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Promoting Nursing Communication Competence on a Spinal Cord Injury Unit

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Walden University

College of Health Sciences

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Tishon L. Creswell

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University

2019

Abstract

Promoting Nursing Communication Competence on a Spinal Cord Injury Unit

by

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MSN, Clayton State University, 2011

BSN, Medical College of Georgia, 2007

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

Walden University

August 2019

Abstract

The power to communicate effectively and respectfully in the health care setting promotes job satisfaction, retention, and healthy relationships. Ineffective communication is one of the major causes of sentinel events, incivility, nurse turnover, and workplace hostility in the health care environment. This project examined a communication competence educational program on a spinal cord injury (SCI) nursing department and its potential to improve communication competence. The project question explored whether an educational series on incivility and creating healthy relationships would increase communication competence in nurses on the SCI unit. The project used the high reliability solutions for health care model communications improvement and creative health care management tools. The oppressed group behavior theory was used to inform this project by providing an understanding of why nursing staff may experience hostility toward one another and lack effective communication skills to promote a healthy working environment. The dauntless survey questionnaire was used pre and posteducational intervention, and the results were analyzed to assess the effects of using descriptive statistics. The educational intervention reached 81 SCI nursing staff members. Results showed a 13% increase in the staff feelings of confidence when speaking up to their peers and physicians, a 3% increase in knowing what to say when difficult situations arose, and an 11% increase in feeling competent regarding their communication skills. The findings of this project may promote social change by improving communication by the team leader, charge nurse, assistance manager, and nursing staff during shift change, walking rounds, and huddles.

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Dedication

This doctoral project is dedicated to my family, whose love, encouragement and support was unwavering. To my husband Andre, who has been my listening ear throughout all my struggles, frustrations and celebrations. I love you with all my heart and I am grateful to have you in my life. To my son, Anthony, who always put a smile on my face regardless of the situation. To my parents and extended family, thank you for always believing in my dreams and traveling down this journey with me until the end.

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Section 1: Promoting Nursing Communication Competence on a Spinal Cord Injury Unit

Introduction

Communication competence and incivility are both targeted improvement initiatives amongst health care organizations to foster safe, trusting relationships between nurses, providers, and other health care personnel. Enhanced team communication may strengthen a nurse's commitment to their organization and team and improve nurse retention (Apker, Propp, & Ford, 2009). Managers and supervisors play an important role in communication challenges and often serve as supporters and role models of professional communication. According to Goosen (2015), a lack of proper communication skills between health care members may pose a potential safety risk. Communication choices made by employees can have a positive or negative effect on an entire unit and ultimately an organization. In this doctorate of nursing practice (DNP) project, I focused on a spinal cord injury (SCI) department at a Veterans Affairs (VA) medical center in Georgia composed of three inpatient units and one outpatient unit, totaling approximately 100 nursing staff members. The SCI units underwent a nurse-manager-led educational series on incivility and creating healthy relationships to increase communication competence among the nursing staff. Communication classes included topics on peer-to-peer hostility, defining a *great team*, one-on-one communication coaching, and role playing and interactive exercises that allowed the nursing staff to practice their communication skills with their team members with immediate feedback. The desired outcomes from the DNP project was to increase communication competence in the SCI nursing department and to examine the effectiveness of the project by

analyzing the results of the presurveys and postsurveys to assess the educational intervention and to identify trends and opportunities for performance improvement and the program potential for sustainability in the SCI unit as well as the organization. Positive outcomes determined whether the facility would include this education program in their annual mandatory competency education.

Problem Statement

Ineffective communication and incivility are local nursing practice problem among the nurses in the SCI unit at this facility, primarily due to a lack of communication skills, workforce diversity, heavy patient workloads, stress, and emotional exhaustion, which directly affects job satisfaction, nurse turnover, staff morale, patient safety, and quality of nursing care. Lack of communication in health care and more specifically among nurses has been linked to unsafe patient care, medication errors, unhealthy work environments, and decreased nurse retention rates (Talbot et al. 2017, p. 1,302). A healthy working relationship with clear, precise communication is important to deliver appropriate care and communicate with the interdisciplinary team to determine and discuss overall treatment. Communication is a vital component in the daily work routine not only among nursing staff, but also in the care delivered to patients. Communication from leadership must be constant and reliable to inform the nursing staff about practice and policy changes to decrease lack of adherence to change but provide a line of open communication that promotes excellent patient outcomes (Talbot et al. 2017). A gap in knowledge has been identified related to effective communication among the nurses on the SCI unit as evidenced by working in silos, passive aggressive behaviors, medication

errors, low morale and job satisfaction, negative patient outcomes, and a hostile working environment. Education is needed to create self-awareness and to offer strategies for building a healthy team and increasing communication competence. Therefore, I developed, implemented, and evaluated a pilot quality improvement education program to determine whether it would increase communication competence among nurses in the SCI unit. Communication competence is an individual's ability to effectively communicate to achieve a desired goal (McKinley & Perino, 2013). Communication competence is critical in the health care environment for safe and effective teamwork and care delivery and is composed of a variety of communication skills and behaviors including empathy, affiliation, behavioral flexibility, relaxation, the ability to adapt to change, and interaction management (Wright, 2011). *Incivility* refers to a lack of respect for others and rude or inconsiderable conduct, which can be displayed by name calling, offensive language, public criticism, screaming, and attacking one's integrity (Lachman, 2015). Conflict among nursing staff in the health care environment is common due to employee diversity, status difference, heavy patient workloads, and the need to make timely difficult decisions (Wright, 2011). Workplace conflict can result in patient care errors, absenteeism, emotional exhaustion, and individuals who have difficulty communicating often rely on both verbal and physical aggression to accomplish the goal or task (Wright, 2011). Peer and supervisor communication play a vital role in nurse burnout and turnover, and evidence shows that nurses who receive supportive communication are less likely to leave their jobs (Apker et al. 2009). The importance of effective communication in the practice arena cannot be discounted or underestimated

(Clark & Ahten, 2012). Educating nursing staff about the existence of incivility and the effects it has on patient and staff outcomes is the building block to gaining healthy working relationships and promoting communication competence.

Purpose

My purpose in this DNP project was to increase communication competence among the nursing staff on an SCI unit at my facility. In this DNP project, I addressed the constructive approach for managing conflict and incivility and provided interactive activities to build communication skills. This DNP project questions asked whether an educational series on incivility and creating healthy relationships would increase communication competence in nurses on an SCI unit using the Describe-explain-state-consequences (DESC) model pre-post education. This project has the potential to influence positive change on the SCI nursing unit by empowering nursing staff to focus on their interpersonal communication skills and promoting accountability for their actions, including how they communicate with patients and peers.

Nature of the Doctoral Project

Evidence that I used included information obtained from the literature, including journals such as *Nursing Management*, *Journal of Communication in Healthcare*, *Clinical Journal of Oncology Nursing*, *Journal for Healthcare Quality*, *Journal of Advanced Nursing*, and the *Journal of Interprofessional Care*. Databases that I used included CINAHL Complete, MEDLINE Complete, Nursing Reference Center Plus, and E-books Medical Featured Collections. The Google Scholar search engine of scholarly works was utilized and searches of these databases were made using Boolean search

strings including *effective communication AND nursing practice, effective communication skills AND patient outcomes, communication competence AND nursing shortage, incivility AND nursing, incivility AND workplace hostility, incivility AND violence, communication competence AND patient care outcomes, effective communication AND nursing outcomes, communication AND workplace hostility, and communication AND nursing violence*. Data to answer the project question were via pre-post assessment of communication competence via the dauntless survey. A presurvey was administered prior to the educational training to establish a baseline and comparison. A postsurvey was administered on completion of the 6-week program. Outcome data were assessed using descriptive statistics via percentage difference. The dauntless survey questions were used to conduct the presurvey and postsurvey, which included five questions that are measured using the 5-point Likert Scale to assess the influence of the intervention. The approach used in this doctoral project was structured classroom lectures for nursing staff, followed by interactive training to include roleplay using the building skills to address lateral violence board game, and individual communication coaching. My purpose in this DNP project was to increase communication competence among the nursing staff on an SCI unit at a VA medical center facility.

Significance

Stakeholders are integrally involved in the health care system and are directly affected by reforms to the system. Stakeholders include all SCI nursing staff (registered nurses, licensed practical nurses and health technicians), providers, therapists, social workers, psychologists, dieticians, nurse managers, medical support assistants, patients,

families, caregivers, and visitors. The SCI department functions on an interdisciplinary team model and provides acute, as well as rehabilitative and primary care services daily. The effects of civility and communication competence will directly affect the interpersonal and professional relationship between the nursing staff and every contact encounter with the interdisciplinary team. Nurse managers and supervisors are major contributory members of this doctoral project by not only role modeling desired behavior, but by encouraging and facilitating nursing staff to all training sessions and individual communication coaching. According to Apker et al. (2009), effective communication is crucial to enhance team functioning and patient outcomes. The potential positive social change included building healthy relationships through effective communication, which attributed to increased staff morale, quality patient care, and job satisfaction.

Summary

Conflict among health care workers will occur throughout an organization primarily due to lack of communication. However, an individual's ability to possess the skills to manage conflict effectively determines the outcome. Effective communication is critical to an organization's overall success and the safety of their patients and staff. Lack of communication has resulted in unhealthy working environments, medication errors, and increased nurse turnover, costing organizations thousands of dollars. Nurse managers and supervisors have the responsibility to role model desired behaviors and enforce disciplinary actions for incivility. A review of literature defines a correlation between communication competence and conflict in the health care setting. Communication competence and conflict elicit specific behaviors from individuals that can directly affect

workplace environment. The oppressed group behavior model (theory) provided additional insight on unexpressed conflict and how it is directly related to incivility, workplace bullying, and lateral violence. In the next section, I provide an in-depth discussion regarding the concepts and theories related to this DNP project and the relevance to the nursing practice.

Section 2: Background and Context

Introduction

Ineffective communication and incivility are a local nursing practice problem among the nurses in the SCI unit at my facility, primarily due to a lack of communication skills, workforce diversity, heavy patient workloads, stress, and emotional exhaustion, which directly affects job satisfaction, staff turnovers, staff morale, patient safety, and quality of nursing care. My purpose in this DNP project was to increase communication competence among the nursing staff. In this DNP project, I addressed the constructive approach for managing conflict and incivility and provided interactive activities to build communication skills. The DNP project questions asked whether an educational series on incivility and creating healthy relationships would increase communication competence in nurses on an SCI unit using the DESC model pre-post education.

Concepts, Models and Theories

The oppression group behavior theoretical framework describes the characteristics of oppressed behavior that stems from lack of power and control in the workplace. The main characteristics of the oppressed behavior stems from the ability of dominant groups to control a lower, submissive group. The values and norms of the dominant group are viewed as the right ones and are forced on the oppressed group (Matheson & Bobay, 2007). Nurse leaders often adopt the values and norms of the more powerful groups as a method of improving their status; however, this rarely results in empowerment of the lower ranked nurses but leads to lack of self-esteem and passive aggressive behaviors (Matheson & Bobay, 2007).

In this doctoral project, the less experienced nurses were the oppressed group, displaying both passive aggressiveness and silencing behaviors due to lack of power and control in the health care environment. These behaviors create a negative cycle because it diminishes active involvement in patient care and positive expression about nursing care. As a result, indirect communication among nurses to include avoiding and compromising leads to lateral violence toward each other. The oppressors were the more experienced, seasoned nurses who represented the dominant group, basically forcing their views and norms on the less powerful group. This has been commonly termed as *nurses eating their young*, which means seasoned nurses treating new graduates and less experienced nurses with little respect. The oppressed group behavior theory provided rationale for lack of communication between nursing staff that ultimately affects patient care, handoff, team nursing, and the entire work environment.

The leader member exchange theory focusing on the interaction between leaders and people they lead, facilitating communication while building trusting, respectful relationships (Talbot et al. 2017). Managers, supervisors, and leaders are responsible for communicating with their team regarding facility changes and proposed actions to keep staff abreast of new innovations and implementations.

Synthesize Primary Writings

Social identity theory discusses an individual's affiliation or shared belonging through communication with others as they engage in and observe the practice through teamwork (Apker et al. 2009). Often, senior nurses are influential members of the team and it may prove difficult for a new graduate or transfer nurse to participate in shared

governance due to their lack of experience or lack of experience on that particular unit. Communication among peers is influential and directly affect daily interactions and quality of work, whereas poor communication among nurses contribute to burnout and turnover (Apker et al. 2009). Krep's Relational health communication competence model (RHCCM) states that communication competence will predict a variety of beneficial outcomes to include increased interpersonal satisfaction, social support, and cooperation (McKinley & Perino, 2013). This model suggests that competence is linked to several factors associated with job satisfaction to include social and supervisory support. Communication and interaction between leaders and their staff is essential in promoting effective communication. The leader member exchange theory focuses on leaders building rapport and respect with staff members through open communication to increase awareness and ensure the team is working toward the same goal (Talbot et al. 2017).

Clarify Terms

Communication competence refers to one's ability to effectively and appropriately communicate to achieve a desired goal (McKinley and Perino, 2013). *Workplace incivility* is defined as a low intensity deviant behavior with intent to harm the target, in violation of workplace standards or consideration of respect for others (D'ambra & Andrews, 2014). *Cultural diversity* is the existence of a variety of cultural or ethnic groups within a society. *Stakeholders* are those entities in the organization's environment that play a role in an organization's health and performance or that are affected by an organizational action. *Nurse consultants* are nurses who usually identify problems and develop solutions. *Nurse retention* focuses on preventing nurse turnover and

keeping nurses in an organization's employment. *Nurse turnover* is an undesirable trend for health care employers wherein nurses leave the organization for a variety of reasons.

Relevance to Nursing Practice

Lack of communication in health care and more specifically among nurses has been linked to unsafe patient care, medication errors, unhealthy work environments, and decrease nurse retention rates (Talbot et al. 2017, p. 1,302). Communication from leadership must be constant and reliable to inform the nursing staff about practice and policy changes to decrease lack of adherence to change but provide a line of open communication that promotes excellent patient outcomes (Talbot et al. 2017). According to Aebersold, Tschannen, and Sculli (2013), miscommunication has been identified as one of the most frequent causes of sentinel events reported to The Joint Commission in 2012. The recommendation for an effective training system included the crew resource management (CRM) training system, which was designed to improve patient safety, related to health care worker's teamwork, and communication (Aebersold et al. 2013). According to Mahon and Nicotera (2011), organizational members both engage in communication to work through conflicts and achieve task accomplishments through conflict. Organizational research states that job satisfaction is directly related to social and supervisory support (McKinney & Perino, 2013). Communication skills are essential to the functionality of a nursing unit and organization. The influence of effective communication is monumental in delivering quality, safe care, and creating a healthy working environment.

Existing Scholarship and Research

According to Eunju and Eunjung (2015), a study conducted with nursing students in South Korea allowed the students to record a video clip of themselves using their smart phones, which allowed students to observe communicative and interactive techniques. This gave the students an opportunity to improve nonverbal behavior and verbal techniques such as paraphrasing. In this DNP project, incorporate interactive activities such as spotlight training that allows staff to observe their own verbal and nonverbal behavior using video and receive immediate feedback. According to Talbott et al. (2017), communication huddles are commonly used to share information, resolve problems, collaborate with other disciplines, and agree on a plan of care. Communication huddles commonly occur at the same time and place, and the participants are responsible for bringing the information back to their respective units. Communication huddles are common throughout nursing units and often serve as the main source of daily communication. Many facilities have implemented a 12-month nurse residency program designed for new nursing graduates to transition into the nursing practice in a nonthreatening environment with continued support. The residency program can be used to build confidence and improve on nursing clinical skills. In addition to clinical integration, a new graduate nurse must be socialized into the context of nursing practice and the culture of the workplace (Crimlisk, 2017). New graduates often become the oppressed group due to being at the bottom of the power hierarchy. Communication competency training should begin with new graduates to preserve the nursing profession.

Strategies and Standard Practices

My facility offers training in relationship-based care, crucial conversations, and mandatory computer training yearly. Relationship-based care (RBC) has been implemented across the medical facility and it is the blueprint for improving safety, quality, patient experience, and employee engagement. RBC focuses on three key relationships to include self, colleagues, and patients and families. My facility implemented RBC through the development of unit-based councils (UBCs) on each nursing unit and various departments to incorporate shared governance and enhance communication across units and disciplines. A 3-day classed titled Reigniting the Spirit of Care was created to promote RBC and educated staff on the key relationships and the power of shared governance. Crucial Conversations is a mandatory class for managers and supervisors that address how to have difficult conversations handle disagreements and manage high-stake communication with peers, leadership, and health care teams. This class is offered to nonsupervisors on a voluntary basis to help individuals build their confidence with difficult conversations. Most recently, the facility offered a nurse consultant led training in communication; however, as new nursing staff come onboard, there is no refresher training available. Yearly mandatory computer training is required in talent management system (TMS) that addresses workplace hostility and incivility, safety, security, HIPAA, and several other topics.

In this DNP project, I created awareness to the facility regarding communication competence and its ability to compromise patient care, safety, staff morale, nurse turnover, and job satisfaction. Through this DNP project, I educated the nursing staff on

how to communicate effectively and provided several opportunities for practice through interactive games, roleplaying, and one-on-one individual coaching. Successful nursing depends on quality communication and conflict management.

Local Background and Context

The SCI department where the training was conducted is composed of three inpatient nursing units and one outpatient clinic area. Each area is composed of Registered Nurses, Licensed Practical Nurses, and Health Technicians all from various backgrounds and different generations creating a melting pot of personalities, characteristics, work ethics, and communication styles. Lack of communication has played an integral role in workplace hostility, patient safety, morale, staff turnover, and teamwork throughout the SCI nursing areas. Nursing staff found it difficult to express their concerns and input with their peers and supervisor at times, which often times leads to silence, passive aggressiveness, patient care errors, and hostility. Communication competence training allowed the nursing staff to develop the skills to effectively communicate with their team members in a respectful, tactful manner.

Institutional Context

This SCI nursing department is located at a VA medical facility in Georgia, which consists of one outpatient clinic and three inpatient nursing units with a total of 71 beds. There are approximately 115 nursing staff including RNs, LPNs, HTs, nurse managers, support clerks, and a chief nurse. The inpatient units provide rehabilitation, as well as acute and sustaining care, whereas the outpatient clinic provides primary care services. This SCI department is considered a center of excellence for SCI veterans and is

governed by VHA Directive 1176.01, The Joint Commission, and the Commission on Accreditation of Rehabilitation Facilities (CARF).

Locally Used Terms

Communication competence refers to one's ability to effectively and appropriately communicate to achieve a desired goal (McKinley & Perino, 2013). *Workplace incivility* is defined as a low intensity deviant behavior with intent to harm the target, in violation of workplace standards or consideration of respect for other (D'ambra & Andrews, 2014). *Cultural diversity* is the existence of a variety of cultural or ethnic groups within a society. *Stakeholders* are those entities in the organization's environment that play a role in an organization's health and performance or that are affected by an organizational action. *Nurse consultants* are nurses who usually identify problems and develop solutions. *Nurse retention* focuses on preventing nurse turnover and keeping nurses in an organization's employment. *Nurse turnover* is an undesirable trend for health care employers wherein nurses leave the organization for a variety of reasons.

State and Federal Context

The inability to communicate effectively leads to a hostile work environment and incivility. Currently, there are no federal standards require workplace violence protections; however, several states have enacted legislation or regulations aimed at preventing workplace violence. The Occupational Safety and Health Administration (OSHA) does not require employers to implement workplace violence prevention programs, but may site employers for failing to provide a workplace free of recognized hazards (Incivility, Bullying and Workplace Violence, n.d.). The federal facility where

the DNP project was conducted actively conducts training and uses programs to combat workplace violence provided by the Equal Employment Opportunity (EEO) department.

Role of the DNP Student

The DNP project was conducted in my area of practice and I had firsthand experience with ineffective communication leading to clinical practice problems in nursing. I am the nurse manager in the SCI outpatient clinic and frequently provide coverage as the acting chief nurse. I supervise several of the nursing staff who underwent the communication training and I have witnessed the negative implications from the lack of communication in patient care, which includes incivility, unprofessionalism, hostility, and decreased quality care. The SCI nursing staff are a melting pot of different cultures and three generations of nurses that primarily account for the different communication styles, personalities, and social backgrounds. Due to my personal and professional relationship within this DNP project, I concluded that it will be successful and have a positive influence on the nursing staff and environment.

My role in the DNP project was to facilitate the communication training with the assistance of my team, as well as disseminate flyers and emails regarding training dates, times and location. I also served as a point of contact for the SCI department. I had firsthand knowledge about the communication conflicts among the staff and managers and how it directly affects patient care, job satisfaction, and nurse turnover. I have worked at this facility in the SCI department for more than 10 years and have witnessed how the lack of communication directly affects patient care, nurse turnover, patient safety, and the working environment.

My motivation for this DNP project was to promote positive communication among the nursing staff and changing the long-standing culture in the SCI department. The inability to effectively communicate created a negative, hostile environment, which led to job dissatisfaction and low morale. Teaching the staff how to communicate with one another and other disciplines through interactive activities in this communication training series positively affected patient care and staff satisfaction.

The only potential bias I may have in this DNP project is that I am currently one of the nurse managers in the SCI department; therefore, I was expected to respect each employee's privacy, feedback, and recommendations during the educational series. I remained objective and did not impose my own values and opinions. I attested to each employee that there will be no repercussions, reprisals, or retaliation from their participation in this training program.

Role of the Project Team

The DNP project team consisted of Kathleen Bartholomew, a consultant from HRS Group LLC; Crystal Glover, SCI nurse educator; Beverly Scarlett, nurse educator in relationship-based care; Dwight Williams, EEO, and me, the DNP student. Ms. Bartholomew provided the skills to address lateral violence in the workplace interactive board game, the DESC model, and the dauntless survey. Ms. Glover assisted as the SCI nurse educator by providing current communication tools used at this facility. Ms. Scarlett provided education material on building a healthy relationship. Mr. Williams provided education material on incivility and bullying in the workplace. I conducted the training in the course of a 6-week period, which included classroom lecture, roleplaying

with an interactive board game, and one-on-one coaching. I coordinated the training to include disseminating communication flyers and emails regarding upcoming training, reserving classroom space, obtaining consent to participate, and collecting the pre-post dauntless surveys.

I provided the project team with background information via face-to-face conversations, email, and telephone conference. The project team was informed about the long-standing culture of incivility and hostile working relationships on the SCI units and the need to increase communication competence for positive staff and patient outcomes. I requested lecture information needed from team members, according to their expertise, to be used during the educational training 2 weeks prior to training.

The DNP project team had professional experience in the subject matter and was able to share past experiences and interventions that prove successful during the educational training. I had the opportunity to provide her professional context and relationship to the project. I was responsible for sharing the final project results and analysis with the DNP team within 1 month of completion of project. The DNP team provided feedback to me with recommendations for additional future training.

Summary

To assure quality patient care, it is imperative to identify current gaps in knowledge that directly affect patient safety, job satisfaction, morale, and nurse turnover. Various nursing models and theories identify communication as the essential component for a healthy working environment. Creating awareness of effective communication and the opportunity to implement strategies to build communication competence among

health care staff, as well as promotes collaboration and teamwork, which leads to positive patient outcomes. In the next section, I provide an overview of the project design, data collection, and evaluation.

Section 3: Collection and Analysis of Evidence

Introduction

Ineffective communication and incivility were a local nursing practice problem among the nurses in the SCI unit at my facility primarily due to a lack of communication skills, workforce diversity, heavy patient workloads, as well as stress and emotional exhaustion, which directly affect job satisfaction, staff turnovers, staff morale, patient safety, and quality of nursing care. My purpose in this DNP project was to increase communication competence among the nursing staff. I addressed the constructive approach for managing conflict and incivility, and I provided interactive activities to build communication skills. The SCI department where the training was conducted is composed of three inpatient nursing units and one outpatient clinic area. Each area is composed of RNs, LPNs, and HTs, all from various backgrounds and different generations creating a melting pot of personalities, characteristics, work ethics, and communication styles.

Practice-Focused Question

Ineffective communication and incivility were local nursing practice problem among the nursing staff in the SCI unit at my facility primarily due to a lack of communication skills, workforce diversity, heavy patient workloads, as well as stress and emotional exhaustion, which directly affects job satisfaction, staff turnovers, staff morale, patient safety, and quality of nursing care. A gap in knowledge was identified related to effective communication among the nurses in the SCI unit, and education was needed to create awareness and to offer strategies for building communication competence.

Therefore, a pilot education program was developed, implemented, and evaluated to determine whether it increased communication competence among nurses in an SCI unit.

This DNP project questions asked whether an educational series on incivility and creating healthy relationships would increase communication competence in nurses on an SCI unit using the DESC model pre-post education.

My purpose in this DNP project was to increase communication competence among the nursing staff by offering educational training on incivility and building healthy relationships. This training gave the nursing staff the tools to communicate effectively with their supervisors, coworkers, and patients, thus decreasing turnover, patient care errors, and job dissatisfaction. The training allowed the nursing staff to role play and interact with each other in real scenarios using the DESC model.

Communication competence refers to one's ability to effectively and appropriately communicate to achieve a desired goal (McKinley & Perino, 2013). *Workplace incivility* is defined as a low intensity deviant behavior with intent to harm the target, in violation of workplace standards or consideration of respect for other (D'ambra & Andrews, 2014). *Cultural diversity* is the existence of a variety of cultural or ethnic groups within a society. Stakeholders are those entities in the organization's environment that play a role in an organization's health and performance or that are affected by an organizational action. Nurse consultants are nurses who usually identify problems and develop solutions. Nurse retention focuses on preventing nurse turnover and keeping nurses in an organization's employment. Nurse turnover is an undesirable trend for health care employers wherein nurses leave the organization for a variety of reasons.

Relevant Definitions

DESC is a constructive approach for managing and resolving conflict. The (D) describes the specific situation or behavior, (E) expresses how the situation makes you feel, (S) suggests other alternatives and to seek agreement, and (C) describes that consequences should be stated in terms of effects on team goals. *Communication competence* refers to one's ability to effectively and appropriately communicate to achieve a desired goal (McKinley & Perino, 2013). *Workplace incivility* is defined as a low-intensity deviant behavior with intent to harm the target, in violation of workplace standards or consideration of respect for other (D'ambra & Andrews, 2014). *Cultural diversity* is the existence of a variety of cultural or ethnic groups within a society. Stakeholders are those entities in the organization's environment that play a role in an organization's health and performance or that are affected by an organizational action. Nurse consultants are nurses who usually identify problems and develop solutions. Nurse retention focuses on preventing nurse turnover and keeping nurses in an organization's employment. Nurse turnover is an undesirable trend for health care employers wherein nurses leave the organization for a variety of reasons.

Sources of Evidence

I relied on the pre-post surveys and the feedback from the educational training during the interactive activities to include open dialogue, the interactive board game, and roleplaying to answer the practice problem question. I relied on the presurveys and postsurveys administered to use as a comparison to determine whether the overall education training significantly impacted the practice-focused problem. The surveys

provided statistical data and formal feedback regarding the nurse's perceptions and confidence levels prior to training and immediately after the training program. The feedback was shared with the organizations' leadership team as well as the nurse managers in the SCI department to use as a guide to develop strategies and interventions to address staff and unit concerns going forward.

My purpose in this DNP project was to increase communication competence to improve the working environment and relationships among staff. The sources of evidence were used as a baseline to educate staff members on effective communication using the DESC model through classroom lecture, roleplaying, and interactive activities.

The sources of evidence collected from the presurveys and postsurveys and interactive learning activities was evaluated and analyzed to determine whether the educational series on communication was beneficial and effective for the SCI nursing staff. The results of the surveys and feedback provided nursing leadership with vital information to address communication competence on a facility level.

Published Outcomes and Research

I relied on several search engines to include Medline, EBSCOhost, Cochrane, PubMed, and the Cumulative Index to Nursing and Allied Health Literature (CINAHL) to gather relevant evidence-based research data and peer-reviewed articles.

The following keywords proved useful in the search for communication competence in nursing: *communication competence among nurses, effective communication, communication training, communication and nurse job satisfaction,*

communication and simulation, improve communication among nurses, importance of communication skills among nurses, and communication and patient safety.

A review of the literature in nursing journals, nursing publications, and nurse research during the past 17 years was conducted specifically addressing communication competence in relation to job satisfaction, job stress, error reporting, workplace conflict, incivility, nurse turnover, and building communication competence skills. Approximately 30 articles were found and seven articles were used in the literature review. In the literature review, I discussed the connection between communication competence and job satisfaction, job stress and burnout, workplace conflict, and building communication competence skills.

Review of Literature

Communication competence is a fundamental nursing skill that is vital to the overall success of a health care organization. Health care employees have received inadequate training in communication; therefore, they lack the interpersonal skills to handle stressful situations and environments (Fallowfield, Saul, & Gilligan, 2001). The SCI nursing department was selected for this DNP project primarily because of the long-standing culture of incivility, hostility, and unhealthy working relationships, which have directly affected patient care, nurse turnover, and job satisfaction.

Communication Competence and Job Satisfaction

Job satisfaction is one of the primary reasons nurses leave their current job and sometimes the nursing profession altogether. Nurses often are frustrated about their working environment, coworkers, management, workload, and the organizational

structure. Often, these factors are not addressed until an employee resigns due to lack of communication or the fear of communicating. The ability to communicate these frustrations and concerns to improve the working environment is difficult for those who lack the confidence or skills to effectively communicate. The SCI nursing unit is diverse with many different personalities, nursing experience, and culture backgrounds. The morale and trust are low, resulting in high call outs, staff injury, and patient errors. The inability to communicate directly affects job satisfaction

In a study conducted by Mckinley and Perino (2013), the authors found that communication competence was a significant positive predictor of job satisfaction and indirectly contributed to more error reporting behavior. The study involved participants with health care backgrounds answering 92 survey questions about communication competency, role identity, reporting of errors, and job satisfaction. Wiemann's 36-item communication competence scale was used to measure communication competence and evaluated five dimensions of interpersonal competence to include empathy, general competence, behavioral flexibility affiliation and support, social relaxation, and one dependent measure of interaction management. Job satisfaction was measured using 18 items from a Minnesota job satisfaction questionnaire that included items such as "I am able to make use of my abilities" and "I like my working conditions." Pearson correlation analyses found a positive correlation between communication competence and job satisfaction. Communication competence was positively associated with error reporting and job satisfaction was positively associated with error reporting. Communication

competence was no longer significant to error reporting when job satisfaction was added, indicating that job satisfaction fully mediated this relationship.

Communication Competence, Job Stress and Burnout

The inability to communicate also causes workplace conflict, job stress, and burnout resulting in absenteeism, reduced quality of patient care, fatigue and depersonalized feelings towards patients and coworkers (Wright, 2011). In a study conducted by Wright (2011), 221 health care workers from three Veteran's Administration hospitals were surveyed on communication competence in terms of predicting workplace conflict, perceived stress, job satisfaction, and job burnout. The results concluded that higher communication competence scores were predictive of cooperative conflict styles while lower communication competence scores predicted controlling and avoiding conflict styles. There are basically three types of conflict styles: a cooperative and solution-oriented style; a confrontational and controlling style; and an avoidance style (Wright, 2011). On this SCI nursing unit, the controlling and avoiding conflict styles seem to be common resulting in negative consequences. Individuals who lack communication skills tend to rely on verbal aggression or withdrawing behavior to accomplish their goals (Wright, 2011).

Satisfied employees provide better patient care and create positive working environments. Enhancing health care professional's communication skills will help establish more positive, functional working environments. Health care organizations should focus on improving their health care worker's communication skills to produce better patient outcomes and possibly reduce health care costs. According to Merlino

(2017), communication is the cornerstone of workforce engagement and has been shown to influence the quality of working relationships, job satisfaction, and clear communication about tasks and responsibility that has been linked to a reduction in workforce turnover particularly among nurses.

Teaching Communication Competence

The SCI nursing department underwent a 5-month, nurse consultant led series of communication training along with 4 other departments in the facility. The training consisted of classroom lecture, simulated training, role playing, and interactive activities. Due to staffing shortages and work schedules, all SCI nursing staff members were unable to participate in the training. In this DNP project, the SCI nursing units underwent a classroom lecture and interactive activities tailored for SCI to evaluate communication competence and provide the opportunity to reeducate key concepts. The training was conducted on the nursing units to promote maximum participation and a comfortable environment conducive to learning. Fallowfield et al. (2001) created a 2-day course designed to improve communication skills among SCI nurses with their peers and patients. The course included interactive group demonstrations, small group discussions, video discussion, role-playing and simulated patients. The number one communication problem identified within the course was dealing with colleagues. Nursing staff continues to have difficulty communicating with each other and need consistent training and education.

Communication Competence and Role Play

Interactive and simulated training enhances and strengthens communication skills. Role-playing gives the participants the opportunity to practice handling difficult conversations using clinical practice scenarios commonly faced on the nursing units. Having those difficult conversations during shift change, handoff, team huddles, interdisciplinary rounds, and staff meeting prove difficult for nursing staff that lack communication skills. The SCI nursing staff participated in an interactive board game that gave several clinical practice scenarios that require staff to practice their communication skills with their peers. Staff were encouraged to chime in and help their peers successfully respond to the scenario, thus promoting teamwork.

An exploratory study was conducted by Mahon and Nicotera (2011) to identify whether nurses are likely to employ certain types of communicative strategies in confronting interpersonal conflict using the shift change as an example. The handoff, the transfer of a patient care from one person, unit or team to another, is a significant communication challenge among health care workers. Ineffective handoff communication is the leading cause of hospital sentinel events, which lead to Joint Commission's added safety goal to standardize handoff communication (Mahon and Nicotera, 2011). The study consisted of 57 nurses that underwent stimulus scenarios through focus group discussion. The focus group identified their most common sources of workplace conflicts is the tardiness of the oncoming nurse at shift change.

During the interactive process, the SCI nursing staff identified their leading causes of conflict on the unit and created real life scenarios to role play in order to

practice their communication skills. Mahon and Nicotera's study concluded that nurses were highly unlikely to confront issues with their co-workers, but would report it to their managers, avoiding conflict altogether. Nurses are also more likely to choose constructive strategies in response to conflicts versus destructive strategies. The Dauntless survey questions in the DNP project addressed the nursing staff confidence and competent level with communication to identify a deficit that needs to be addressed. The survey question states I feel confident speaking up to my peers whenever something is bothering me and When difficult situations arise, I know what to say and how to say it. This study was significant because it identifies a problem area for nursing and shows a need for interactive activities such as role playing and simulation that will better prepare the nursing staff when faced with difficult conversations.

Communication Moving Forward

Change is constant and inevitable in the health care arena whether it is change in policy, clinical practice, technology, services, documentation or leadership. The ultimate goal of change is to improve patient outcomes; therefore, open communication to those who perform bedside care is vital to increase awareness and adherence to the change (Talbot et al. 2017). Communication must be consistent and reliable to prevent health care errors, unhealthy work environments and nurse turnover. The SCI nursing unit relies heavily on the Chief Nurse, the Nurse Managers and the Nurse Educator to communicate organizational and unit changes that affect care on the SCI units. The concern with this method of communication is the information is not consistent across all units resulting in frustration, rumors, and omitted information. It is difficult for the nursing staff to

consistently open their emails and read several messages regarding organizational and unit changes.

A nursing journal article by Talbott et al. (2017) discussed the development of a clinic tool called Clinical Chatter created by the clinical leadership council to standardized messages regarding organizational changes, new tools and resources, education and professional development, recognition, and unit updates delivered on a weekly basis. This tool allows the staff to save valuable clinical time by reading weekly updates for key information versus several messages from different departments. Nursing leadership must establish and support clear communication to enhance patient care, patient outcomes, the working environment, and improving overall job satisfaction (Talbott et al. 2017). This SCI nursing department could benefit from a standardized communication tool that would allow SCI leadership to effectively communicate key information to the nursing staff. The SCI Nurse Educator currently emails the nursing staff regarding education changes, however organizational changes should be incorporated into this initiative. The DNP student recommended this communication tool to SCI leadership at the completion of the DNP project.

A growing body of evidence demonstrates that it is possible to improve and develop effective communication skills with training (Bramhall, 2014). The ability to explain, listen, and empathize can profoundly affect relationships with patient and colleagues, which can influence individual and organizational performance on clinical quality, experience of care, and financial outcomes (Merlino, 2017). Workplace conflict, job stress and burnout, nurse turnover, patient safety, and job satisfaction are all directly

related to communication competence. *Communication competence* is the ability to effectively and appropriately communicate with leadership, co-workers, and patients to achieve a desired goal (McKinley & Perino, 2013). Health care organizations can benefit from communication training initiatives to help decrease cost in nurse turnover and patient safety errors.

Evidence and Data

The SCI nursing department underwent a communication training led by the DNP student with the assistance of the team members. The SCI nursing department has approximately 115 nursing staff members to include RNs, LPNs, HTs and Nurse Managers. All nursing staff members including the HAS staff were invited to participate however it was not be mandatory. The SCI nursing staff were selected for this DNP project primarily because of the long-standing culture and behaviors that exist amongst nursing staff that directly impact patient care, nurse turnover, patient safety, and communication.

Procedure

I obtained ethical approval in compliance with the Institutional Review Board (IRB) at my local facility and Walden University. I sent out a mass email to the SCI nursing staff and posted flyers to announce the upcoming educational training on each inpatient unit and the outpatient clinic two weeks prior to the start of training. I actively made rounds in each area describing the training and obtaining consent for participation and completing the presurvey prior to training. I provided the nursing staff with the Walden University's approved consent form for anonymous questionnaires. Staff were

informed that the training is completely voluntary and the presurvey was anonymous. Staff members were given the opportunity to complete the presurvey and consent during the first 10 minutes of the training classes on the nursing unit. The educational training was conducted over a 6-week period including three classes per week that cover the day, evening, and night shift employees. The Nurse Managers informed me with the best dates and times to conduct the training to prevent interruption of patient care during busy times. The classes were approximately 60 minutes long in efforts to give time for lecture and the interactive portion. Participants completed the postsurvey at the end of the training. I was familiar with the SCI nursing department and their fear of being recognized or identified during survey completions, therefore the Dauntless survey only included two demographics questions identifying the staff member's role and years of experience to allow the staff to feel protected. I collected the Dauntless surveys and summarized each question using a bar chart in Microsoft Word. The demographics information will only be used for reporting purposes.

Communication Competency Educational Training Schedule

Two weeks prior to training	<ul style="list-style-type: none"> • Announce upcoming training via flyers posted on each unit and email • DNP student will make rounds discussing upcoming training with staff; completing consent forms and the pre-surveys
Week 1 Training Multiple sessions/time/shifts 60 minutes	<ul style="list-style-type: none"> • 10 minutes-Consent and Pre-Survey • Communication Training • Classroom Lecture

	<ul style="list-style-type: none"> • Interactive Activity-Board Game-Role Playing • Post Surveys
<p>Week 2 Training Multiple sessions/times/shifts 60 minutes</p>	<ul style="list-style-type: none"> • 10 minutes-Consent and Pre-Survey • Communication Training Lecture- Classroom Lecture • Interactive Activity-Board Game-Role Playing • Post Surveys
<p>Week 3 Training Multiple sessions/time/shifts 60 minutes</p>	<ul style="list-style-type: none"> • 10 minutes-Consent and Pre-Survey • Communication Training Lecture • Classroom Lecture • Interactive Activity-Board Game-Role Playing • Post Surveys
<p>Week 4 Training Multiple sessions/time/shifts 60 minutes</p>	<ul style="list-style-type: none"> • 10 minutes-Consent and Pre-Survey • Communication Training Lecture • Classroom Lecture • Interactive Activity-Board Game-Role Playing • Post Surveys
<p>Weeks 5-6 Multiple sessions/time/shifts 60 minutes</p>	<ul style="list-style-type: none"> • 10 minutes-Consent and Pre-Survey • Communication Training Lecture • Classroom Lecture • Interactive Activity-Board Game-Role Playing • Post Surveys • *Individual Coaching if warranted

Existing Measurement Tools

The *Dauntless Survey* is an existing tool used by Kathleen Bartholomew, author of “The Dauntless Nurse” a communication tool builder and HRS consultant that previously conducted communication training at this facility and a member of the DNP project team. The IRB approval and participant consent requested approval to use this form for the purposes of this training. I requested approval from Ms. Bartholomew to use the Dauntless Survey and the interactive board game during this project. Ms. Bartholomew used this survey tool with other facilities to establish a baseline of knowledge and a post education comparison. There were no modifications made to the survey tool. The tool specifically measures each participant’s comfortability in communicating with their team and their own level of comfort with communication. The Dauntless Survey was used to conduct the pre and postsurvey, which includes 5 questions that are measured using the five-point Likert Scale to assess the effects of the intervention. The pre and postsurveys were analyzed to assess the educational intervention, identify trends, and opportunities for performance improvement and the program potential for sustainability in SCI as well as the organization. Higher scores indicated a greater confidence level in communication, while a lower score indicated additional training is needed to better communicate.

Protections

I obtained IRB and facility approval to conduct the DNP project prior to any collection of data or training. The Dauntless Survey and consent form did not include any identifying information. I collected all surveys and consent forms. The data collection

instruments used in this project assured the protection of human subjects consistent with the standards of the organization and Walden University IRB. The doctoral student is a Nurse Manager in this practice setting and was able to explain and discuss the importance of communication training with the nursing staff, therefore peaking their interest to participate. I ensured the participants that their pre and postsurveys will be confidential and the final results will only be used to share with leadership to guide future training efforts. I am responsible for keeping the data and forms in a secure location for a period of 2 years. All documents and forms have been scanned, and being kept under my password protected computer. All paper forms after scanning were shredded.

The pre and postsurveys were collected by me, ensuring safeguarding of privacy for each participant. The educational training was voluntary and staff were able to withdraw at any given time. The surveys do not include any identifying information. The role of Walden University Institutional Review Board (IRB) was to approve the doctoral project in order to conduct research. The purpose of the IRB was to ensure ethical research involving human subjects should be conducted with respect for individual choice; enacted with the greatest degree of beneficence; protection of participants; and with appropriate oversight.

Analysis and Synthesis

I manually recorded, tracked, organized, and analyzed all surveys results. The results are provided in a table showing comparison of the pre-postsurvey using Microsoft Word. I used the SPSS software to analyze the demographics information in relation to the survey questions.

I gave the participants the opportunity to complete the consent form and survey the first ten minutes of training to account for any outliers who could not complete them prior to training. Incomplete surveys, i.e., answered 3 out of 5 questions were included in survey results, only tracking questions answered.

I used descriptive statistics via percent difference in pre-post Dauntless Survey scores. Feedback and observation from the classroom lectures, interactive board game, role playing, and individual coaching sessions were used to provide constructive feedback to the organization's leadership team to determine if the training program was successful and beneficial for future training. I entered the data in SPSS and created a table using Microsoft Word analyzing each survey question.

Summary

The SCI nursing department underwent a 6-week educational training program about incivility and building healthy relationships in order to increase communication competence. Communication plays a major role in job satisfaction, morale, nurse turnover, patient safety, and the overall working environment. The ability to communicate effectively during stressful times to include a high census, heavy workload, short staffing, and during interpersonal conflict is critical to building a health team. The participants training included classroom lecture, followed by interactive activities such as role-playing. The review of literature supports a strong relationship between communication and job satisfaction. The next section evaluated the findings and provided discussion and implications for nursing practice, social change and future

research. It also provided an overview of the projects strengths, limitations and recommendations.

Section 4: Findings and Recommendations

Introduction

The SCI nursing department is composed of approximately 115 nursing staff including RNs, LPNs, HTs, and medical support assistants. The unit consist of three inpatient units and an outpatient primary care clinic. The long-standing culture among the SCI nursing staff has created an unhealthy environment that has led to high nurse turnover, patient safety errors, low morale, decrease job satisfaction, a high call out rate, and incivility. This unhealthy environment is the result of ineffective communication between staff members, leadership, and the interdisciplinary team.

The practice-focused question that I addressed in this project asked whether an educational series on incivility and creating healthy relationships could increase communication competence in nurses on a SCI unit using the high reliability solutions (HRS) for health care model communications improvement and creative health care management tools.

The SCI nursing staff underwent voluntary educational training in communication competence during a 6-week period that discussed opportunities for communication, barriers to communication, personal accountability, the describe-explain-state-consequences model, and interactive role play using the lateral violence in the workplace board game. My desired outcome for this DNP project was to increase communication competence in the SCI nursing department and to examine the effectiveness of the project by analyzing the results of the presurveys and postsurveys to assess the educational

intervention, identify trends and opportunities for performance improvement, and explore the program potential for sustainability in the SCI unit as well as within the organization.

Findings and Implications

Information regarding the DNP project was sent to all SCI nursing staff via email along with the survey approval letter for the facility and the consent form. The presurvey was completed prior to the communication training and collected by me.

Approximately 70 SCI nursing staff members completed the presurvey, which consist of 57% RNs, 17% LPNs, 14% HTs, and 9% MSAs. Approximately 3% did not include their role; however, the survey was completed. The years of nursing experience ranged from 10% who had 0 to 2 years, 14% who had 3 to 5 years, 26% who had 6 to 10 years, and 50% who had more than 10 years of experience. This indicates a large percentage of seasoned, experienced nursing staff exists. See Table 1 for presurvey results.

Table 1

Dauntless Presurvey

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
I feel confident speaking up to peers	<i>N</i> = 5	<i>N</i> = 6	<i>N</i> = 6	<i>N</i> = 17	<i>N</i> = 34
I feel confident speaking up to physicians	<i>N</i> = 0	<i>N</i> = 1	<i>N</i> = 8	<i>N</i> = 17	<i>N</i> = 41
Some conversations are not worth the risk	<i>N</i> = 6	<i>N</i> = 6	<i>N</i> = 12	<i>N</i> = 24	<i>N</i> = 20
In difficult situations, I know what and how to say it	<i>N</i> = 1	<i>N</i> = 8	<i>N</i> = 9	<i>N</i> = 27	<i>N</i> = 23
I am competent in communication as my clinical skills	<i>N</i> = 1	<i>N</i> = 5	<i>N</i> = 11	<i>N</i> = 27	<i>N</i> = 24

During the educational training, I identified many nursing staff members who were confident and comfortable with communication; however, their communication style and method were offensive and aggressive. The training provided an opportunity to practice the appropriate responses in various scenarios using the DESC model. The SCI

nursing staff revealed work group clicks, bullying, unfair assignments, favoritism, and an unspoken new nurse initiation, which all contributed to the negative work environment and the inability to effectively communicate among each other.

The postsurvey was completed by the SCI nursing staff at the completion of communication training and was collected by me. Approximately 81 SCI nursing staff members completed the postsurvey, which consists of 49% RNs, 19% LPNs, 19% HTs, and 9% MSAs. There was 5% who did not indicate their roles; however, the survey was completed. The years of experience ranged as follows: 10% who had 0 to 2 years, 16% who had 3 to 5 years, 22% who had 6 to 10 years, and 52% who had more than 10 years of nursing experience. Table 2 shows the postsurvey results.

Table 2

Dauntless Postsurvey

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
I feel confident speaking up to peers	<i>N</i> = 3	<i>N</i> = 3	<i>N</i> = 11	<i>N</i> = 28	<i>N</i> = 32
I feel confident speaking up to physicians	<i>N</i> = 1	<i>N</i> = 4	<i>N</i> = 6	<i>N</i> = 29	<i>N</i> = 37
Some conversations are not worth the risk	<i>N</i> = 7	<i>N</i> = 9	<i>N</i> = 9	<i>N</i> = 30	<i>N</i> = 22
In difficult situations, I know what and how to say it	<i>N</i> = 0	<i>N</i> = 3	<i>N</i> = 13	<i>N</i> = 34	<i>N</i> = 27
I am competent in communication as my clinical skills	<i>N</i> = 1	<i>N</i> = 2	<i>N</i> = 8	<i>N</i> = 34	<i>N</i> = 32

Table 3

Dauntless Presurvey Postsurvey Results

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
I feel confident speaking up to peers	↓3%	↓4%	↑2%	↑14%	↓10%
I feel confident speaking up to physicians	↑1%	↑5%	↓6%	↑13%	↓15%
Some conversations are not worth the risk	↑1%	↑4%	↓4%	↑2%	↑2%
In difficult situations, I know what and how to say it	↓1%	↓7%	↑3%	↑3%	↑3%
I am competent in communication as my clinical skills	0	↓5%	↓7%	↑4%	↑7%

In comparing the presurveys and postsurveys, notable differences were present after the educational intervention. Question 1 asked whether staff were confident speaking up to their peers when something was bothering them. The largest percentage change was that 24% agreed on the presurvey, whereas the postsurvey increased to 38%, resulting in a 14% increase posteducation intervention. In addition, there was a 10%

decrease in “strongly agreed” after the intervention on the postsurvey. The percentage of “disagree” and “strongly disagree” slightly decreased after the education intervention. Question 2 asked whether staff were confident speaking up to all physicians when they had a question or concern. The presurvey revealed that 25% agreed and increased to 38% on the postsurvey, resulting in a 13% increase after the intervention. Although 61% strongly agreed on the presurvey, the postsurvey results decreased to 46%. There was a 6% decrease in “undecided,” whereas “disagree” increased by 5%. Questions 1 and 2 results correlate to the percentage of nursing staff with more than 10 years of experience. Although the staff felt confident in speaking up, their communication methods and styles were ineffective. A small handful of nursing staff are still not confident with speaking up to their peers and physicians.

Question 3 asked whether some conversations are not worth the risk. Both the presurvey and postsurvey results remained relatively close with “agreed” and “strongly agreed.” A small percentage of increase on the postsurvey was noted for “disagree.” Question 4 asked staff when difficult situations arise whether they know what to say and how to say it. There was a subtle increase of 3% in “agreed” from 41% on the presurvey to 44% on the postsurvey. “Strongly agreed” went from 32% on the presurvey to 35% on the postsurvey. There was a 7% decrease in disagreed on the postsurvey. The educational intervention provided time to practice responding to difficult conversations and the staff improved with practice. Question 5 asked whether the nursing staff were as competent in their communication skills as in their clinical skills. There was 7% increase in “strongly agree” on the postsurvey, whereas there was a 4% increase in “agreed.” “Undecided”

went from 18% on the presurvey to 11% on the postsurvey, and “disagreed” decreased by 5% on the postsurvey. Question 5 is a direct result from the educational intervention and shows positive improvement in the nursing staff’s overall communication skills.

The results supported the theoretical framework, the oppression group theory, where in the dominant group is superior over the submissive, oppressed group. The more experienced nursing staff in this workgroup are dominant and have power over staff members and, in some instances, nursing leadership. Less experienced nurses are hesitant to speak up or disagree in fear of retaliation and not feeling apart of the team. The more experience nurses are outspoken and believe their views and ways of doing things is the correct way, and it is difficult for the newer staff to communicate and express their input. Several members of the nursing staff lack personal accountability; however, they are quick to delegate and correct other staff member’s behaviors.

Recommendations

The SCI nursing staff is a diverse group that can benefit from quarterly training not only in communication but with relationship-based care, team-building exercises, accountability, and leadership. The distrust between staff members and the lack of personal accountability will make it difficult to communicate effectively; therefore, the underlying issues must be addressed. Nursing leadership has to promote, enforce, and support increased communication among staff during change of shift handoff, walking rounds, transfers between units, and daily huddles. Team leaders and charge nurses need training on their role, their responsibilities, and how to effectively communicate with staff. One-on-one coaching is needed for less experienced nursing staff who do not feel

comfortable delegating and having those difficult conversations with staff members.

Nurse managers need to meet regularly with new staff members to identify concerns and areas of improvement for early intervention.

Contribution of the Doctoral Project Team

Kathleen Bartholomew, a consultant from HRS Group LLC, provided the board game that addressed lateral violence in the workplace. This interactive board game consisted of several scenarios that commonly happen on nursing units and the staff had to respond using the DESC model. The nursing staff also had the opportunity to write some of their own scenarios to discuss. Ms. Bartholomew also provided the dauntless survey that was used to conduct the presurvey and postsurvey, which includes five questions that are measured using the 5-point Likert scale to assess the influence of the intervention.

Strengths and Limitations of the Project

One strength identified is that I am a nurse manager on the SCI unit; therefore, the trust and comfortability of the staff to participant were not difficult. Another strength identified was a need for further education beyond communication training. Limitations included time constraints and location. Due to the nursing units being short staffed, the I ensured the communication classes were conducted on the unit in the breakrooms and not during busy patient care hours. Interruptions from other staff members, patient call lights, and the front desk phone ringing interrupted the classes often.

Section 5: Dissemination Plan

The information and survey results from this DNP project was shared with SCI leadership and my doctoral team members. SCI leadership has asked me, the DNP student employed at this facility, to conduct additional communication training for team leaders, charge nurses, and assistant nurse managers to improve the working environment on the unit. This information will be shared with hospital leadership and education in efforts to support implementing mandatory communication education across all nursing units in the medical facility.

Analysis of Self

This project has made me aware of personalities, cultural backgrounds, diversity, and generations that affect the overall working environment on the nursing units. I have learned that I have a calming, warm personality that staff compliment me on and feel comfortable engaging in learning activities in a nonjudgmental environment. I was able to relate to the staff because I am familiar with the working environment and complexity of the patients; therefore, the staff respected and trusted my feedback during the interactive activities. I have discovered that I am a strong and talented mentor, facilitator, and motivator to the nursing staff, and I can create positive social change.

Summary

My purpose in this project was to educate the SCI nursing staff on creating healthy relationships and incivility to increase communication competence to improve the overall working environment. I conducted communication training education during a 6-week period and collected a presurvey and postsurvey to evaluate the effectiveness of the

intervention and proposed future training. The training was voluntary though highly encouraged by nursing leadership, and the training reached approximately 66% of the SCI nursing staff. Overall, the project was successful and identified some areas of concern and improvement that will directly affect patient care, morale, and overall job satisfaction.

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Appendix: Dauntless Survey

Dauntless Pre and Post Survey Questions

The following questions have been designed to measure skill, risk-taking and confidence. As you answer the following questions, please think about how you communicate with other people in your current work environment. Using the following scale, indicate your answer by circling the appropriate number.

The following questions are measures on a Likert Scale from 1-5 Agree – Disagree

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

QUESTIONS FOR NURSING STAFF

1. I feel confident speaking up to my peers whenever something is bothering me.
1 2 3 4 5
2. I feel confident speaking up to all physicians when I have a question or concern.
1 2 3 4 5
3. There are some conversations that are just not worth the risk.
1 2 3 4 5
4. When difficulty situations arise, I know what to say and how to say it.
1 2 3 4 5
5. I am as competent in my communication skills as I am in my clinical skills.
1 2 3 4 5

Please circle your discipline: RN LPN HT MSA

Years of Experience: 0-2 years 3-5 years 6-10 years 10+ years