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Walden University

College of Health Sciences

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Cherrielyn Quiambao

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Walden University
2020

Abstract

Enhancing Nurse- Patient Communication Through Commit to Sit

by

Cherrielyn Quiambao

MSN, Walden University, 2016

BSN, Saint Louis University, 1993

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

Walden University

May 2020

Abstract

The patient experience is considered by healthcare policy experts as one of the essential components of healthcare quality. The project site implemented a program called “Commit to Sit” to help promote direct bedside communication with patients. This quality improvement project examined the impact of the Commit to Sit program on patient experience in an acute care setting. The purpose of this evaluation focused on determining whether communication between the frontline nurses and patients improved through the implementation of “Commit to Sit” campaign on a pilot unit in a community hospital. The Duffy’s Quality Caring Model was utilized because it encourages improving the communication between the provider and the patient. The project engaged patients in a span of three months in three batches with a mean sample size of 46. This study utilized the questionnaire from the Hospital Consumer Assessment of Healthcare Providers and Systems, and analysis showed a three percent increase of the nursing unit patient satisfaction survey, nurse communication section since the implementation of “Commit to Sit.” This study demonstrated the impact of direct caregiver’s successful communication is essential in achieving the main goal of the health care team which is eliminating pain and suffering in a short time, hence promoting early recovery of patients. These findings support positive social change by in identifying effective methods for frontline nurses for enhancing patient communication, patient safety and patient satisfaction.

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Dedication

I would like to dedicate this endeavor to the Lord Almighty and my family for their continuous support. For my husband, thank you for the unceasing encouragement. I am forever grateful.

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I would like to express my gratitude to Dr. Rebecca Graboso for her unceasing encouragement and the inspiration from my friends. I thank my dear family and the Lord Almighty for relentless love and support.

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Section 1: Overview of the Evidence-Based Project

Introduction

Patient experience is one of the major criteria used in determining the quality of service delivery. The challenge is how to improve nurse-patient communication in order to engage patients and enhance the quality care. Some of the strategies utilized by healthcare institution are ensuring patient safety and providing the best treatment plans to their patients, thus hoping that patients will appreciate the commitment and perceive the services as being of exceptional quality. Many facilities have resorted to making costly capital purchases to influence the thinking of the public that their services are the benchmark of quality. While this strategy has worked to some extent, there has always been that void that could not be filled with capital purchases of equipment and expensive artillery. As studies reckon, this void could only be filled with positive perception from the patients themselves. Patient satisfaction calls for the maximization of patient experience while they are at the hospital or health care facility. One such initiative is “Commit to Sit” by the frontline nurses at patients’ bedside in order to improve nurse-patient communication (Kumah, 2019). This project has dedicated itself to understanding the dynamics involved in “Commit to Sit” initiatives especially in questioning its effectiveness in improving quality perception of patients. Patient experience is making a huge impact including in the development of patient medical product (Wechsler, 2018). In the Federal Drug Administration (FDA), the congress is recommending incorporating patient’s experience in their review of new medical products (Wechsler, 2018).

Problem Statement

The main problem being addressed is how to improve nurse- patient communication in an acute setting. The human side of the healthcare is slowly fading away as humans themselves now begin to conduct themselves as machines. Nurses prefer to be available to patients only when need arises thereby creating a “too formal” relationship between the two parties involved (Levinson, Lesser, & Epstein, 2010). It is almost impossible for the patient to open and give nurses (or other health care professionals) insights into what they are going through. This problem is so critical to the extent that it is now becoming the determinant of patients’ evaluation of services offered in these facilities (Sabarmathi, & Chinnaiyan, 2019). In order to improve patient satisfaction, the issue of creating bridges between nurses and patients should be prioritized in all hospital undertakings. With the rise in technological integration, the focus is to take advantage of these modern advances in improving patient experience in the hospitals (Higgins et al., 2017).

Practice-Focused Question

The specific question under investigation in this project is whether “Commit to Sit” with patients for an extended period will improve the nurse-patient communication and enhance patient experience or patient satisfaction score. The question has a main attribute of this question is whether sitting down with patients for uninterrupted minutes will make them feel that they are receiving excellent quality of care. The question also embraces the psychological aspect of the patient since it includes the patient’s perception of the frontline staff compassion.

Purpose of the Statement

The purpose of the quality improvement project is to evaluate the newly implemented patient experience initiative for all adult patients within the acute setting. Various patient experience initiatives have been adopted such as guest relations department, hourly rounding, and bedside handoff communication/endorsement. There is no standard practice for the frontline nurses to improve their relationship and communication to their patients. When there is poor nurse-patient communication, it could lead to an increased re-admission rate. Readmission rates in the hospital have been increasing for the past decade and it is being viewed as quality care marker. It is also perceived as ineffective discharge (States News Service, 2016).

Goal and Objectives

The goal of this patient initiative is to enhance nurse-patient relationships and improving patient health outcomes through “Commit to Sit.” Currently, patient experience ratings for most healthcare institutions are low (HCAHPS scores, n.d.). Performing the act of “Commit to Sit” with the patient will improve the patient’s and family’s perception of healthcare professionals (especially the frontline nurses). It will develop a trusting relationship which leads to an open communication between the nurse and patient (Rahmatinick, & Ramos (2018). This will further augment patient participation with their treatment plans, such as lifestyle modification and compliance, with the result to improve their health outcomes. At the project site, patient experience is also being monitored by Healthgrades. Patient experience surveys present perceptions about hospitals and their pledge in delivering excellent care, furthermore, consumers

value the healthcare professional scores when making care decisions (United States Spectrum, 2018). Informed patient and family members are more compliant to their treatment regimen.

Nature of the Doctoral Project

This is a quality improvement project, and the intended practice setting for this project is the telemetry unit which caters to both medical and surgical patients. This unit is being supervised by a unit manager who directly reports to the Chief Nurse Executive (CNE). This project is possible to achieve in the identified setting with the existing time frame. The sources of data to be used on this project include real feedback from the patients excluding their identification. I worked closely with the project team which consist of the unit manager, assistant unit manager, charge nurses, and guest relations department. The utilization of guest relations in this project was to recover services from the collected negative experience while patients are still admitted.

There are several approaches that could be taken in order to close the gap of association between nurses and their patients such as reducing overreliance on digital gadgets and emphasize on providing holistic approach in the delivery of services. The relevant approach proposed in this project is “Commit to Sit.” It is a strategy whereby a nurse devotes their time to sit down with their patients and engage in personal communication for an uninterrupted period. The hypothesis envisioned in this approach is that the closer the relationship between these two parties, the better the perceived quality of care given to the patient resulting to a trusting relationship. It is creating the social bond between nurses and patients and ensures that the patient opens up to the nurse

providing real patient's situation (Duffy & Brewer, 2011). Most patients are afraid of opening on some aspects of their health conditions, and this may be crucial in helping nurses tailor their assistance to match the situation at hand (Duffy, Kooken, Wolverton, & Weaver, 2012). Commit to Sit is an instrument in providing more qualitative data to physicians, which they may use in determining the individualized treatment plan.

Evidence-Based Significance of the Project

The significance of this project is the enhancement of nurse-patient communication. Clear communication is the increased effort to listen to and better understand the patient. It also gives rise to improve delivery of quality of care, enhancing the psychological satisfaction, and increasing the loyalty of patients (Kvist, Voutilainen, Mäntynen, & Vehviläinen-Julkunen, 2014). According to previous studies, sitting either in front or beside the patient further emphasizes compassion from the healthcare professionals. Studies recommend that the frontline nurses will perform the act of sitting in the beginning of their shift. The sitting position of the healthcare professional positively impacts the patient perception of compassion further fostering a trusting relationship between the patient and the staff (Swayden et al., 2012). Results from previous study showed that patient experience is just as important as the integrity of treatment plans and should therefore be treated as such (Berkowitz, 2016). As a service-based organization, a health care center needs to ensure that patient's experience in the hospital is always prioritized. There are several cases where treatment plans have been effective but just because a patient was not well cared for at a health center, they may

consider the services of that facility as being low. “Commit to Sit” provides a reliable approach where patient can see or observe the compassion from the staff.

Another positive aspect of the campaign is enhancing patient’s loyalty. Loyalty is based on their past and other people’s experiences Result from study showed that health facilities with nurses and other attendants who are ill-mannered tend to have fewer repeat patients even if their treatment plans were effective. Furthermore, loyalty of patients is one that is difficult to earn and is also difficult to take away once it has been earned (Papastavrou, Andreou, Tsangari, & Merkouris, 2014). The campaign will assist in gaining loyalty as a result of a trusting relationship between the nurse and the patient. This patient experience campaign can be easily be adopted in any type of healthcare facilities such as outpatient clinics and nursing homes. This type of therapeutic communication promotes healing environment for the patient (George, Rahmatinick, & Ramos, 2018).

Implications for Social Change in Practice

“Commit to Sit” approach hypothesizes that sitting down with patients will lead to improve quality patient care. During the Commit to Sit act, nurses can seize the opportunity of tapping into any patients’ information that may not have been collected in formal tests and diagnoses. Results from previous studies stated that it is impossible to collect all of patient’s relevant information to any health problem in one sitting. The research article further states that each moment spent with a patient provides a robust opportunity for a nurse to dig deeper into more information that will likely assist in adapting treatment options for the patient (Ha & Longnecker, 2010). When adequate

information is made available to nurses and physicians, there is a higher likelihood of the treatment options assigned to a patient to be effective. The act of sitting beside the patient cultivate an effective nurse-patient communication which promotes improved patient outcomes due to adherence to treatment plans and reduces patients' re-admissions to hospitals with the same complaint (Swayden et al., 2012; George, Rahmatinick, & Ramos 2018).

Assumptions and Limitations

There are significant assumptions to be made for this quality improvement project: First is that the incorporation of an uninterrupted sitting time with the patient at a telemetry acute setting would improve nurse-patient communication and/or increase patient compliance to prescribed medical treatment or lifestyle modification; The second is that the incorporation of committing to sit will demonstrate the compassion/ empathy of the frontline staff while the patient is in in the hospital and will improve patient experience scores and patient outcomes.

The other significant assumptions to be made are the incorporation of a standardized patient experience initiative in place at the inpatient setting would increase patient's compliance, improve their health outcomes, and decrease readmission rates. The standardized patient experience initiative will also provide a quality patient care which will incorporate educational opportunities for both patients and families while at the inpatient acute setting to achieve optimal disease management

One limitation of the project is the size of inpatient unit that consists of only twenty-six patient beds, one of the smallest units of the institution. A small number may

be not applicable to other facilities of larger settings. There could be diverging limitations based on the cooperation of the nursing team in terms of teamwork

Summary

The introduction sections present an overview of the evidence-based practice project on the need for a patient experience initiative to be set in place at the inpatient nursing unit. Committing to sit perceived by patients and their families as the expected healthcare professional standard especially the frontline nurses, demonstrating compassion and empathy.

Section 2: Background and Context

Introduction

The main problem in nursing practice being addressed by this project is poor communication between frontline staff and patient. Healthcare facilities need to prioritize the improvement of communication between healthcare providers and patients. “Commit to Sit” is a patient experience campaign to improve patient experience, which is included in the evaluation of services offered in any healthcare facility. “Commit to Sit” includes the frontline nurses to sit down either beside or in front of the patient to discuss treatment plan. Researchers have found that sitting with the patients builds trust and enhances perceptions of provider compassion (Papastavrou, Andreou, Tsangari, & Merkouris, 2014). With the rise in technological integration, the patient initiative is to take advantage of these modern advances such as portable computers, televisions, and smartphones in improving patient experience. Modern technologies can be utilized through Commit to Sit by the frontline nurse with the patient. This initiative could be a tool to show various websites or other resources to help patients expand their knowledge regarding their health issues and improve their outcomes. This section will include the concept, models, theories and the relevance of this project to nursing practice.

Concepts, Models and Theories

I used Duffy’s quality caring model (2009) in establishing the cogency of the proposed Commit to Sit patient initiative. The model was selected due to its relevance to the topic of investigation and its emphasis on (a) patients’ perceptions, (b) interactions between patients and nurses, and (c) the enhancement of patient experience.

Quality of Care from the Patient's Viewpoint

The first pillar of Duffy's quality caring model is quality of care as a product of patient perception. The way a patient perceives a hospital and healthcare providers influences their evaluation regarding the delivery of care. In the Commit to Sit initiative, one of the areas of focus is to improve a patient's perceptions through constant engagement by nurses in order to show concern and care. The act of sitting either beside or in front of the patient or their family further promotes the compassion of the frontline nurses. This patient experience initiative is consistent with what is stipulated in the model and why it is suitable to the project (Duffy, 2009).

Quality of Care Based on Interactions between Patients and Nurses

Duffy's quality caring model promotes a cohesive relationship between the nurse and patient. The "Commit to Sit" initiative encourages positive interactions between nurses and patients. A good relationship such as mutual respect between the frontline nurse and patient will lead to compliance to treatment plans. This will further influence lifestyle modification resulting to a healthier patient. This model is quite instrumental in guiding the practice of taking care of patients in acute situations which incorporates the central criterion for the success of a health care plan (Duffy, 2009). Research studies showed that patients in acute care are the ones in the most need of social attention. Nurses therefore have a double responsibility of providing health care and fulfill the social component (Hajewski & Shirey, 2014). This is a positive significant result in the care of patients with cancer and diabetes (St-Germain, Boivin, & Fougereyrollas, 2011).

Emphasis of Model is on Enhancing Patient Experience

Duffy's quality caring model emphasizes the enhancement of patients' experience resulting to an improved patient outcome due to positive interactions with healthcare providers (Morgan & Yoder, 2012). While these experiences do not entirely have to be related to interactions with nurses, it helped nurses understand the patient. Patient feels better once healthcare providers such as frontline nurse or physicians empathized with them (Naylor, Aiken, Kurtzman, Olds, & Hirschman, 2011; Zolnierek, 2014). The Commit to Sit campaign has the potential to enhance the experiences of patients when they have more productive interactions with nurses.

Relevance to Nursing Practice

This is a quality improvement program evaluation of Commit to Sit patient experience initiative. In the adoption of this patient experience initiative, the utilization of Duffy quality caring model was the key emphasizing (a) patients' perceptions, (b) interactions between patients and nurses, and (c) the enhancement of patient experience "Commit to Sit" requires that nurses spend adequate time sitting down with their patients and increasing physical one-on-one communication which improves the communication practice of nurses. Currently, the nurse patient interactions include meeting with patients only on a on a need basis or when they are scheduled to do to do their rounds. Nurses perform the task needed to be done and communicate to patient while they are standing. The holistic approach of nursing is slowly fading as evidence by the results of the patient satisfaction survey of HCAPS. In today's nursing environment, we are dealing with Generation Z frontline nurses. Generation Z are those individuals who are avid consumer

of technology and craves for digital world. The majority of their interactions are through digital world, furthermore, their social skills are under developed (Chicca & Shellenbarger, 2018). This is a quality improvement project because the purpose of “commit to sit” is to improve nurse-patient communication and ensure that patients’ needs are met. The Duffy’s quality caring model, maximizing the satisfaction of these patients and consequently increase their perceptions of quality of services, patient satisfaction score and patient safety will also improve.

The literature search for this doctoral project was conducted mainly using the electronic Walden School Library. The following major electronic databases were used in the conduction of this literature search: Thoreau Multi-database, Medline, Cinahl, and PubMed. In the exploration of literature review, it was found that there are many studies that had deliberated on issues related to the examination of how Commit to Sit with patients enhances quality of patient care.

Result of a study showed the positive impact by Commit to Sit with patients in improving overall experience in health care facilities. The study done by Lidget (2016), utilizing the Press Ganey Satisfaction Survey was used in collecting data, which showed that sitting with patients significantly improved patients’ experience. The study furthered illustrates that patients face an avalanche of information given to them from admission to discharge by various disciplines, and the frontline nurses usually assist patients to sort the various information due to their constant interactions with them. The study furthered indicated a positive difference in patient satisfaction score due to the frontline nurses

sitting with the patient compared to when nurses standing while communicating. Patient perceived the act of sitting as demonstration of compassion (Lidgett, 2016).

A different research study presented ten various interventions for improving patient experience, two of which are considering patient perception and emphasizing the importance of empathy and attitude. In both cases, the authors suggest that nurses should influence patient experience by sitting with the patient. The research further highlights the significant improvement of the overall satisfaction of patients. Social interactions are acknowledged in the report as being critical in influencing patient experience. One of the important findings made in this report is the use of the acronym “EMPATHY,” which is used to imply eye contact, muscles of facial expression, posture, affect, tone of voice, hearing the whole patient, and your response (Sonis, Rogg, Yun, Raja, & White, 2016).

A previous quasi-experiment done by (Pattison et al. (2017), revealed the perception of patients towards the quality of services offered to the patients did not significantly differ between sitting and standing, however, the result revealed that personal communication and interpersonal skills while interacting with patients made a huge positive impact in the patient experience score.

The strategy that the host facility had implemented is the hourly rounding. Several researches conducted has concentrated on application of a concept called hourly nurse rounds. Routine rounds by nursing staff have been cited as a successful strategy in improving patient outcomes, patient safety, and patient satisfaction (Krepper et al.,2014). These researches included the positive effects of this strategy such as decrease in the number of falls and call light usage; However, these rounding did not entail the nurses

spending quality time with their patients, but to provide the physical or anticipate the needs of the patients (Krepper et al.,2014).

Local Background and Content

Research studied showed the effectiveness of nurses performing the act of “commit to sit” with patients and how this influences the quality outcomes in radiology services. The outcomes indicated that this closer relationship made significant positive differences in the quality of care given and received by the patients. It was argued that this outcome was as a result of patients opening to care givers thereby empowering them to tailor services to their specific needs. It was also argued that the fact that the approach put the patient at the center of it all made patients perceive the quality of healthcare as high. The result of this study revealed improved patient outcomes (Pittsenbargar & Gaudet (2015).

Another experimental study was done to determine whether patient satisfaction could be improved by having health care providers sitting at the bedsides of patients rather than standing. The outcomes were positive in that immediately in the month to follow, patient quality perception scores increased significantly from 66.67% to 96.49%. These outcomes were obtained from informal leadership audits. By the end of the year, the results were sustained as they showed a significant improvement from 71.55% satisfaction to 82.29% satisfaction. This source provided evidence of the potential of Commit to Sit with patients in improving patient experience (Wadsworth (2017).

Role of the DNP Student

I am familiar with this facility after previous completion of my clinical hours during my doctoral program. My role will be to review current literature on evidence-based practice on ways to best evaluate nurse-patient communication. I have also established role such as staff educator and the responsibility to analyze the data. My motivation for this project is to reduce patient re-admission rate for the same medical issue. I have seen numerous patients being readmitted due to poor patient education, miscommunication, and non-compliance to treatment regimen leading to high mortality rates. This project will also promote patient safety during their hospital stay.

Role of the Project Team

The project team compose of the unit manager, assistant unit manager, charge nurses, and guest relation representative. The team will meet on a regular basis (every Friday), to brain storm the low patient experience score of the nursing unit, challenges that the frontline staff encounters, review current evidence being utilized by other institutions, and formulate strategies to alleviate the current problem of the nursing unit. Methods also included (a) rating of existing evidence, (b) nursing education development for staff, (c) patients, family members, and stakeholder meetings and gathering of input from staff from a collaborative aspect, (d) stakeholder satisfaction with DNP student's leadership/project management of the practice-change initiative. The disparity in practice at the facility has been identified as at a despondent level in nurse-patient communication. The evaluation of existing organizational score will be used to evaluate the effectiveness of the use of "commit to sit" patient experience initiative and its impact

to outcome measures. The project team will have a timeframe of four months that includes one month to identify the problem, review evidence-based practice from other institutions/ literatures, and formulate strategies to improve patient experience of the nursing unit.

Definitions of Terms

The following definitions of terms were used in this project.

Commit to sit: It is an act to be seating either beside or in front while interacting with the patient once a shift. This will be performed at the beginning of each shift for at least five uninterrupted minutes (Strasser et al., 2005).

Duffy's quality caring model: It is described as a quality of care as being hinged on patient's perception. It considers quality of care based on interactions between patients and nurses. It emphasizes the enhancement of patient experience (Duffy, & Brewer, 2011).

Patient experience: Patient approval in regards with the delivery of care during their hospital stay, which includes both subjective and objective views (Sanders, Omar, & Webster, 2015).

Quality of care: It is the scale to which health services for individuals and populations enhance excellent health outcomes and are consistent with current professional knowledge (Medicare,1991).

Summary

The act of sitting with the patient during a shift has not been a top priority as part of the daily routines of a frontline nurse. Nurses usually go to a patient's room in

order to perform a given task which removes the human element of being a nurse.

Performing the act of sitting beside the patient and listening to their concerns demonstrates the compassion/empathy of a nurse. With today's complex healthcare system, nurses are more task-oriented and the humanity aspect is lost. Patients oftentimes feel that they are being treated as a number, not as a human being. Being task-oriented can impact both patient outcomes and patient experience scores of the facility which can influence the financial compensation of the facility.

Section 3: Collection and Analysis of Evidence

Introduction

The main problem in nursing practice that is being addressed by this project is improving nurse-patient communication with the goal to enhance patient satisfaction/experience in healthcare settings. With the rise in technological integration, the focus is now on how best to take advantage of these modern advances in improving patient experience (Higgins et al., 2017). The purpose of this quality improvement project was to evaluate the newly implemented patient experience initiative, the “Commit to Sit” campaign. This initiative will enhance patient knowledge regarding their medical condition and help patients take their knowledge of the disease back to the home setting and to be more successful in managing their care. This section outlines the process for implementation, as well as the evaluation and timeline for the Commit to Sit patient initiative project.

Practiced-Focused Question

The specific question under investigation in this study is whether committing to sit with patients for an extended period will improve the patient experience or patient satisfaction score. One aspect of this question entails whether sitting down with patients will make them feel that they are receiving excellent quality of care. The question also addresses the psychological aspect of the patient because it includes the patient’s perception of the frontline staff compassion.

The purpose of the project is to evaluate the newly implemented patient experience initiative utilizing the Walden Quality Improvement Manual. This project was

implemented within the acute care setting (see table 1). The program will consist of frontline nurses committing to sit for a few minutes every shift with a patient and will incorporate an individualized patient care plan, which will foster patient compliance and lifestyle modification.

Table 1

Timeline Projection Table

Objectives	Action plan/activities	Goals	Evaluation goals/objectives	Evaluation activities
To improve nurse-patient communication through commit to sit	Formulation of patient experience initiative including collaboration among the staff various strategies to improve patient experience	To achieve a Five percent improvement every quarter in the patient experience score	Frontline staff will be able to incorporate sitting with their patients every shift to foster better nurse-patient relationship	Improvement of patient experience score, decrease rate of re-admission
To increase awareness/ importance of patient experience rating to frontline nurses	Collaboration to both local administration and frontline staff in the formulation of various strategies to enhance patient experience	To provide educational tools for the frontline staff	Frontline staff will regain knowledge of the importance of compassion and empathy	Demonstration of compassion/ empathy as evidence of increase patient's comprehension of their diseases
To assist in the reduction of re-admission of patients	Re-enforcements of patient education every shift during frontline staff sitting uninterrupted with their patients	To increase patient awareness of their diseases, lifestyle modification, and improvement of patient outcomes	To improve patient outcomes, and minimize re-admission occurrence	Quality outcomes improvement

Sources of Evidence

Beginning in April 2019, the local management team met at various times over the course of the formulation and implementation phase of the project to the pilot nursing unit. Scholarly literature review on the current topic was provided to team members. A review of current and existing practices in similar facilities was included in the review in order to formulate an individualized plan/ design for the facility. During the period of April until July 2019, members of the local committee that includes unit manager, assistant unit manager, charge nurses, and guest relation officer met every Friday to review real patient feedbacks and offer inputs on necessary changes. The various patient feedback was considered as data in this project improvement. Data collection was done during the months of April to July. Based on the patient feedback, the analysis of data collection, and the scores HCAPS, the act of committing to sit will be incorporated in the workflow of the frontline nurses. Collaboration among multidisciplinary teams are best suited to provide such care for people with chronic conditions, to empower patients' willingness for lifestyle modification to assist in disease management (Godfrey and Magee, 2009).

Development of the Patient Experience Initiative through Commit to Sit Education and Program Development

The patient experience initiative incorporates several factors as this program's intent is to implement an actual act of frontline staff committing to sit with their patients and integration of educational programs for patients and families within the facility. Protocol based guidelines will clearly align the facility with their evidence-based

practice. There are some practices within the facility regarding patient service recovery, but it is being utilized only when a patient or family shows dissatisfaction. This program will incorporate guest relations department not only for service recovery, but for staff excellent service recognition.

Educational Delivery Modalities

A standardized patient experience protocol designed based on previous evidence-based practice and can be utilized in other similar acute healthcare settings. The content of the educational material was presented to local management and frontline staff during educational classes and activities. These educational materials included scholarly literature with evidence-based protocols that have been used in similar settings. Educational classes were offered for the frontline staff routinely until everyone are made aware and educated regarding the new patient experience initiative. Educational efforts will highlight the utilization of EMPATHY and active listening skills which will assist the frontline staff to demonstrate compassion to their patients.

Development of Improving Nurse-Patient Communication through Commit to Sit Implementation plan.

The patient experience initiative program through improvement of nurse-patient communication was viewed as an interdisciplinary team approach (Hodges & Videto, 2011). Program implementation for the pilot nursing unit took a great deal of planning. Each frontline staff member had a special role such as performing the act of committing to sit with the patient. Other auxiliary staff members of the team such as educators, dietary, infection control, and rehabilitation department staff were included within the

implementation phase because they played a special role during the educational processes to both the patient and their families. These teachings were being incorporated and reiterated during the nurse-patient communication.

Development of Evaluation Plan

Evaluation can be described as, the methodical collection of information about the activities, characteristics and outcomes of programs to make judgments about the programs, improve program effectiveness and/or inform decisions about future program development (Hodges & Videto, 2011). Evaluation is a constant process throughout the program design. It is also being incorporated with the utilization of Logic Model (see Table 2). Logic Model is appropriate during the evaluation process since patient feedbacks are real time. Most of the patients are only in the facility during a limited time frame and staff have a limited time to accommodate individual needs (Reeves, Boet, Zierler, & Kitto, 2015). Stakeholders and program creator will determine if changes should be made to the patient experience initiative program or if various nonverbal strategies can be incorporated. Ongoing reporting and evaluation took place throughout the program design to obtain maximum success (Kettner, Moroney, & Martin, 2017).

Table 2

Logic Model

Input	Activities	Outputs	Outcomes	Impacts
Staff training/ time	Develop educational materials that will incorporate EMPATHY/Active listening	Enhance nurse-patient communication	Reduction of undesired nurse-patient miscommunication Increase utilization of preventive measures	Enhance staff satisfaction and reputation of the organization
Patient preferences and goals	Patient assessment include medical, functional and social evaluation	Individualized patient plan of care to improve Patient compliance to treatment plans	Improve patient self-efficacy	Increase patient empowerment, quality of life, care experience, compliance, and improve patient experience scores
Electronic Health Record (EHR)	Continuous information sharing and integrated communication among other healthcare disciplines Ongoing review of patient plan of care	Accurate Medication reconciliation Up to date health care plans	Appropriate medications/treatment plan Reduction of inappropriate/ undesired medical interventions	Decrease hospital stay, reduction of re-admission, and improve patient value purchasing

Published Outcomes and Research

The literature search for this DNP proposal was conducted mainly using the electronic Walden School Library. The following major electronic databases were in the conduction of this literature search: Thoreau Multi-database, Medline, Cinahl, and PubMed. There are studies that had focused on issues related to the examination of how commit to sit with patients adds value to quality of patient care. One such study is that by Lidgett (2016), as it pursued to establish the role played by committing to sit with patients in improving their overall experience in health care facilities. The study was motivated by the fact that patients face an avalanche of information given to them from

various sources and unless someone is there all the time to help them sift through such information, they are not likely to find the meaning of the communication. By nursing sitting with patients, Lidgett finds that there is a substantial positive difference compared to if nurses stand while communicating with their patients. The Press Ganey Satisfaction Survey was used in collecting data, which showed that sitting with patients significantly improved patients' experience (Lidgett, 2016).

Archival and Operational Data

This project was initially implemented in the Three-South unit of the Riverview Medical Center. This unit was targeted due to its low performance in the HCAHPS, it only ranks number eleven among all nursing units. The inclusions of patients were physically, mentally, and psychologically stable. The nature of the data is the real patients' feedback during their admission stay. The charge nurses of the pilot nursing unit at the project site collected the raw data during their routine shift rounds from May to July 2019. For consistency, the survey questionnaire was formulated during the routine project team meetings. The questionnaires were based on the survey from the Press Ganey with minor modification (Appendix A). These data are relevant in the practice problem since it was a direct answer to the survey questionnaires. During the trial period, patients who are confused, on mechanical ventilator, and those who refused were not included in the survey. I did analyze these data; however, the guest relations officer had addressed any negative feedback from the patients as needed. I was included during the brain storming process for the patient experience initiative. The letter of site approval was approved by both the project team and the Chief Nurse Executive (CNE).

Evidence Generated for the Doctoral Project

Procedures

The tool in collecting the data was the questionnaire which was based on the Press Ganey with minor modification. The tool is located in Appendix A. This tool was formulated during the brain storming session of the project team. The team came to an agreement to prevent confusion of the patient regarding various surveys being sent. These questionnaires were similar to the Press Ganey Survey including the direct inquiry whether the staff are doing the act of “commit to sit.” These questions were answerable with “yes” or “no.” The Press Ganey has been utilized by healthcare administrations as a metric measuring various aspects of health care delivery including the patient-provider interaction. It is important for the Press Ganey Survey to be trustworthy and valid given that results from these surveys may influence patient loyalty and can impact future facility policies.

Protection

Project participants were recruited during the nurse-patient interaction especially during their admission phase. The participants inclusion criteria include; eighteen years of age or older, alert, oriented, coherent, and willingness to participate. The participants identification was not included to protect their privacy. If patient’s response was negative and might affect their treatment plan, they were directly referred to the guest relation officer for service recovery. The patients can decline to participate during the survey at any time. The Walden IRB (IRB # 08-20-19-0516516) was very important to ensure that participants were being protected and not being exploited.

Analysis and Synthesis

The record system utilized in the collection of the archival and operational data was the organization's drive. The unit secretary updates the unit census. The charge nurses record whether the patient was rounded or not; It also includes the reason why the patient was not rounded. The survey questionnaire answers are all handwritten and being stored in the unit manager or unit manager binder. The unit manager/assistant unit manager will sort the data between positive or negative answer. Any major negative feedback is either being address by the unit manager/ assistant unit manager, or the guest relation officer in order to recover patient's service. The statistical analyses to be utilize is the aggregate system. It will provide the percentage result against the total population and is equal with the HCAPS results.

Summary

Nurse-patient communication is a valuable factor in improving the health of a patient. One of the strategies to improve such communication is the utilization of "commit to sit" with the patient for uninterrupted five minutes. These few minutes spent were appreciated by the patient and were motivated for a lifestyle/ behavior modification, and eventually improved their health outcomes. Each patient was unique, and all staff members created an individualized care plan. Each care plan was formulated by the staff and further established a trusting working relationship between the nurse and patient.

Section 4: Findings and Recommendations

Introduction

This project is part of an initiative to improve patient experience in health care. It is consistent with the HCAHPS survey as it seeks to question the experiences of patients as they receive medical attention in health care institutions (Lidgett, 2016). There were two challenges that need to be addressed such as: One is to improve the quality of health care services provided to the public and to increase of the quality of health care from the perspective of patients. The second challenge is what inspired this project as it concerns itself with the way that patients perceive quality of health care (Strasser et al.,2005). This project involves the perception of patients during a “commit to sit” initiative where they were asked about their overall assessment on the quality of care. The primary question was for them to answer “Do the staff meet your expectation of needs?” After answering this question, they were also allowed to give some follow up comments. The answers to these questions would determine whether the quality of care is high or low after the introduction of the commit to sit initiative. If most of the patients consider the quality of health care high, it would be a confirmation of the effectiveness of the initiative in promoting quality health care.

Findings and Implications

The project engaged patients in a span of three months in three batches. The first batch gathered responses from fifty respondents in May 2019, while the second one did the same on seventy-two respondents in June 2019, and third batch garnered forty-eight

responses in July 2019. The results from three batches are as shown in the tables and figures below.

Table 3

Positive Response

	May	June	July
Do the staffs meet your expectation of needs?	40	40	35
Do the staff carefully listen to you and took time to sit down?	35	45	35
Does the staff explain medical terms/things you in a way that you understand?	51	72	48
Does the nurse explain to your plan of care?	51	72	48
Does the nurse explain to you, your medications and its side effects?	51	72	48

Table 4

Negative Response

	May	June	July
Do the staffs meet your expectation of needs?	11	32	13
Do the staff carefully listen to you and took time to sit down?	16	27	13
Does the staff explain medical terms/things you in a way that you understand?	0	0	0
Does the nurse explain to your plan of care?	0	0	0
Does the nurse explain to you, your medications and its side effects?	0	0	0

Table 5
Percentage Positive Results of Commit to Sit

Months	Do the staff meet your expectation of needs?	Do the staff carefully listen to you and took time to sit down?	Does the staff explain medical terms/things you in a way that you understand?	Does the nurse explain your medications and its side effects?	Does the nurse explain to your plan of care?	n
May	78.43%	68.62%	100%	100%	100%	51
June	55.55%	62.5%	100%	100%	100%	72
July	72.91%	72.91%	100%	100%	100%	48
Total n						171

Figure 1

Comparison Chart of Staff Meeting Patients'

Expectation

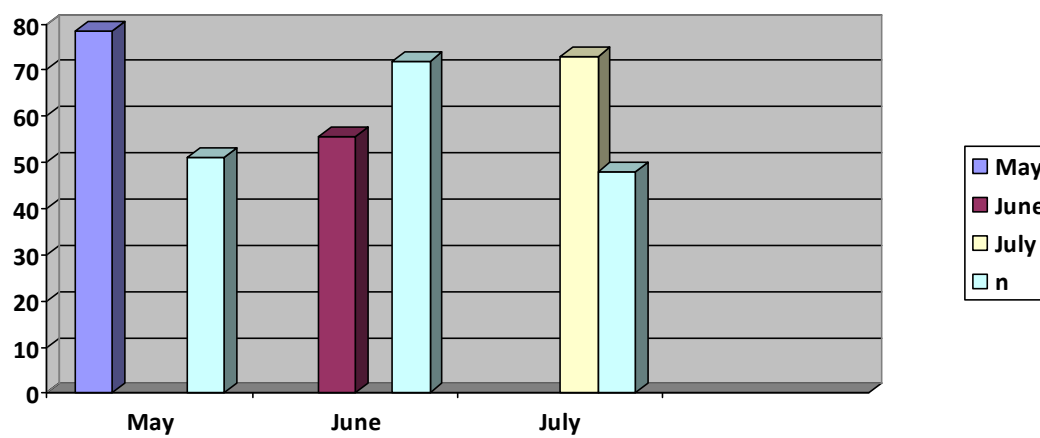
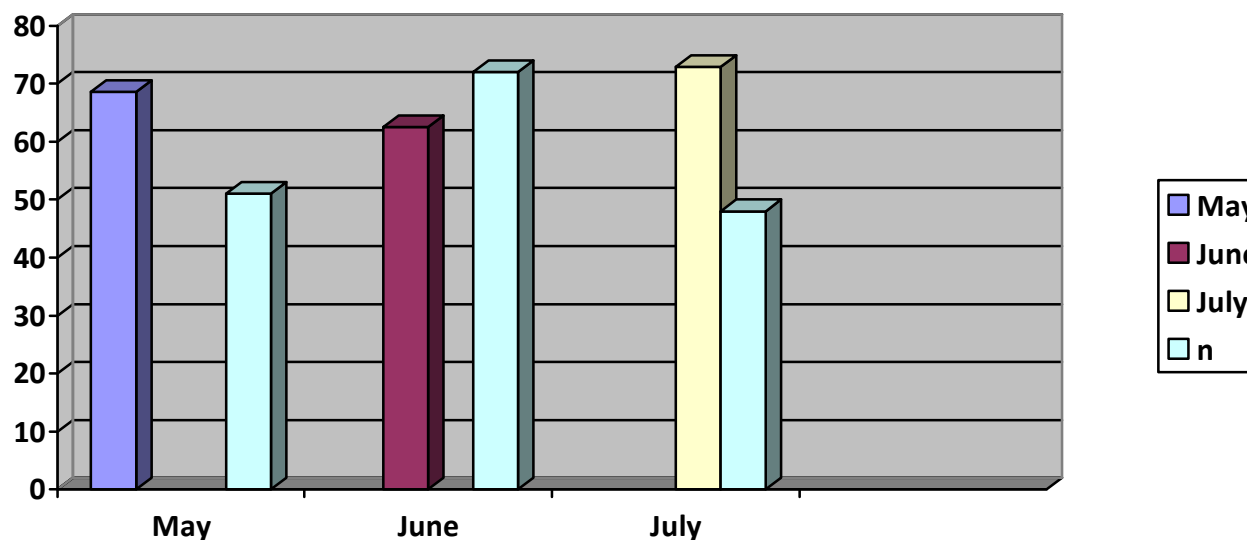


Figure 2

Comparison Chart of Staff Listening/Sitting Down with their Patients



Communication, which is a way of transferring information between people is important in the current medical situation and the general practice of nursing. From the data obtained, the project team saw that there were some effective and efficient communication between the nurses and patients where the nurses have acquired the trust and confidence of their patients and in the process, achieved a better understanding of the patients and their needs. Good communication in the nursing practice is conducive and accommodating in the general health education and execution of healthcare. A fruitful and successful communication is essential in achieving the main goal of medicine which is eliminating pain and suffering in a short time, hence promoting early recovery of patients. It goes without saying, that this cordial kind of interaction has a special role in recovery which medicine and surgical intervention cannot achieve.

It goes without saying that the patients' needs are complex, and therefore nurses are the heart of ensuring that the patients receive the right care. Effective communication is important in ensuring that patients receive safe and quality of the highest achievable level. Communication in the nursing field involves the nurses, patients, and family members, therefore it is important to create awareness and comprehension in order to synergistically be able to alleviate suffering and promote recovery (Happ, 2011). A good communication between these two parties also enhance a mutual form of understanding where nurses are able to communicate with patients and identify and also meet the needs of the patient's worries. The nursing field requires a wide diverse skill and the ability to communicate effectively as it is centered on the patient and this greatly depends on the cordial relationship between the two involved parties, and the only way to build such relationships is through great reporting and communication in order to avoid aspects of dissatisfaction (Shipley, 2010).

From the data analyzed above, it seems that nurses at the hospital are engaging in commit to sit initiative. There was a three percent increase noted in their third quarter of HCAHPS. In such an initiative, nurses have a cordial and closer relationship with their patients. On the receiving end, patients seem to be satisfied with the quality of care offered to them, and this is a typical outcome when nurses engage in commit to sit programs (Lidgett, 2016; George, Rahmatinick, & Ramos, 2018). The adoption of "commit to sit" was an excellent choice, as it encompasses intricate activities such as nurses explaining medical terms and the side effects of medicines to patients

(Pittsenbargar & Gaudet, 2015). This is a common recommendation made in Swayden, et al. (2012) and Lehmann, et al. (1997) where both agreed to the positive results.

Recommendations

To reverse the negative response given by the patients from the data, it is crucial to have a nurse who has good and effective communication skills, and one who really listens and understands their patients need, problems, inquiries, and at the same time be able to provide answers in a simple way in which the patient can understand. Establishing an effective communication is more than often difficult given that it is a complicated process. There is a chance of disseminating the wrong information or the correct information in a wrong way. It is therefore important to be aware of the key components of an effective communication process, how to improve on the nursing skills and all the potential obstacles likely to be faced, in order to be able to effectively deliver a satisfactory service. Importing both verbal and non-verbal communication skills are important in nursing.

In order to improve the nurse-patient communication and relationship, the nurse should adopt a therapeutic approach which involves a relationship that is based on mutual trust, respect, in the process nurturing the hope, and faith and at the same time be sensitive to each other (Finke 2008). The adoption of a dynamic communication approach is one of the ways of improving the communication process. Nurses should be trained on how to comprehend the necessary skills required allowing effective communication, know-how, and be able to apply this kind of communication

appropriately. Such an ability enhances active listening, empathy, effective verbal and non-verbal communication.

Formulation with appropriate communication checklist can also be beneficial to both the nurses and the patients. For the nurse, the hand over serves as a session to improve the communication skills, and at the same time be used to help in treating the patient. Nurses ought to be trained on how to effectively encode and communicate in a way that they a comfortable and at the same time the message is passed over to the patient in a satisfying way. This means that nurses must have an accurate and necessary approach that is dependent on critical factors such as culture, age, emotions, psychological barriers as well as gender. These factors are important and determine the verbal and non-verbal communications accordingly. This also helps build the confidence and esteem of the patient, improve their satisfaction and decrease the chances of misunderstandings.

Strength and Limitations of the Project

The strength of the project made the healthcare professions conscious of the importance of open communication to the patients in the goal of providing quality patient care. The frontline staff are more diligent in providing information regarding any change of treatment plans and recent diagnostic results. The staff are also vigilant in informing their patients their schedule for either therapy sessions or their activity of living (ADL) time. The limitations of the project were time constraint. Time constraint because the project did not able to capture at least six months or longer in order to see if the new patient initiative will sustain.

Conclusion

As evidenced by the data above, a nurse's ability to give high-quality services and provide patient care appropriately is significantly dependent on their ability to effectively communicate making it crucial the need to understand the appropriate use of effective communication skills between the involved parties. These communications are meant to identify the nurse-patient relationship and in the process be able to establish trust. Poor communication has resulted in huge yet avoidable mistakes such as the wrong prescription of medications, wrong diagnosis, and treatment and worse scenarios deaths have occurred (Davis, 2009). Communication is at the heart of the setup goals and patients should be more involved in their health matters through the understanding of what is needed and make the right choices. Nurses should reflect on how to communicate effectively and more importantly be able to ensure that the patient understands what has been said.

Section 5: Dissemination Plan

Introduction

Every researcher plan to disseminate the study findings which could possibly impact the delivery of patient care. The approach utilized during the dissemination is also important to have a positive reaction or acceptance. The Commit to Sit patient experience initiative was developed, implemented, and evaluated to improve patient satisfaction. The evaluation of patient's satisfaction using resulted HCAHPS scores will indicate how the patients and families perceived their care when nurses sat down with the patient or family members to answer their questions or explain their plan of care. This patient initiative will be appropriate to any nursing unit either acute, subacute, or long term. It will enhance nurse-patient communication, develop a trusting relationship, boost patient compliance and improve patient outcomes.

Analysis to Self

The Commit to Sit patient experience initiative was a challenge. The nursing unit had several patient experience initiatives that already have been implemented (bedside reporting and hourly rounding), however it did not improve the nursing unit's patient satisfaction score. I researched it thoroughly enough to present an interesting argument. Results from my computer-assisted search to identify relevant published "Commit to Sit" articles was discouraging. I was not able to find a substantial published article. As a result of researching articles for my project, I deliberated about incorporating the negative results on HCAHPS score to the survey questionnaires. I presented this idea to the facility's local management which they agreed to formulate, initiate, implement, and

evaluated. As a future candidate for a Doctorate of Nursing Practice (DNP), the DNP program at Walden University has equipped me with the knowledge essential in the enhancement of advance practitioner. This project polished my leadership, organizational, and economical skills as it affects the new CMS reimbursement (Zaccagnini & White, 2011).

I am privileged to be included in the project team building during the formulation or brain storming process which I was able to contribute as an active project team member. As a project manager, I assisted the CNE to choose the nursing unit appropriate for the project. The criteria in selecting the pilot unit was the lowest HCAPS scores of patient satisfaction within the facility. The “Commit to Sit” project helped me to understand how important it is to support nurses and the facility by improving the quality of patient care. As a result of improving the delivery and quality of care, patients will be satisfied and improve their satisfaction score. The entire project was an experience for professional growth and empowerment that enabled me to engage in new and different learning practices. As a learner, I was excited to communicate educational strategies impartations to my fellow nurses (especially in the evaluation and dissemination of the project). With the project outcome the facility will be implementing the patient experience initiative to all their nursing units. This has driven me to become a catalyst for change.

Summary

The DNP program at Walden University has given me the wisdom needed in the role of Advanced Practitioner. With the implementation of “Commit to Sit” patient

experience initiative to improve nurse-patient communication and enhance patient satisfaction. When facility's patient satisfaction score (one of the quality measures), is low, this could affect the facility's reimbursement from insurance companies including Medicare and Medicaid. The reimbursement impacts the institution's budget which could affect employment stability. I am hopeful that this patient initiative will help the frontline nurses to bring back the compassion to our patient regardless of their race, education, and social background.

Appendix A

Survey Questionnaire

Patient Satisfaction Survey

Date of Service _____

Please rate the nurse communication on the factors listed below:

	yes	no
Do the staff meet your expectation needs?		
Do the staff carefully listen to you and took time to sit down?		
Does the staff explain medical terms/things you in a way that you understand?		
Does the nurse explain your medications and its side effects?		
Does the nurse explain your plan of care?		

Please write any additional comments below:

References

- Berkowitz, B. (2016). The patient experience and patient satisfaction: Measurement of a complex dynamic. *The Online Journal of Issues in Nursing, 21(1)*, 11-32.
doi:10.3912/OJIN.Vol21No01Man01
- Chicca, J., & Shellenbarger, T. (2018). Connecting with Generation Z: Approaches in Nursing Education. *Teaching and Learning in Nursing, 13(3)*, 180–184.
<https://doi.org/10.1016/j.teln.2018.03.008>
- Duffy, J. R. (2009). *Quality Caring in Nursing: Applying Theory to Clinical Practice, Education, and Leadership*. Springer Publishing Company.
- Duffy, J. R., & Brewer, B. B. (2011). Feasibility of a multi-institution collaborative to improve patient-nurse relationship quality. *Journal of Nursing Administration, 41(2)*, 78-83.
- Duffy, J. R., Kookan, W. C., Wolverton, C., & Weaver, M. T. (2012). Evaluating Patient-centered Care: Pilot study testing feasibility of electronic data collection in hospitalized older adults. *Journal of Nursing Care Quality, 27(4)*, 307.
- George, S., Rahmatinick, S., & Ramos, J. (2018). Commit to Sit to Improve Nurse Communication. *Critical care nurse, 38(2)*, 83-85.
- Godfrey, J., & Magee, M. (2009). Toward optimal health: current approaches to standards of care for diabetes in women. *Journal of Women's Health, 18(5)*, 605-610. doi:10.1089/jwh.2009.1419
- Ha, J. F., & Longnecker, N. (2010). Doctor-patient communication: A review. *The Ochsner Journal, 10(1)*, 38-43. Retrieved from <http://www.ochsnerjournal.org/>

- Hajewski, C. J., & Shirey, M. R. (2014). Care coordination: a model for the acute care hospital setting. *Journal of Nursing Administration, 44*(11), 577-585.
- HCAHPS scores (n.d.). Data.Medicare.gov. Retrieved from <https://data.medicare.gov/Hospital-Compare/HCAHPS-scores/q33p-6r4v>
- Higgins, L. W., Shovel, J. A., Bilderback, A. L., Martin, S. C., Rogers, D. J., Minnier, T. E., & Lorenz, H. L. (2017). Hospital Nurses' Work Activity in a Technology-Rich Environment A Triangulated Quality Improvement Assessment. *Journal of Nursing Care Quality, 32*(3), 208-217.
- Hodges, B. C., & Videto, D. M. (2011). *Assessment and planning in health programs* (2nd ed.). Sudbury, MA: Jones & Bartlett Learning.
- Krepper, R., Vallejo, B., Smith, C., Lindy, C., Fullmer, C., Messimer, S., ... Myers, K. (2014). Evaluation of a standardized hourly rounding process (SHaRP). *Journal for Healthcare Quality: Official Publication Of The National Association For Healthcare Quality, 36*(2), 62–69. <https://doi-org.ezp.waldenulibrary.org/10.1111/j.1945-1474.2012.00222.x>
- Kettner, P. M., Moroney, R. M., & Martin, L. L. (2017). *Designing and managing programs: An effectiveness-based approach* (5th ed.). Thousand Oaks, CA: Sage
- Kumah, E. (2019). Patient experience and satisfaction with a healthcare system: connecting the dots. *International Journal of Healthcare Management, 12*(3), 173–179. <https://doi-org.ezp.waldenulibrary.org/10.1080/20479700.2017.1353776>

- Kvist, T., Voutilainen, A., Mäntynen, R., & Vehviläinen-Julkunen, K. (2014). The relationship between patients' perceptions of care quality and three factors: nursing staff job satisfaction, organizational characteristics and patient age. *BMC health services research*, *14*(1), 466.
- Levinson, W., Lesser, C. S., & Epstein, R. M. (2010). Developing physician communication skills for patient-centered care. *Health affairs*, *29*(7), 1310-1318.
- Lidgett, C. D. (2016). Improving the patient experience through a commit to sit service excellence initiative. *Patient Experience Journal*, *3*(2), 67-72.
- Linn, A. J., van Weert, J. C., van Dijk, L., Horne, R., & Smit, E. G. (2016). The value of nurses' tailored communication when discussing medicines: Exploring the relationship between satisfaction, beliefs and adherence. *Journal of health psychology*, *21*(5), 798-807.
- Medicare: A Strategy for Quality Assurance (Volume 1), Medicare: A Strategy for Quality Assurance, Sources & Methods (Volume 2). (1991). *Annals of Internal Medicine*, (11), 996. https://doi-org.ezp.waldenulibrary.org/10.1059/0003-4819-114-11-996_1
- Morgan, S., & Yoder, L. H. (2012). A concept analysis of person-centered care. *Journal of Holistic Nursing*, *30*(1), 6-15.
- Naylor, M. D., Aiken, L. H., Kurtzman, E. T., Olds, D. M., & Hirschman, K. B. (2011). The importance of transitional care in achieving health reform. *Health affairs*, *30*(4), 746-754.

- Papastavrou, E., Andreou, P., Tsangari, H., & Merkouris, A. (2014). Linking patient satisfaction with nursing care: the case of care rationing—a correlational study. *BMC nursing, 13(1)*, 26.
- Pattison, K. H., Heyman, A., Barlow, J., & Barrow, K. (2017). Patient Perceptions of Sitting Versus Standing for Nurse Leader Rounding. *Journal of nursing care quality, 32(1)*, 1-5.
- Pittsenbargar, J., & Gaudet, J. A. (2015). Commit to Sit in Radiology. *radiology management, 1(1)*, 49-51.
- Reeves, S., Boet, S., Zierler, B., & Kitto, S. (2015). Interprofessional Education and Practice Guide No. 3: Evaluating interprofessional education. *Journal of Interprofessional Care, 29(4)*, 305-312. doi:10.3109/13561820.2014.1003637
- Sabarmathi, G., & Chinnaiyan, R. (2019). Reliable Machine Learning Approach to Predict Patient Satisfaction for Optimal Decision Making and Quality Health Care. *2019 International Conference on Communication and Electronics Systems (ICCES), Communication and Electronics Systems (ICCES), 2019 International Conference On*, 1489–1493. <https://doi-org.ezp.waldenulibrary.org/10.1109/ICCES45898.2019.9002593>
- Sanders, K., Omar, S.B., & Webster, J. (2015). Working collaboratively to develop a patient experience definition and strategy to inform clinical commissioning. *International Practice Development Journal, (2)*, 1. <https://doi-org.ezp.waldenulibrary.org/10.19043/ipdj.52.002>

- Sonis, J. D., Rogg, J., Yun, B., Raja, A. S., & White, B. A. (2016). Improving the Patient Experience: Ten High-Yield Interventions. *AAEM News Common Sense*, *1*(1), 14-16.
- Strasser, F., Palmer, J. L., Willey, J., Shen, L., Shin, K., Sivesind, D., ... Bruera, E. (2005). Impact of Physician Sitting Versus Standing During Inpatient Oncology Consultations: Patients' Preference and Perception of Compassion and Duration. A Randomized Controlled Trial. *Journal of Pain and Symptom Management*, *29*(5), 489-497. <https://doi-org.ezp.waldenulibrary.org/10.1016/j.jpainsymman.2004.08.011>
- States News Service (2016). "Poor Communications, Premature Discharges Linked to Patient Readmissions, Study Shows 'Revolving Door of Re-Hospitalizations' Puts Hospitals at Risk of Penalties." <https://search-ebshost-com.ezp.waldenulibrary.org/login.aspx?direct=true&db=edsgea&AN=edsgcl.445517027&site=eds-live&scope=site>.
- St-Germain, D., Boivin, B., & Fougeyrollas, P. (2011). The Caring-Disability Creation Process model: a new way of combining 'Care' in nursing and 'Rehabilitation' for better quality of services and patient safety. *Disability and rehabilitation*, *33*(21-22), 2105-2113.
- Swayden, K. J., Anderson, K. K., Connelly, L. M., Moran, J. S., McMahon, J. K., & Arnold, P. M. (2012). Effect of sitting vs. standing on perception of provider time at bedside: a pilot study. *Patient Education and Counseling*, *86*(2), 166-171. <https://doi-org.ezp.waldenulibrary.org/10.1016/j.pec.2011.05.024>

- United States Spectrum. (2018). Spectrum Health Earns Eleventh Consecutive Outstanding Patient Experience Award from Healthgrades. *Mena Report*.
- Wadsworth, S. E. (2017). Sitting at the Bedside Can Improve Patient Satisfaction. *Journal of Obstetric, Gynecologic & Neonatal Nursing, 46(3)*, S6.
- Wechsler, J. (2018). PATIENT EXPERIENCE MOVES TO CENTER STAGE IN MEDICAL PRODUCT DEVELOPMENT. *Applied Clinical Trials, 27(6)*, 6.
- Zaccagnini, M. E., & White, K. W. (2011). *The doctor of nursing practice essential: A new model for advanced practice nursing*. Subury, MA: Jones & Barlett.
- Zolnierok, C. D. (2014). An integrative review of knowing the patient. *Journal of nursing scholarship, 46(1)*, 3-10.