, 2015). Reporting the results of a study to those who can use them to optimize their benefits is the essence of effective dissemination. There are several ways to disseminate the results of a study. An article in a scholarly publication and presenting a poster at a national nursing conference are two effective ways to distribute information. The results of the current education project will be shared with the program director of the health agency via email, along with a final copy of this project.

Analysis of Self

The DNP program aims to provide nursing professionals with the knowledge and abilities necessary to assume leadership roles (Zaccagnini & White, 2012). I gained valuable skills from the DNP curriculum, practicum, and project experience that helped me to become a more decisive nurse leader. Through the DNP project, I created an education program based on the SBAR communication tool that will assist nurses in communicating better with their peers and patients.

As a practitioner and scholar, I evaluated previous research and applied knowledge to solve health care problems. I educated colleagues on using the SBAR communication tool and encouraged them to use the tool regularly. As the project manager, I designed and implemented a skills training program based on SBAR techniques with the help of the project team.

While working on my DNP project, I encountered several obstacles. I started the program while on active duty in the military. I changed locations three times and had to modify my project intent several times. I had three committee chairs, who all led me in different directions. Although the changes were to improve the project, it was very frustrating and made me doubt my capability to complete it. I remained committed to educating nurses on effective communication despite the difficulties. My capacity to work with other health care professionals has been proven successful by creating an education plan for more effective communication. This project exposed me to higher leadership positions while guiding, inspiring, and influencing others to complete tasks and enhance the organization.

Summary

To guarantee patient safety and foster a positive patient experience, effective communication is crucial in nursing. In the current project, the solution to enhancing nurse communication with patients was to provide them with the appropriate skills for effective communication by using the SBAR communication tool. Effective communication can result in improved safety, better employee morale, improved patients' perception of the quality of care, and increased patient and family satisfaction (Moore, 2014). Excellent communication skills among nurses contribute to patients feeling comfortable and more willing to cooperate. This can foster friendly interactions between nurses and patients. Better experiences result from nurses' increased likelihood of understanding the patient's requirements.

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Appendix A: Questionnaire

Please respond to the following questions concerning your practice at the hospital. Your contribution is appreciated. Thank you for your time.

Section I

1. What is your gender?
 - A) Male
 - B) Female
2. Please indicate your area of specialization.
 - A) Licensed Practical Nurse
 - B) Registered Nurse
 - C) Nurse Practitioner
3. Years of experience?
 - A) 0-5 years
 - B) 6-10 years
 - C) > 10 years

Section II

On a scale of 1 - 5, rate the following statements.

Tip: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree and 5 = Strongly Agree.

Statements	1	2	3	4	5
4. SBAR program promotes continuous teamwork among nurses.					
5. I know about SBAR, and the program atmosphere is fun and helpful.					
6. Ineffective communication among health care providers is a leading cause of unwanted hospital incidents such as medication errors, delayed treatment process, mortality, injury, and surgical site-related errors.					
7. Effective communication approaches make it possible to strengthen the trust between nurses and patients.					
8. Providers of health care should communicate according to the patient's preferences and needs, which includes ethnicity and patient language variables.					
9. Documentation is personal and non-compulsory work.					
10. Misunderstandings in the communication process can erode the nurse-patient relationship.					

Appendix B: MCT With Answers

1. What does SBAR stand for?

- a) Situation, Background, Assessment, Recommendation
- b) Situation, Background, Analysis, Response
- c) Safety, Background, Assessment, Recommendation
- d) Situation, Business, Analysis, Recommendation

Answer: a) Situation, Background, Assessment, Recommendation

2. Who developed the SBAR Communication Tool?

- a) The US Military
- b) The Federal Aviation Administration
- c) Toyota Corporation
- d) The Cleveland Clinic

Answer: a) The US Military

3. When should you use SBAR?

- a) Only in emergency situations
- b) Only when communicating with physicians
- c) Whenever you need to communicate critical information about a patient
- d) Only when communicating with nursing staff

Answer: c) Whenever you need to communicate critical information about a patient

4. What is the purpose of the SBAR communication model?

- a) To improve patient outcomes and reduce errors
- b) To improve communication between healthcare professionals
- c) To save time during patient care
- d) To decrease workload for healthcare professionals

Answer: a) To improve patient outcomes and reduce errors

5. What should be included in the Situation component of SBAR?

- a) Patient demographics and medical history
- b) Current condition and any changes in status
- c) Medications and allergies
- d) None of the above

Answer: b) Current condition and any changes in status

6. What should be included in the Background component of SBAR?

- a) Patient demographics and medical history
- b) Current condition and any changes in status
- c) Medications and allergies
- d) None of the above

Answer: a) Patient demographics and medical history

7. What should be included in the Assessment component of SBAR?

- a) Current condition and any changes in status
- b) Medications and allergies
- c) Patient demographics and medical history
- d) None of the above

Answer: a) Current condition and any changes in status

8. What should be included in the Recommendation component of SBAR?

- a) A detailed explanation of the patient's medical history
- b) A summary of the patient's current condition and suggested actions
- c) A list of medications and allergies
- d) None of the above

Answer: b) A summary of the patient's current condition and suggested actions

9. Which of the following is NOT a recommended tip for using SBAR effectively?

- a) Speak clearly and slowly
- b) Use medical jargon to ensure accuracy
- c) Use open-ended questions
- d) Listen actively

Answer: b) Use medical jargon to ensure accuracy

10. SBAR can be used to enhance communication skills.

- a) True
- b) False

Answer: a) True