Improving Communication and Team Cohesion in a Long Term Care Facility

Jen Watson
Minnesota State University Mankato

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Background
- There was a perceived need stated by Task Supervisors at the Benedictine Living Community (BLC) to improve communication and team cohesion.
- A 2010 Family Satisfaction Survey completed by 33 BLC family members had 13 comments about improving communication.
- The purpose of this Capstone project was to provide a staff development training that was researched-based and educational.
- The training focused primarily on communication with a secondary emphasis on team cohesion.
- Training aimed to equip staff with skills and knowledge useful for working within various systems.

Hypothesis
- By conducting a staff development training:
  - A higher level of care may be delivered to the residents at the Benedictine Living Community (BLC) of St. Peter, as staff develop improved communication skills.
  - A decrease in staff turnover rates may be experienced as job satisfaction levels are increased.
  - The financial impact to the BLC may be decreased as there may be less staff turnover.

Literature Review
- Effective communication is fundamental to quality nursing practice-it is linked to patient satisfaction, adherence, and recovery (Mullan & Kothe, 2010).
- Effective communication can reduce staff feelings of resistance/anger that lead to lower morale, satisfaction, and productivity (Rubin, Balaji, & Barcikowski, 2009).
- High staff turnover rates (see Figure 2).
- Inadequate communication and ineffective interdisciplinary teams have been associated with poor resident outcomes (Majerovitz, Molot, & Rudder, 2009; Krzys, 1996).
- In 2005, Hoffman estimated that costs to recruit & train CNAs was $4,000 (Deutschman, 2005).
- Training should be participatory and utilize experiential methods; role playing, small group activities, & visual aids (Chant, Jenkins, Randle, Russell, & Webb, 2002).
- Time spent on communication skills training in private settings were found to be short in duration; several hours over a few days (Chant, et al., 2002).
- Effective communication model: (see Figure 1)

Methodology
- Step 1: Interviewed professional staff at BLC to determine need.
- Visits and interviews conducted at 2 Long Term Care Facilities.
- Step 2: Conducted a literature review.
- Found evidence to support conducting training.
- No specific communication training courses were applicable.
- Step 3: Original training developed—see Figure 3.
- Research from the literature review was incorporated.
- 24 Slide Power Point.
- Recruited Carol Gunderson, RN with 30 years experience.
- Step 4: Met with staff to determine training date/time.
- July 8, 2011 from 1:30-2:30.
- Non-mandatory training.

Results/limitations
- 23 staff from various positions attending the staff development training.
- Staff participation was active in small groups.
- Staff participation decreased during large group discussion and direct questioning.
- All staff received a handout of the power point presentation.
- Staff were given a Communication Style Test (Santo Pietro & Ostuni, 1997) to complete and turn in to co-facilitator.
- No pre or post test was administered.

Ethics/Diversity/Rural Communities
- Staff need to maintain the resident’s confidentiality.
- Project was believed to help an ethical concern, (residents not receiving the highest level of care).
- Staff need to adhere to laws that protect the residents/Vulnerable Adults.
- Research showed that there is a higher proportion of elderly living in rural areas with poorer health conditions & higher poverty; a growing need for services.
- How diversity can impact communication was discussed in the training.

Recommendations
- Co-facilitator or other vested participant to continue training.
- Develop a pre & post test.
- Continue to monitor residents/families for improvements.

References
Available upon request.