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# How Does Uninterrupted Sit Time Effect Patient Satisfaction Scores?

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### **How Does Uninterrupted Sit Time Effect Patient Satisfaction Scores?**

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#### Background/Significance

- Nurses report performing caring behaviors more frequently than patients perceive (Papastarou et al, 2012).
- Research indicates that a quarter of all patients are dissatisfied with the infrequency of nurse/patient communication (Papastarou et al, 2012).
- Nurses tend to focus on the physical and technical side of care versus the psychological and emotional (Zolnierek, 2013).
- There is a lack of agreement between nurses and patients related to
  the perceived frequency of respectful behaviors in the clinical
  setting. Caregivers are busy with many tasks and they do not have
  the time to spend with patients in conversation. It is felt by both
  nurses and patients that this is perceived as a non-caring behavior
  and dehumanizes the situation often leaving the patient to feel
  alone (Papastarou et al, 2012).
- Barriers to communication: workplace policy/procedure, ritualistic work, and the external environment (Xing, 2009).
- Current Practice at LVHN: There is no standardized practice on uninterrupted sit down time with the patients.
- HCAPH scores for February: 69.3. Communication with nurses: 80.6. Medicine 50.0. March: 64.6. Communication with nurses: 70.3. Medicine 62.5

#### **PICO QUESTION**

• On a 32 bed progressive unit, does five minutes of uninterrupted sit down time compared to no intervention effect patient satisfaction?

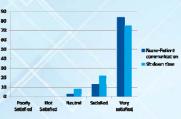
#### **PROCESS / IMPLEMENTATION**

- Developed surveys that would be handed out at discharge.
- Transfers not included in study.
- Assigned champion leaders for day and night shift.
- · Announcement was done at our unit meeting in January.
- Final announcement was performed prior to April at daily fall huddle. Packets were placed in each pod with surveys.
- Each RN was instructed to sit with patients for at least five minutes each shift (day/night) without being interrupted.
- Data was collected from April to May.
- Reminders were given at unit meetings and daily huddles by EBP team and unit director.

#### **Evidence**

- Patient satisfaction scores improved during a three month trial with Focus Time (Hedges et al, 2011).
- 79% of nurses reported feeling prepared to assume responsibility to patient care (Hedges et al, 2011).
- 81% improvement with clarifying and prioritizing patient needs and care (Hedges et al, 2011).
- Meds communication improved from 55% to 64% (Porter et al, 2013).
- Team felt more attachment and inclusion with patients (Clisset et al. 2012).
- Healthcare professionals promoted feelings of attachment and inclusion with the patients (Clisset et al, 2012).
- Knowing the patient enabled the nurses to identify problems and potential errors. To help rescue patients from potential adverse events (Zolnierek, 2013).

#### **RESULTS**





- 38 patients were surveyed.
- HCAHP scores: April: 68.9. Communication with nurses: 76.2.
   Medicine: 66.7. May: 65.2. Communication with nurses: 76.2
   Medicine: 44.4
- Common words patients used to describe our RNs were: helpful, attentive, polite, compassionate, comfortable, gentle and professional.

#### **DISSEMINATION**

- No policy change is due at this time. There is no formal policy.
- More research is necessary.
- Should be conducted on a larger scale and diverse units.
   Possibly include a new pilot that includes transfer patients to increase the total number of subjects.

#### **RESOURCES**

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