The Effect of Nurse to Provider Communication on Satisfaction in a Closed Intermediate Care Unit

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Background & Literature

- The target IMCU of this project historically reports **low nurse satisfaction scoring** & historical nurse: provider communication strain [1]
- COVID has exacerbated preexisting low satisfaction **Restructuring of the unit** to accommodate COVID-19 patients during the pandemic
- The **high workload** directly **correlates to job satisfaction** [2]
- Nurse to Provider **communication** is directly linked to **patient outcomes** and influences **nurse satisfaction** [2,3]
- High workload & limited provider consultation results in **poor pt. outcomes, including death &** high organizational cost [4]

Purpose & Aims

Purpose: To explore the effects of a set attending provider care team and communication tool-kit on nurse satisfaction and nurse: provider communication

Aim#1: Explore nurse satisfaction since becoming a closed unit in June 2020 through **satisfaction scoring** and **interviewing** over a ten-week period.

Aim #2: Improve nurse: provider communication through the implementation of a **communication tool kit (SBAR & Goals of Care)** over a ten-week period

Methods

- **Design:** Pre-post test intervention
- **Setting:** 21 Bed IMCU
- **Measures & Instruments:** ICU-Nurse Provider Questionnaire
  - Communication tool-kit (SBAR & Goals of care) **Intervention**
- **Sample:** Convenience, Non traveler- **RN's & MD/DO's**
- **Data Collection:** Generic survey link, de-identified demographic data via survey over 10 week period.

Intervention

	What is the situation?	Example:
S Situation	Should include: Your name, location and position (phone call). Patient name & room number; question or concern	"Dr. Roberts this is Nurse Erin in the IMCU, I am calling about Mr. X in room 340 who is having breathing trouble"
B Background	What is the background or context on this patient? Should include: Pt medical diagnosis, reason for admission, relevant history & chart review in anticipation of answering patient specific questions	"Mr. X is a 54 y.o. M admitted yesterday evening with a COPD exacerbation, this morning he is acutely decompensated."
A Assessment	What is the problem? Should include: Description of problem/concern, relevant details including: recent vitals, labs, differential diagnosis, patient status.	"His oxygen requirements have increased from 2L NC to heated hi-flow. His WOB has increased and he is tripod breathing. Breathe sounds are present, he is tachycardic on tele and visibly anxious"
R Recommendation	What is the next step in managing this patient? Should include: informed suggestion, and inclusion of supporting evidence that specifically and clearly identifies needs for nurse and patient care. Include what is necessary to address problem.	"I need you to see him as soon as possible, I think he may need to be intubated."

IMCU Daily Goals of Care Worksheet

Tests & Procedures	Nutrition
Medications	Consults
Sedation/ Analgesia	Mobilization
LDA (Catheters, PIV, Central Lines, etc) 1. 2. 3. 4.	Family/Discussion/Consents
Other	Transfer
Daily Goal	Discharge Planning

Results

Demographics of sample

Demographic characteristics (Providers)	(N = 5)
Gender identity, n (%)	
Male	2(45.0)
Female	2(45.0)
Prefer not to say	1 (10.0)
Professional Title (%)	
MD/DO/Phd	5(100.0)
Highest Degree achieved	
Doctoral	5(10)
Years of Service	
1-3	2(40.0)
4-6	2(40.0)
10+	1 (20.0)

- **No significant trends** were found regarding years of service/professional experience and satisfaction
- **"Green Staffing"**
  - Majority of nurses (n=8) have only 1-3 years of experience
  - Majority of Physicians (n=4) have less than 6 years of experience

Demographic characteristics (Nursing)	(N = 16)
Gender identity, n (%)	
Male	4(25)
Female	12(75.0)
Prefer not to say	1 (0.0)
Professional Title (%)	
RN	15(93.75)
NP/PA	1 (6.25)
Highest Degree achieved	
Bachelors	9(56.25)
Masters	6(37.5)
Doctoral	1(6.25)
Years of Service	
1-3	8(50.0)
4-6	3 (18.75)
10+	5(31.25)

Aim #1

- **Aim #1: Nurse Satisfaction**
  - **No statistical significance**
  - Among pre and post test data among **paired surveys scores improved by an average of 2.00 points.**
  - **Focus group (n=3)**
  - "New nurses do not feel comfortable talking to providers, and the residents we have don't understand or respect our training and opinions."

Nurse Satisfaction

Nurse Relations
- Managerial
- Peer
- Interdisciplinary

Nurse Support.
- Institutional
- Interdisciplinary
- Peer Relations
- Shift Dynamic

Nurse Experience
- High New Graduate & New Hire
- Low Retention
- COVID Changes
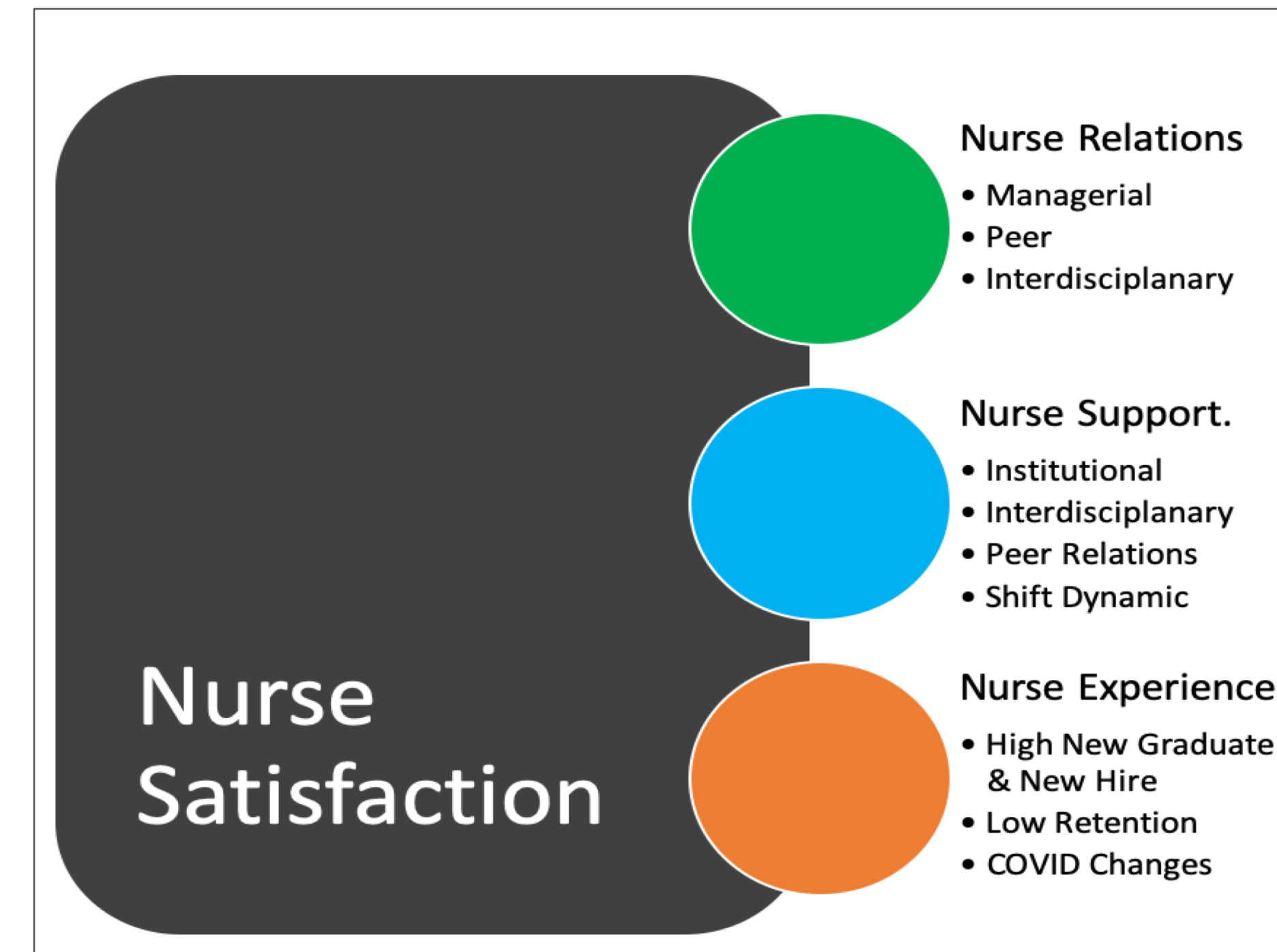
Aim #2

- **Aim #2: Nurse To Provider Communication**
  - **No statistical significance**
  - Among nurses (n=16) the median pretest score was high 93.00 (±SD 1.4) while among nurses (n=4) **median posttest score was three points higher** 96.00 (±SD 9.0).
  - Among **providers** the **median pretest score was low** 43.0 (±SD 6.3).
  - Among **providers** sampled the **lowest scores** for survey items tended to regarding **accuracy of nurse report** with a median of 2.0 (±SD 1.0), as well as **timelines of notification in patient change** with a median of 2.4 (±SD 1.0).
  - **Nursing** staff reported **difficulty talking openly with providers** 3.00 (±SD 0.86), and further identified **provider interaction** as a major influential factor **contributing to low satisfaction**

Discussion & Limitations

- **High Nurse Workload**
- **Concurrent unit QI projects** & Clinical Trials
  - Low Nurse & Provider buy in
  - Reduced emphasis on too-kit utilization
  - **Survey fatigue**
- Homogeneity of sample
- **COVID-19 Pandemic**
  - Restructuring of unit into COVID unit

Conclusion & Dissemination

Conclusion
- Findings reinforce low nurse satisfaction & poor communication
  - Qualitative data supports nurse provider communication strain, and low nurse satisfaction
  - **Findings support further QI**
  - Illustration of magnitude of nurse workload in wake of COVID-19

Dissemination
- Unit presentation of findings & recommendation for future QI

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