

CHAPTER 3 - DEVELOPING, SUSTAINING, AND RETAINING NURSES IN THEIR CAREERS

Strategy 14

Improve communication and understanding within interprofessional care teams

Strategy 14.1 Employers of nurses should:

- Implement TeamSTEPS training or a similar teamwork and communication curriculum for employees across professions (i.e., nurses, physicians, pharmacists, physical therapists, social workers, etc.) and along the continuum of employment.
- Ensure interprofessional care teams convene regularly to communicate about patient care.

Desired Result

Nurses and other health professionals who work with nurses will communicate and work together effectively and respectfully, and nurses' concerns regarding their patients' health and safety will be heard and valued by other members of interprofessional health care teams.

Why does the task force recommend this strategy?

By enhancing teamwork and communication among health care teams, employers of nurses can ensure that nurses have opportunities to advocate on behalf of themselves and their patients and are valued as key members and leaders of interprofessional care teams. The task force encourages organizations to grow teamwork and communication skills among staff members through intentional, evidence-based curricula. Evidence suggests that teamwork training improves team communication, in turn improving job satisfaction and lowering burnout. These outcomes play an important role in retaining nurses in the profession.

Context

No matter where they practice, nurses work closely with a variety of other professionals to provide care and implement treatment plans for their patients. The members of a care team depend on the patient's individual needs as well as the health care setting, but commonly include nurses; physicians of several specialties; advanced practice providers; pharmacists; physical, occupational, speech, and respiratory therapists; dietitians; social workers; educators; psychologists; and care coordinators, among others.

Perhaps most importantly, strong communication among providers is critical for **patient safety**. Breakdowns in communication are associated with medical errors and adverse events, including patient deaths. Effective communication is key to building trust among team members.⁴³ Existing literature suggests that teams that respect and trust one another are less likely to make mistakes that affect patient outcomes.⁴⁷

Teamwork and communication among health care workers also heavily influence **organizational climate**. Researchers have coined the phrase "communication satisfaction" to refer to how happy employees are with workplace communication, including with supervisors, peers, subordinates, and their organization as a whole.⁴⁸ Improved communication satisfaction has been linked to higher job satisfaction, decreased intention to leave, and lower levels of burnout. A 2023 survey of nurses conducted by the American Nurses Foundation found that 16% of nurses reported lack of respect from colleagues or employer as a top contributor to burnout; 13% listed lack of teamwork as a top contributor.⁴⁹

AGREE OR STRONGLY AGREE

79%

Percent employed full- or part-time in nursing field in North Carolina who agreed that "Physicians and nurses have good working relationships"

DISAGREE OR STRONGLY DISAGREE

20%



Source: Pulse on the Nation's Nurses: Mental Health and Wellness Survey by American Nurses Foundation. <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/survey-4/>

INTERPROFESSIONAL ROUNDING AND MEETINGS

Hospital-based bedside nurses join other members of the interprofessional team during daily rounds to patient rooms. Structured interprofessional rounds break down the traditional silo approach of medicine and have been shown to improve patient outcomes and decrease length of stay in the inpatient setting. Several best practices for interprofessional rounding have been identified, and include the following:

- Involvement of the nurse:** Nurses in the acute care environment typically spend more time with patients than any other member of the interprofessional team. They may have the most thorough and current insight into a patient's condition, response to treatment, preferences, and expectations. Purposeful involvement of the nurse in rounds, including opportunities to share these perspectives, is critical. If undertaken separately, nurses should also be included in Communication and Patient Planning (CAPP) rounds, during which a team reviews patients' progress toward discharge.
- Inclusion of patients and families:** Offering patients and/or their families the option to be included in interprofessional rounds allows teams the opportunity to hear and respond to patient concerns. Inclusion of patient and family members has also been shown to lead to both higher patient and family satisfaction scores and higher staff satisfaction levels.
- Daily or more frequent occurrence:** Depending on patient complexity and acuity, interprofessional rounds should occur at least daily to discuss progress and changes to the plan of care.
- Consistent structure:** The use of scripts in rounding has been shown to streamline discussion and ensure that the responsibilities of all interprofessional team members are discussed. Closed-loop communication, where one team member states or summarizes changes to a care plan and another team member states back transcribed orders, can prevent miscommunication.



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- **EHR use:** Displaying patient information and progression through electronic health records during interprofessional rounds can facilitate clinical decision-making. Designating one member of the team to enter orders ensures that changes to the plan of care are implemented efficiently.
- **Goal-oriented approach:** Interprofessional teams have been shown to communicate more effectively when discussions of care are goal-oriented rather than data-oriented. Daily goals should be set and progress evaluated during subsequent rounds.⁵⁰

Any and all care team members can participate in TeamSTEPPS® training. Training groups should be reflective of the staff employed in the target work area (inpatient unit, outpatient office, operating room, care facility, etc.). A ratio of 10 participants to one coach is recommended. Depending on how much of the curriculum an institution plans to cover, trainings for staff members can last from one to six hours. During this time, participants will be engaged in didactic review of communication tools, group discussion, hypothetical scenarios, and opportunities to practice.

Outcomes post-implementation of TeamSTEPPS®:

- Decreased time to place patients on extracorporeal membrane oxygenation (ECMO) (ICU setting)
- Lower rate of nosocomial infections (ICU setting)
- Improved teamwork assessment scores (psychiatric unit)
- Decreased length of stay for infants (obstetric floor)
- Increased intention to stay [on staff] among nurses (ICU setting)
- Improved staff satisfaction (primary care clinic)
- Improved perceptions of teamwork among residents (primary care clinic)^{52,54,55}

It should be noted that other teamwork and communication trainings have been implemented in health care. Crew Resource Management (CRM), a predecessor of TeamSTEPPS®, emphasizes the goal of patient safety as the motivation for improvements in teamwork and involves instruction and practice in skills such as situational awareness, leadership, and coping with stress.⁵⁶ The Veterans Health Administration developed a similar intervention called Clinical Team Training (CTT) using the principles of CRM to prevent errors and protect patient safety. Other institutions have similarly developed their own interventions.

In non-hospital settings with high volumes of patients, interprofessional team meetings may not devote time to every patient but rather focus on building trust among team members and sharing respective approaches to patient situations. Effective communication among team members is equally important in ambulatory settings.

TEAMSTEPS AND INTENTIONAL TEAMWORK TRAINING

Effective communication and teamwork are skills that any interprofessional team member can learn and practice. One widely implemented curriculum specifically adapted for health care teams is TeamSTEPPS®, an evidence-based framework built upon teachable communication tools meant to promote quality care and patient safety through effective teamwork. A large body of literature supports the quantifiable impact of TeamSTEPPS® on team communication, patient outcomes, and care delivery across health care settings.⁵¹

The TeamSTEPPS® curriculum is freely available online and key components include guidance on planning, implementing, and evaluating training.^{52,53} However, organizations must be willing to devote time, resources, and personnel for effective implementation. This may be challenging for smaller and/or safety net organizations. Selecting and training coaches is crucial to achieving buy-in from team members. TeamSTEPPS® offers a 2.5-day training program to teach coaches and instructors about curriculum content. If organizations wish to tailor the course to their needs, significantly more preparation time will be needed.

“The TeamSTEPPS training has taught me to effectively coach others; it’s taught me to recognize what we’re doing poorly and what team members are doing an outstanding job. It’s taught me that feedback is good. It’s taught me to involve patients and families, not just talk over the patient but speak to the patient.”

- UNC Health TeamSTEPPS facilitator

KEY RESOURCE NEEDS



Safety net and other providers with fewer financial resources may need additional funding or reallocation of resources to implement new trainings and processes.