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An Examination into the Need for Effective Patient-Centered Communication Training in Napa and Solano Counties

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GOLDEN GATE UNIVERSITY

AN EXAMINATION INTO THE NEED FOR EFFECTIVE
PATIENT-CENTERED COMMUNICATION TRAINING
IN NAPA AND SOLANO COUNTIES

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ABSTRACT

Effective communication is an essential component when licensed nurses or other medical professionals attempt to provide quality health care to patients. Patient-centered communication can be difficult to perfect based on the countless differences in individual beliefs, values, cultures, educational backgrounds, disabilities, and literacy capabilities. In order to achieve positive health outcomes, patients must fully comprehend what is being communicated to them about their care. Today, this growing challenge is reaching the critical stage and thus, requires further investigation and solutions.

This study will utilize survey data collected from hospital administrator/staff and patients from Napa and Solano Counties, to evaluate the need for the development of effective patient-centered communication training for licensed nurses (or other medical professionals). Once statistically validated, the primary audience, (local hospitals and the community college) will be able to collaboratively determine the best approach for improving the quality of patient care, safety, and health outcomes.

INTRODUCTION

"Among the many challenges confronting American hospitals today is how to communicate effectively with patient populations that are becoming increasingly diverse" (American Medical Association [AMA], 2008). At the same time, the "...growing diversity of caregivers is presenting problems in bridging language and cultural differences in providing high quality care to patients" (Dupage Health Care Workforce Meeting Report, 2002). Given these escalating challenges, the AMA concludes that "Effective health care communication is critical for informed consent and respecting the dignity of patients, and it is directly linked to patient safety and positive health outcomes" (AMA, 2008).

The driving forces that support the necessity to further investigate these challenges include the following:

- 1) Population is projected to increase.
- 2) Population is projected to grow older.
- 3) Population is becoming increasingly diverse and multi-linguistic.
- 4) Increased demand for quality health care and performance excellence for licensed nurses and/or medical professionals.
- 5) Increased expectations of hospitals for educators to better prepare health care workforce.

In addition, it is important to realize that "Immigration, social policies, global economics, and skilled nursing shortages have all changed the demographic profiles of hospital patients and their licensed and unlicensed staff" (Rakich & Darr, 1992). With those changes, there are many contributing influences to bear in mind when medical professionals attempt to effectively communicate with a patient (or a patient's family).

A report published in April, 2008, by the Joint Commission entitled "One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Population," states, "Direct communication can be inhibited by primary language barriers, hearing or vision impairment, literacy, culture, cognitive limitation, intubation, or disease" (The Joint Commission, 2008, p. 10). The combination of these factors "...can all affect quality of care that patients receive" (University of California, San Francisco [UCSF], 2005). In addition, the AMA reports that "Communication barriers are especially prevalent among vulnerable minority populations, and efforts to improve patient-centered communication may help alleviate racial and ethnic disparities in health care" (AMA, 2008).

In both Napa and Solano Counties, diverse populations continue to rise. In an August 30, 2000, San Francisco Chronicle article entitled, *California Minorities Become Majority*, Tanya Schevitz writes, "The 1990s was period of explosive growth for

some minority groups nationwide, and in California, such increases put the total minority population squarely in the majority, according to figures released today by the U.S. Census Bureau" (Schevitz, 2000). These increases result in highly multi-linguistic populations, which can prove problematic when multiple dialects and cultures exist in patient care.

Ineffective communication can easily lead to life-threatening situations. Leonard Fromer, MD, leader of the California Academy of Family Physicians states, "We know stories - like the patient who died in an emergency room because his physician could not understand his mother's explanation of his serious symptoms" (Medical Leadership Council [MLC], 2008). Fromer asserts that "Effective communication in medical settings requires not just the ability to speak specific languages, but also the ability to deliver health care in a way that respects patients' cultural values" (MLC, 2008).

According to a May, 2004 Association of peri-Operative Registered Nurses [AORN] Journal article it states, "In health care facilities, verbal communication is a primary way in which vital information about a patient's status and care is transmitted" (Beyea, 2004). Based on this factor alone, it is critical to communicate in an comprehensible manner. Beyea contends that "When information is transferred verbally, valuable data can be lost or misinterpreted" (Beyea, 2004). He

points out that, "Problems with verbal communication in health care emerge in part from the fact that clinicians receive little education on how to communicate effectively with each other" (Beyea, 2004).

How may the quality of care of patients within hospitals of Napa/Solano Counties be improved? To narrow this focus of this research question, the hypothesis for this study states, if effective communication skills of licensed nurses (or other medical professionals) are increased through patient-centered communication training, then the quality of patient care will be improved. The independent variable of this study is the successful completion of a patient-centered communication training program offered to licensed nurses (or other medical professionals), with the dependent variable being the quality of patient care will be improved. To evaluate this hypothesis, primary and secondary data was collected. An observational study was conducted with local hospital Administrators/Staff and patients within Napa and Solano Counties, in order to specifically identify the areas of needed improvement.

Would offering a community college continuing education course that provides training for licensed nurses (or other medical professionals) in how to effectively communicate increase the quality of patient care that would not have been improved otherwise? What specific areas would the proposed

training concentrate on? The primary focus of the curricula would be on patient-centered communication, which according to the AMA, can be defined as "...communication that is respectful of and responsive to a health care user's needs, beliefs, values and preferences" (AMA, 2008, p. 7). Though most might think that this competency should be commonplace for those working within the field of health care, it can be extremely difficult when faced with populations that are culturally diverse, multi-linguistic, and/or disabled, etc. The AMA believes, however, that "Focusing attention on patient-centered communication is not merely an ethical imperative in health care...," it has been determined that the end result will most assuredly "...lead to better health outcomes" (AMA, 2008). Therefore, it appears quite evident that the ongoing communication training would appear advantageous.

Considering the overall findings of this study, if the survey results reveal percentage rates of at least 50% or higher in the responses of "Rarely" or "Never" in the written Likert-scale survey instrument, (which would reflect areas of needed improvement in patient care), hospitals and patients could benefit from the licensed nurses or medical professionals (including physicians) successfully completing a patient-centered communication training. Given those findings, the research hypothesis would be supported. However, if the results

show percentage rates of 50% or higher in the responses of "Always" or "Most of the time," (which would reflect that patients are receiving appropriate care), the research hypothesis would not be supported and further study might be recommended.

Based on the collection of primary and secondary data, the subsequent analysis of the findings, and the final recommendations of this study, it will be determined whether discussions and collaboration between the primary audience (local hospitals and health care educators) may then be initiated for the development and implementation of the proposed training, as an extension of their existing relationship.

LITERATURE REVIEW

Conducting research on literature that addresses "patient-centered communication" unveiled the importance of this growing concern. One need not look too far to find related information that supports the necessity for ongoing training to improve the quality of patient care. In an American Medical Association [AMA] article entitled, "*Patient-centered Communication*," it states:

"Unfortunately, many research studies have shown that the current health care system in the United States is faltering in its efforts to always provide high quality care. Specifically for vulnerable patient populations, such as those that face cultural, language, and other barriers, there are glaring disparities in health care quality and health outcomes" (American Medical Association [AMA], 2008).

In a white paper entitled "*What Did the Doctor Say?: Improving Health Literacy to Protect Patient Safety*," the Joint Commission for Accreditation for Health Organization asserts that "The communications gap between the abilities of ordinary citizens, and especially those with low health literacy or low English proficiency, and the skills required to comprehend typical health care information must be narrowed" (The Joint Commission, 2007, p.10). Further, their research posits that "...hundreds of studies have revealed that the skills required to understand and use health care-related communications far exceed

the abilities of the average person (The Joint Commission, 2007, p.10). In addition, the Commission notes that "The high rate of adverse events related to communication breakdowns, now widely recognized, is also widely believed to be unacceptable" (The Joint Commission, 2007, p. 10). Therefore, the Commission asserts that "Health care practitioners literally have to understand where their patients "are coming from" - the beliefs, values, and cultural mores and traditions that influence how health care information is shared and received" (The Joint Commission, 2007, p. 1).

In a 2006 AMA Ethical Force Program Consensus Report entitled, *"Improving Communication, Improving Care,"* it states that

"Every organization in a health care system must communicate complex information to a wide range of people. Communicating complex information clearly and effectively is a challenge, but it is critical for ethical, high-quality health care. Many people who read or hear standard health information do not fully understand it" (AMA, 2006, p. 7).

Interestingly, the report noted that "In the United States today:

- More than 22 million people speak English less than "very well."
- More than 34 million people were born in another country.
- More than 95 million people have literacy levels below what they need to understand even basic written health

information, such as how often to take a medicine" (AMA, 2006).

In a national study entitled the Proctor & Gamble Satisfaction and Loyalty III Study, 5,500 patients responded to a survey inquiring about what they were seeking from the interactions between themselves and physicians. Though the study focused on physicians only, the results can be applied to all medical professionals that care for patients. The study provides the top attributes in the chart below (New England Journal of Medicine [NEJM], 2007).

ATTRIBUTE	IMPORTANCE RATING*
Takes time to listen to what patients have to say	92
Makes decisions in the patient's best interest	92
Very good at diagnosing/treating any problem	91
Explains fully what he/she will be doing, puts patients at ease	91
Asks questions to understand patients' conditions	91
Is a health care professional patients can trust	91
*Importance Rating Scale: 0 to 100, with 100 representing the highest level of importance	

There appear to be many benefits to promoting patient-centered care. The Ethic Force Consensus Report affirms that, "...research and real-world experience show that taking steps to improve patient-centered communication can provide a health care organization with valuable opportunities. In addition, the report finds that "...there are a number of compelling business reasons to make sure vulnerable populations have opportunities to engage in and receive effective health care communication" (AMA, 2006, p. 110) and that "increasing attention and resources should be targeted toward monitoring and improving patient-center communication" (AMA, 2006, p. 110). The benefits of investing in this type of strategy may:

- Strengthen an organization's commitment to its mission and a high quality of care
- Improve consumer loyalty, retention, and public image
- Increase market share
- Enhance employee morale
- Promote cost-effective care
- Solidify a leadership position and unite the workforce around a strong vision (AMA, p. 111, 2006).

It appears that if hospitals do not take steps to prioritize the improvements in patient-centered communication, negative side effects might occur. The report indicates that

"...failing to ensure effective communication is known to carry significant risks for health care organizations" (AMA, 2006, p. 110). Those risks can include the following:

- Legal and regulatory risks, such as lawsuits related to inadequate informed consent, violations of federal laws (e.g., Title VI and the Americans with Disabilities Act), inconsistency with the Culturally and Linguistically Appropriate Services [CLAS] standards and inability to meet the accrediting and regulatory standards of the Joint Commission on Accreditation of Healthcare Organizations [Joint Commission] or other organizations,
- Poor communication is widely believed to be the number one cause of medical errors,
- Ineffective communication leads to ineffective care, including lower adherence to therapies, worse health outcomes and delivery of unnecessary diagnostic services (AMA, 2006, p. 110).

Essentially, one of the most fundamental factors is that "A health care visit is very personal," (Fromer, MLC, 2008) and each human being has individual needs and expectations. With that being said, "When health care professionals and patients cannot communicate effectively, the health care relationship suffers" (AMA, 2006, p. 12). Dr. Fromer further explains that,

"Physicians must be able to care for everyone from a Russian-speaking woman who may be facing domestic abuse at home, to a Spanish-speaking man recently diagnosed with diabetes, to an elderly Hmong speaking woman with terminal cancer in ways they culturally can understand and feel comfortable" (MLC, 2008).

Though Dr. Fromer refers to physicians, all medical professionals can be faced with the same situations. In an article published in the *Nursing Education Perspectives*, the Official Journal of The National League for Nursing [NLN], author Asako Serizawa asserts that, "Patients who expect to face a language barrier and feel disrespected may avoid accessing needed health care services" (Serizawa, 2007, p. 141). This may result in unnecessary consequences, even the loss of life.

Serizawa summarizes that "Culturally and linguistically competent care contributes to patient safety and ultimately leads to improved health outcomes" (Serizawa, 2007, p. 141). This factor was recognized by the NLN twenty-five years ago and the organization "...called for the inclusion of diversity content in all nursing education programs" (Fitzpatrick, 2008, p. 129). Interestingly, as of 2008, the NLN is renewing their efforts "...to focus on diversity through a variety of NLN initiatives..." (Fitzpatrick, 2008, p. 129).

METHODOLOGY

The hypothesis for this study states, if effective communication skills of licensed nurses are increased through patient-centered communication training, then the quality of patient care will be improved. The independent variable is successful completion of a patient-centered communication training program offered to licensed nurses, with the dependent variable being the quality of patient care will be improved. This study was based on the following research question:

- How may the quality of care of patients in hospitals within Napa and Solano Counties be improved?

Sub-questions further highlight the areas of interest and help to communicate how the study was operationalized.

- 1) Are nurses (or other medical professionals) clearly communicating with patients in hospitals within Napa and Solano Counties?
- 2) Are patients satisfied with the quality of health care they currently receive?
- 3) Would the successful completion of a continuing education course (one that focuses on patient-centered communication) by licensed nurses (or other medical professionals) positively impact the quality of patient care that may not have been improved otherwise?

The purpose of this study was to evaluate the hypothesis by conducting an observational study of a cross-sectional demographic representation from average hospital Administrators/Staff and patients within the Napa-Solano Counties.

The terms in this study include:

- Successful completion of a patient-centered communication (PCC) training program
- Patient-centered communication
- Licensed nurses
- Quality of patient care
- Will improve
- o For purposes of this study, successful completion of a patient-centered communication training program will represent the proposed strategy to increase the effective communication skills of licensed nurses or other medical professionals.
- o For purposes of this study, patient-centered communication (PCC), based on the definition provided by the Annals of Family Medicine, represents (1) helping patients feel understood through inquiry into patients' needs, perspectives, and expectations; (2) attending to the psychosocial context; and (3) expanding patients'

involvement in understanding their illnesses and in decisions that affect their health (Annals of Family Medicine, 2005).

- o For purposes of this study, licensed nurses represent registered nurses (RNs), those who have successfully completed and graduated from an approved nurse training program, passed a state registration examination, and have been licensed to practice nursing. Nursing involves care for the sick or disabled, as well as to promote good health and prevention of illness.
- o For purposes of this study, other medical professionals represent those who have successfully completed and graduated from a state approved health occupation training program, passed a state registration examination, and have been licensed to practice health care for the sick or disabled, as well as to promote good health and prevention of illness.
- o For purposes of this study, utilizing the definition from the University of California, San Francisco (UCSF), quality of patient care represents (1) Superior care and outcomes, (2) Outstanding patient safety, and (3) Excellent service and patient satisfaction (UCSF, 2008).
- o For purposes of this study, will improve represents the positive results or benefits from increasing effective

communication skills of licensed nurses or other medical professionals in Napa-Solano Counties.

The primary data collection instruments of this study include two 5-point Likert scale written surveys (in English only/with a write-in option). One survey was specifically designed for the hospital Administrators/Staff and one was specifically designed for the Patients. Both survey instruments utilized the following coded responses ranging from:

- 5 = "Always"
- 4 = "Most of the time"
- 3 = "Sometimes"
- 2 = "Rarely"
- 1 = "Never"
- plus the write-in option

This form of primary data was gathered from the following hospitals located within Napa and Solano Counties:

- Holderman Hospital - Veteran's Home, Yountville
(Administrators/Staff and Patients)
- Kaiser Permanente - Vallejo Medical Center, Vallejo
(Administrators/Staff only)
- NorthBay Medical Center, Fairfield
(Administrator/Staff only)

- Queen of the Valley Medical Center, Napa
(Administrators/Staff only)
- St. Helena Hospital, St. Helena
(Administrators/Staff only)
- Sutter Solano Medical Center, Vallejo
(Administrators/Staff only)

The survey instrument questions (for both groups) were developed by focusing on the hypothesis, research and sub-questions. The Administrator/Staff instrument includes the following questions:

1. Patients are satisfied with the quality of health care they receive at your hospital.
2. Your hospital responds to patient concerns about the quality of services.
3. The nurses or other medical professionals in your hospital clearly communicate (both verbally and non-verbally) with patients.
4. When a nurse or medical professional enters a patient's room in your hospital, they know how to appropriately care for the patient's needs, based upon the patient's preferred language spoken, health-related beliefs, case history, disability, and/or culture.

5. Your hospital supports quality improvement by providing adequate time for nurses/medical professionals to participate in performance improvement activities.
6. The successful completion of performance activities by licensed nurses or other medical professionals positively impacts the quality of patient care in your hospital.

Question number (7) asked the Administrator/Staff participants to share what position they hold at their hospital.

The Patient survey questions includes the following:

1. When the nurse or medical professional cared for me, he/she knew who I was, (my name, preferred language spoken, health-related beliefs, case history, disability, and/or culture).
2. When the nurse/medical professional explained information about my care, I understood what was being communicated (both verbally and non-verbally).
3. The nurse/medical professional listened to my concerns and paid attention to me.
4. The nurse/medical professional asked if I had any questions and took the time to respond.

The self-reporting surveys were group administered and electronically distributed to the eligible members of the Hospital Council of Northern and Central California Napa-Solano Workforce Task Force. The members of this group include

administrative representatives from Napa and Solano County hospitals, Napa-Solano Workforce Investment Board, health occupation post-secondary educators, and elementary and secondary educators. From this group, only the hospital representatives were allowed to complete the hospital Administrators/Staff survey.

For the gathering of the patient data, many attempts and requests to survey all of the aforementioned hospitals' patients, however, the only hospital to approve of their patient participation was the Holderman Hospital, located at the Veteran's Home in Yountville. Though the original intent of the patient survey was for it to be self-reporting, it was determined by the Patient Coordinator in charge, that the wording of the survey was too difficult for the elderly patients to fully comprehend. Therefore, the patient surveys were dropped off with the Patient Coordinator, who provided hospital staff to collect the data orally from the participants.

Other primary data included informal interviews with hospital administrators, nursing program educators, and recently discharged patients.

Based on the findings of these surveys, if the results demonstrated high percentage rates (50% or more) in the "Rarely" or "Never" responses, hospitals and patients may benefit from the licensed nurses or other medical professionals (including

physicians) successfully completing a patient-centered communication training, and consequently, the research hypothesis would be supported. If proven, then the discussions and further collaboration between the local community colleges (Napa Valley and Solano Community Colleges) and the hospitals within Napa and Solano Counties may be initiated for the development and implementation of the proposed training.

The secondary data was gathered by researching the following:

- Journal articles
- Publications
- Reports
- Other Surveys
- White Papers
- Dissertations

Throughout the process of the research gathering, the Internet and the Personal Research Assistance from Golden Gate University were found to be incredibly instrumental in the collection of the current and relevant data.

FINDINGS AND ANALYSIS

The purpose of this study was to examine the need for effective patient-centered communication training for licensed nurses and/or other medical professionals in Napa and Solano Counties. Through the investigation of primary and secondary data, the study explored whether the training should be offered (and successfully completed) by nurses and/or other medical professionals. By targeting and surveying the two populations, which included hospital administrators/staff and patients, the study sought to determine the current status of hospital communicability and the level of quality of care directly relating to their patients.

The surveys were distributed on the following dates:

- September 18, 21, 25, and October 7-15, 2008
(to Administrators/Staff of hospitals in Napa and Solano Counties)
- October 7-15, 2008
(to Patients of Holderman Hospital located at the Veteran's Home, Yountville, in Napa County)

Unfortunately, the total number of surveys completed and returned were minimal:

- (17 - Hospital Administrators/Staff completed surveys returned)
- (12 - Patient completed surveys returned)

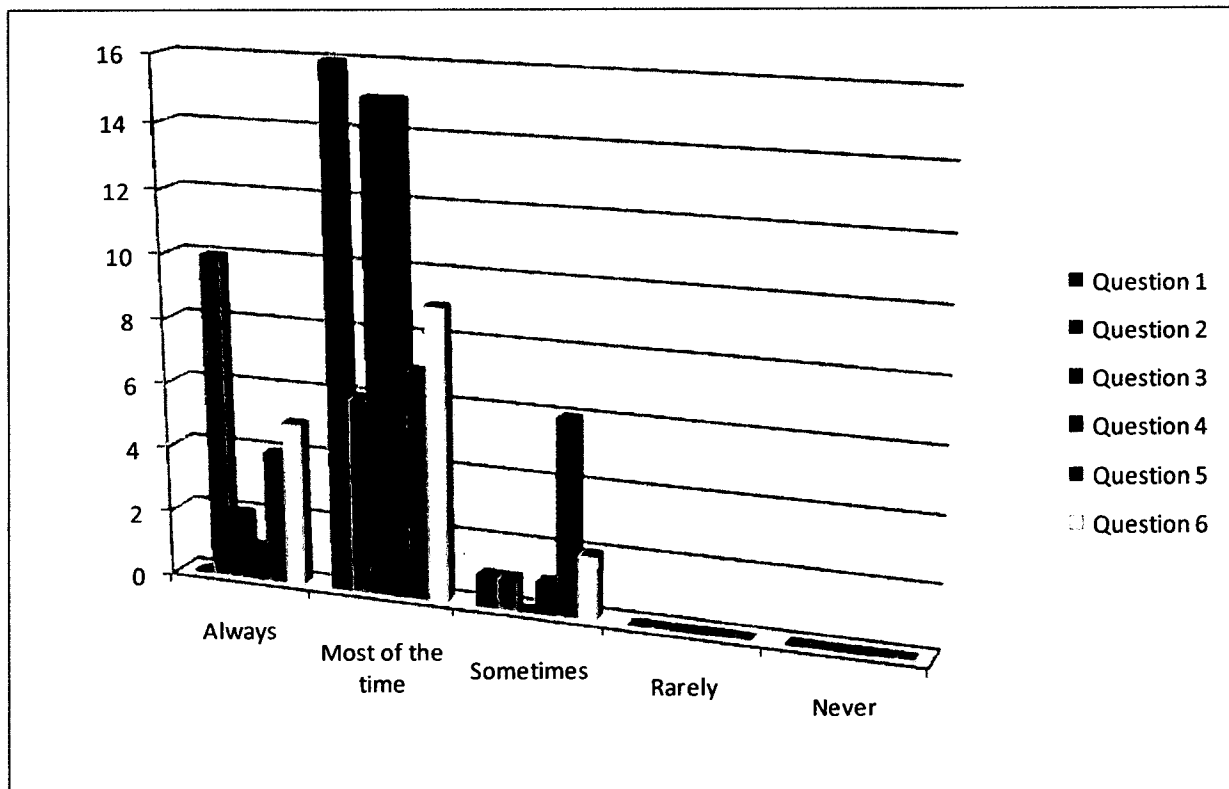
The overall limited returns and ability to collect data from additional hospitals may have been due to the accessibility barriers and various reasons listed below:

- legal restrictions of each hospital preventing outsider survey data collection,
- low census numbers (# of inpatients in hospitals),
- delays experienced from the State of California's inability to agree on a budget (until recently), regular payments weren't being made to hospitals, therefore, huge layoffs were occurring at the time of the survey distribution.
(The layoff impact increases the workload for those still on payroll and participation in an outsider survey was not a top priority),
- possible concern over potentially damaging survey results.

Based on the data collected, a controversial picture emerged between the documented research and oral interviews with the actual survey results. Overall, the survey results showed that both the Administrators/Staff and Patients appear to be satisfied with the hospital's ability to communicate and the quality of care provided or received. This was evidenced by the high percentage rates associated with the responses of "Always" or "Most of the time" by both groups. These findings reflect that hospital administrators and staff believe for the most part, that their hospital's current approach offers what the

patients need, and the patients wholeheartedly agree. See graphs and frequency percentage rates below (survey questions and tables can be referenced in the Appendices).

See Hospital Administrator/Staff survey results in graph below.



NEEDS ASSESSMENT INDICATORS

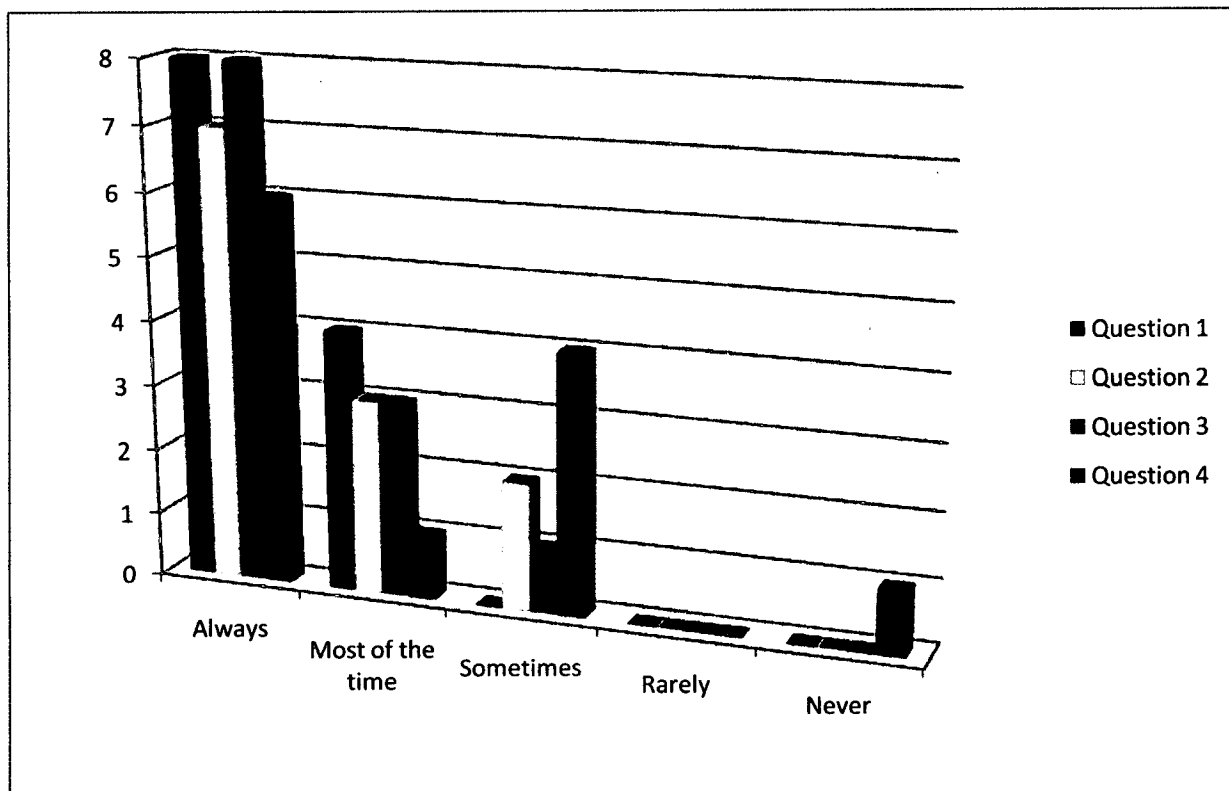
o Administrator/Staff:

- Question 1 - 94% rated that patients are satisfied with the quality of health care they receive at their hospital "Most of the time."
- Question 2 - 59% rated that their hospital "Always" responds to patient concerns about the quality of services.

- Question 3 - 88% rated that the nurses or other medical professional in their hospital clearly communicates (both verbally and non-verbally) with patients "Most of the time."
- Question 4 - 88% rated that when a nurse or medical professional enters a patient's room in their hospital, they know how to appropriately care for the patient's needs, based upon the patient's preferred language spoken, health-related beliefs, case history, disability, and/or culture "Most of the time."
- Question 5 - 41% rated their hospital supports quality improvement by providing adequate time for nurses/medical professionals to participate in performance improvement activities "Most of the time."
- Question 6 - 53% rated that the successful completion of performance activities by licensed nurses or other medical professionals positively impacts the quality of patient care in their hospital "Most of the time."
- Question 7 - Respondents provided their job title at the hospital where they are employed.

The patients surveyed were non-representative of average medical facilities. Oral interviews with Holderman Hospital (Veteran's Home) patients were performed by hospital staff, due

to the patients' ability to comprehend the survey language. The sampling of patients were elderly and in some cases had different handicaps or functional limitations that prevented or made it difficult for them to complete the survey on their own. As a result, this might have been a source of bias or influence. See Patient survey results in graph below. It is important to note that due to confidentiality restraints, individual patient information was not available for this study.



NEEDS ASSESSMENT INDICATORS

o Patients

- Question 1 - 67% rated that when the nurse or medical professional care for them, he/she "Always" knew who I

was, (my name, preferred language spoken, health-related beliefs, case history, disability, and/or culture.

- Question 2 - 58% rated that when the nurse/medical professional explained information about my care, I "Always" understood what was being communicated (both verbally and non-verbally).
- Question 3 - 67% rated that the nurse/medical professional "Always" listened to my concerns and paid attention to me.
- Question 4 - 50% rated that the nurse/medical professional "Always" asked if I had any questions and took the time to respond.

The primary data survey results from both groups (Administrators/Staff and Patients) clearly revealed a dispute between other primary data (informal interviews) and secondary data (see Literature Review) gathered. Prior to the surveys being completed, the Holderman Hospital Patient Coordinator provided a candid informal interview and stated, "The number one complaint we receive from the patients is that they cannot understand what the staff are saying." However, based on the results of the Patient survey data collected, the majority of patients did not demonstrate that as an area in need of improvement.

Another informal interview occurred with the Associate Dean of the Nursing program at the Napa Valley College and revealed that there is increasing support of the research relating to the communication difficulties being experienced with diverse patients and the diverse health care workforce. Through the established partnerships and continual communication between the local hospitals and educators, both realize that this is a growing challenge. However, the two-year nursing program curricula is currently filled to capacity and as a result, it would be difficult to add the patient-centered communication component.

Based on informal discussions with the Napa Valley Nursing Faculty, they do support the need to provide patient-centered communication training as a continuing education approach and suggested that the curriculum focus on the following:

- 1) Clear communication and understanding of medical terminology
- 2) Sensitivity to individual patients
- 3) Language

The faculty noted that there are software programs currently available for the students in the two-year programming that can help to improve their pronunciation of medical terminology, however, they are only offered as an extracurricular activity, and therefore, not a requirement. Including patient-centered

communication subject matter in either the current nursing program curricula or by including it as a continuing education re-licensure requirement, would necessitate a directive from the California Board of Nursing.

In addition, at a recent Hospital Council meeting, hospital administrators expressed their increasing frustration with the new graduates that come from the health occupation programs and their inability to provide quality health care to all patients. At the same time, educators at the table expressed frustration with the factors they face with the current student populations. Many students are struggling with the rigorous educational challenges of the courses. Many difficulties are evidenced by the increasing need for student remediation plans in the courses of English and Mathematics for the growing diverse student populations. The educators note that many of the students come from other countries and self-identify that English is their second language.

CONCLUSION AND RECOMMENDATIONS

"In the absence of effective communication you have no hope of having a successful outcome" (quoted in Wynia & Matiassek, 2006). Effective communication is an essential component when licensed nurses or other medical professionals attempt to provide high quality health care to patients. Patient-centered communication can be difficult to perfect based on the countless differences in individual beliefs, values, cultures, educational background, and literacy capabilities. However, in order to achieve positive health outcomes, patients must fully comprehend what is being communicated to them about their care. "By cultivating their ability to listen to, learn from and empathize with patients who are different from themselves, nurses can rise to the challenge of providing effective care in an unprecedentedly multicultural America (McDonald, 2008).

This study utilized primary data collected from surveys given to hospital Administrators/Staff and patients within Napa and Solano Counties. In addition, informal interviews with hospital administrators and educators were conducted to further examine the areas of patient-centered communication and quality of care offered by the local health care system.

The secondary data was compiled by researching information surrounding the topic of patient-centered communication and the quality of patient health care. Based on the findings of this

study, a clear controversy became undeniably evident. Both surveyed groups appeared to be satisfied with the current status of the patient-centered communication capabilities and quality of care, which is the complete opposite of what was learned from the research and the informal interviews. Since the study's findings did not provide conclusive results, it is not realistic to prepare and provide actual policy change recommendations, based on this study alone. Therefore, the outcome of this study's hypothesis, "If effective communication skills of licensed nurses (or other medical professionals) are increased through patient-centered communication training, then the quality of patient care will be improved" was not supported.

The following recommendations can be viewed as mere suggestions that were developed based on what the study did reveal:

- Further study is necessary with patients from a cross-sectional demographic population at average medical facilities (with either multiple language survey availability or the utilization of stick figure/happy face selections for participant responses).
- Consideration must be given to whomever will actually complete the survey, since many variables may affect the responses of the populations surveyed. In order to provide

valid results when conducting a patient survey, appropriate adjustments must be taken into account.

- One way to determine whether a health care organization has the ability to meet the continuing needs of their patients is by performing a self-assessment of their staff and patients, to maintain awareness of norms and influx of populations. This will ultimately determine whether improvement is necessary.
- Health care leaders and decision makers should:
 - Understand your organization's commitment,
 - Collect information,
 - Engage communities,
 - Develop workforce,
 - Engage individuals, by considering
 - Socio-cultural context,
 - Language, and
 - Health literacy, and finally
 - Evaluate performance (AMA, 2006, p. 18).
- Hospital quality of care compliance programs to determine whether patient-centered communication training would prove to be a cost-saving solution through pre- and post effectiveness measurements. It is important to note that if funds are provided to support this training, there will most likely be a delayed return on investment.

- Further studies may increase patient-centered communication awareness and prove pedagogical and public service relevance.
- Hospitals and educators to continue partnering together, to develop relevant education programs that will better prepare the health care workforce to meet the demands of the ever-changing populations of the future.
- Hospitals and educators to urge the California Board of Nursing to further investigate the potential need to include patient-centered communication training in either nursing programs or in continuing education requirements.
- Hospitals to encourage educators of health occupation programs to integrate patient-centered communication content in their academic curricula (including culturally and linguistically competent care).
- Further exploration is necessary to determine possible transferability of proposed patient-centered communication training to other populations.
- Once statistically validated, the primary audience, (local hospitals and the community college) will be able to collaboratively determine the best approach for improving the quality of patient care, safety, and health outcomes.

In conclusion, it appears that it will be only a matter of time before patient-centered communication is fully addressed and training implemented. Interestingly, in a recent press release dated August 27, 2008, The American Association of Colleges of Nursing [AACN] and The California Endowment announced a new initiative that will set expectations for graduates of master's and doctoral nursing programs to provide culturally appropriate care. Fay Raines, AACN President said, "Nurses serving in advanced roles must be well-equipped to provide care that acknowledges the unique needs of our nation's increasingly diverse patient population" (American Association of Colleges of Nursing [AACN], 2008).

Though this study experienced shortcomings in the final outcome of the survey data, based on the overall results, noteworthy benefits were realized. This study created an opportunity to increase the awareness about the growing communication challenges related to patients and the health care workforce by initiating extremely valuable discussions between the Napa and Solano County hospital administrators/staff and the Napa Valley College and Solano Community College educators. It is critical, however, to continue these types of constructive conversations, in order to strategize for the future. The Napa Valley College educators understand that "As patient populations become increasingly diverse, health care organizations are

looking for innovative ways to communicate effectively across cultures, languages, and health literacy levels" (Wynia & Matiasek, 2006), therefore, it would behoove hospitals and educators to face and address these inevitable needs as a united front. This can be accomplished by demanding further study and by continuing collaborative efforts in order to develop ways to confront the challenges. Ultimately, this approach will help to determine the best solutions for improving the quality of patient care, safety, and health outcomes.

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APPENDIX A

My name is Barbara Brock and I am currently in a Master's Degree program through Golden Gate University of San Francisco. For my capstone project, I am collecting data on the topic of Patient-Centered Communication (PCC). Please take a few minutes and share with me how your hospital is doing. I appreciate your valuable time and comments. All responses will be held confidential.

Administrator/Staff Survey

1. Patients are satisfied with the quality of health care they receive at your hospital.
 Always [] Most of the time [] Sometimes [] Rarely [] Never []
 Write in response _____
2. Your hospital responds to patient concerns about the quality of services.
 Always [] Most of the time [] Sometimes [] Rarely [] Never []
 Write in response _____
3. The nurses or other medical professionals in your hospital clearly communicate (both verbally and non-verbally) with patients.
 Always [] Most of the time [] Sometimes [] Rarely [] Never []
 Write in response _____
4. When a nurse or medical professional enters a patient's room in your hospital, they know how to appropriately care for the patient's needs, based upon the patient's preferred language spoken, health-related beliefs, case history, disability, and/or culture.
 Always [] Most of the time [] Sometimes [] Rarely [] Never []
 Write in response _____
5. Your hospital supports quality improvement by providing adequate time for nurses/medical professionals to participate in performance improvement activities.
 Always [] Most of the time [] Sometimes [] Rarely [] Never []
 Write in response _____
6. The successful completion of performance activities by licensed nurses or other medical professionals positively impacts the quality of patient care in your hospital.
 Always [] Most of the time [] Sometimes [] Rarely [] Never []
 Write in response _____
7. The following describes the role you fulfill in your hospital.
 Administrator [] Physician [] Nurse [] Technician []
 Write in response _____

APPENDIX B

My name is Barbara Brock and I am currently in a Master's Degree program through Golden Gate University of San Francisco. For my capstone project, I am collecting data on the topic of Patient-Centered Communication (PCC). Please take a few minutes and share with me how the hospital is doing. I appreciate your valuable time and comments. All responses will be held confidential.

Patient Survey

1. When the nurse or medical professional cared for me, he/she knew who I was, (my name, preferred language spoken, health-related beliefs, case history, disability, and/or culture).

Always [] Most of the time [] Sometimes [] Rarely [] Never []

Write in response _____

2. When the nurse/medical professional explained information about my care, I understood what was being communicated (both verbally and non-verbally).

Always [] Most of the time [] Sometimes [] Rarely [] Never []

Write in response _____

3. The nurse/medical professional listened to my concerns and paid attention to me.

Always [] Most of the time [] Sometimes [] Rarely [] Never []

Write in response _____

4. The nurse/medical professional asked if I had any questions and took the time to respond.

Always [] Most of the time [] Sometimes [] Rarely [] Never []

Write in response _____

APPENDIX C

Written Consent for Adults

You are invited to participate in a research study conducted by Barbara Brock, a student from Golden Gate University, Executive Masters of Public Administration program. This study is designed to examine the need for effective patient-centered communication training for licensed nurses and/or other medical professionals of hospitals within Napa and Solano Counties. You were selected as a possible participant in this study because you are either a patient or an employee of a hospital within Napa or Solano Counties.

If you decide to participate, I will be asking you to complete a patient survey, containing four (4) statements. The survey does not involve any cost to the participant.

The study does not require patients/employees to provide their names. Survey responses obtained in connection with this study will remain confidential. Survey results and findings will contribute to a dissertation and will be made public through the Golden Gate University library.

Your participation is voluntary. Your decision whether or not to participate will not affect your relationship with the hospital. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty.

If you have any questions, please feel free to contact Barbara Brock, Napa Valley College, 2277 Napa-Vallejo Highway, Napa, CA 94558, (707) 259-6001 or Dr. Alan R. Roper, Senior Education Specialist, Education Division/Center for Judicial Education and Research, Judicial Council of California – Administrative Office of the Courts, Golden Gate University, 455 Golden Gate Avenue, San Francisco, CA, 94102-3688 (415) 865-7747.

Your signature indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you have received a copy of this form, and that you are not waiving any legal claims, rights or remedies.

Print Name _____

Signature _____

Date _____

APPENDIX D

ADMINISTRATOR/STAFF Survey Analysis Database

ADMINISTRATOR/STAFF Survey Results							
Survey ID #	Q1	Q2	Q3	Q4	Q5	Q6	Q7
1	4	5	4	4	5	4	Administrator
2	4	3	4	4	3	4	Social Worker
3	4	4	4	4	4	4	Nurse
4	4	5	4	4	5	4	Clinical Nurse Educator
5	4	5	4	4	4	5	Nurse
6	4	4	4	3	3	3	Nurse
7	4	5	4	4	4	4	Administrator
8	4	5	4	4	3	5	Nurse
9	4	5	4	4	3	N/A	Nurse
10	4	4	4	4	4	4	Nurse Supervisor
11	4	5	5	5	5	5	Administrator
12	4	5	4	4	5	5	Nurse
13	4	5	4	4	4	4	Nurse
14	4	4	4	4	4	3	Nursing Supervisor
15	4	5	4	4	3	5	Administrator
16	3	4	4	4	4	4	Nurse
17	4	4	5	4	3	4	Nurse

Coding:

- 5 = Always
- 4 = Most of the time
- 3 = Sometimes
- 2 = Rarely
- 1 = Never

APPENDIX E

ADMINISTRATOR/STAFF Survey Frequency Table

ADMINISTRATOR/STAFF Survey Frequency Table				
Q1 - Patients are satisfied with the quality of health care they receive at your hospital.				
5=Always 4=Most of the time 3=Sometimes 2=Rarely 1=Never				
Code		Response Item	Frequency	Percent
	5	Always	0	0%
	4	Most of the time	16	94%
	3	Sometimes	1	6%
	2	Rarely	0	0%
	1	Never	0	0%
		TOTALS	17	100%
Q2 - Your hospital responds to patient concerns about the quality of services.				
5=Always 4=Most of the time 3=Sometimes 2=Rarely 1=Never				
Code		Response Item	Frequency	Percent
	5	Always	10	59%
	4	Most of the time	6	35%
	3	Sometimes	1	6%
	2	Rarely	0	0%
	1	Never	0	0%
		TOTALS	17	100%
Q3 - The nurses or other medical professionals in your hospital clearly communicate (both verbally and non-verbally) with patients.				
5=Always 4=Most of the time 3=Sometimes 2=Rarely 1=Never				
Code		Response Item	Frequency	Percent
	5	Always	2	12%
	4	Most of the time	15	88%
	3	Sometimes	0	0%
	2	Rarely	0	0%
	1	Never	0	0%
		TOTALS	17	100%

ADMINISTRATOR/STAFF Survey Frequency Table Continued

Q4 - When a nurse or medical professional enters a patient's room in your hospital, they know how to appropriately care for the patient's needs, based upon the patient's preferred language spoken, health-related beliefs, case history, disability, and/or culture.

5=Always 4=Most of the time 3-Sometimes 2-Rarely 1-Never

Code	Response Item	Frequency	Percent
5	Always	1	6%
4	Most of the time	15	88%
3	Sometimes	1	6%
2	Rarely	0	0%
1	Never	0	0%
	TOTALS	17	100%

Q5 - Your hospital supports quality improvement by providing adequate time for nurses/medical professionals to participate in performance improvement activities.

5=Always 4=Most of the time 3=Sometimes 2=Rarely 1=Never

Code	Response Item	Frequency	Percent
5	Always	4	24%
4	Most of the time	7	41%
3	Sometimes	6	35%
2	Rarely	0	0%
1	Never	0	0%
	TOTALS	17	100%

Q6 - The successful completion of performance activities by licensed nurses or other medical professionals positively impacts the quality of patient care in your hospital.

5=Always 4=Most of the time 3=Sometimes 2=Rarely 1=Never

Code	Response Item	Frequency	Percent
5	Always	5	29%
4	Most of the time	9	53%
3	Sometimes	2	12%
2	Rarely	0	0%
1	Never	0	0%
1 Response on Survey ID #9 – No answer	TOTALS	16	94%

APPENDIX F

PATIENT Survey Analysis Database

PATIENT Survey Results				
Survey ID #	Q1	Q2	Q3	Q4
1	4	4	4	4
2	4	4	5	5
3	5	3	4	3
4	5	4	5	3
5	4	5	5	3
6	5	5	5	5
7	5	5	5	5
8	4	3	4	5
9	5	5	3	1
10	5	5	5	5
11	5	5	5	3
12	5	5	5	5

Coding:

- 5 = Always
- 4 = Most of the time
- 3 = Sometimes
- 2 = Rarely
- 1 = Never

APPENDIX G

PATIENT Survey Frequency Table

PATIENT Survey Frequency Table				
Q1 - When the nurse or medical professional cared for me, he/she knew who I was, (my name, preferred language spoken, health-related beliefs, case history, disability, and/or culture.				
5=Always 4=Most of the time 3=Sometimes 2=Rarely 1=Never				
Code		Response Item	Frequency	Percent
	5	Always	8	67%
	4	Most of the time	4	33%
	3	Sometimes	0	0%
	2	Rarely	0	0%
	1	Never	0	0%
		TOTALS	12	100%
Q2 - When the nurse/medical professional explained information about my care, I understood what was being communicated (both verbally and non-verbally).				
5=Always 4=Most of the time 3=Sometimes 2=Rarely 1=Never				
Code		Response Item	Frequency	Percent
	5	Always	7	58%
	4	Most of the time	3	25%
	3	Sometimes	2	17%
	2	Rarely	0	0%
	1	Never	0	0%
		TOTALS	12	100%
Q3 - The nurse/medical professional listened to my concerns and paid attention to me.				
5=Always 4=Most of the time 3=Sometimes 2=Rarely 1=Never				
Code		Response Item	Frequency	Percent
	5	Always	8	67%
	4	Most of the time	3	25%
	3	Sometimes	1	8%
	2	Rarely	0	0%
	1	Never	0	0%
		TOTALS	12	100%

PATIENT Survey Frequency Table Continued

**Q4 - The nurse/medical professional asked if I
had any questions and took the time to respond.**

5=Always 4=Most of the time 3=Sometimes 2=Rarely 1=Never

Code	Response Item	Frequency	Percent
5	Always	6	50%
4	Most of the time	1	8%
3	Sometimes	4	33%
2	Rarely	0	0%
1	Never	1	8%
	TOTALS	12	100%

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