

Abstract and/or Background

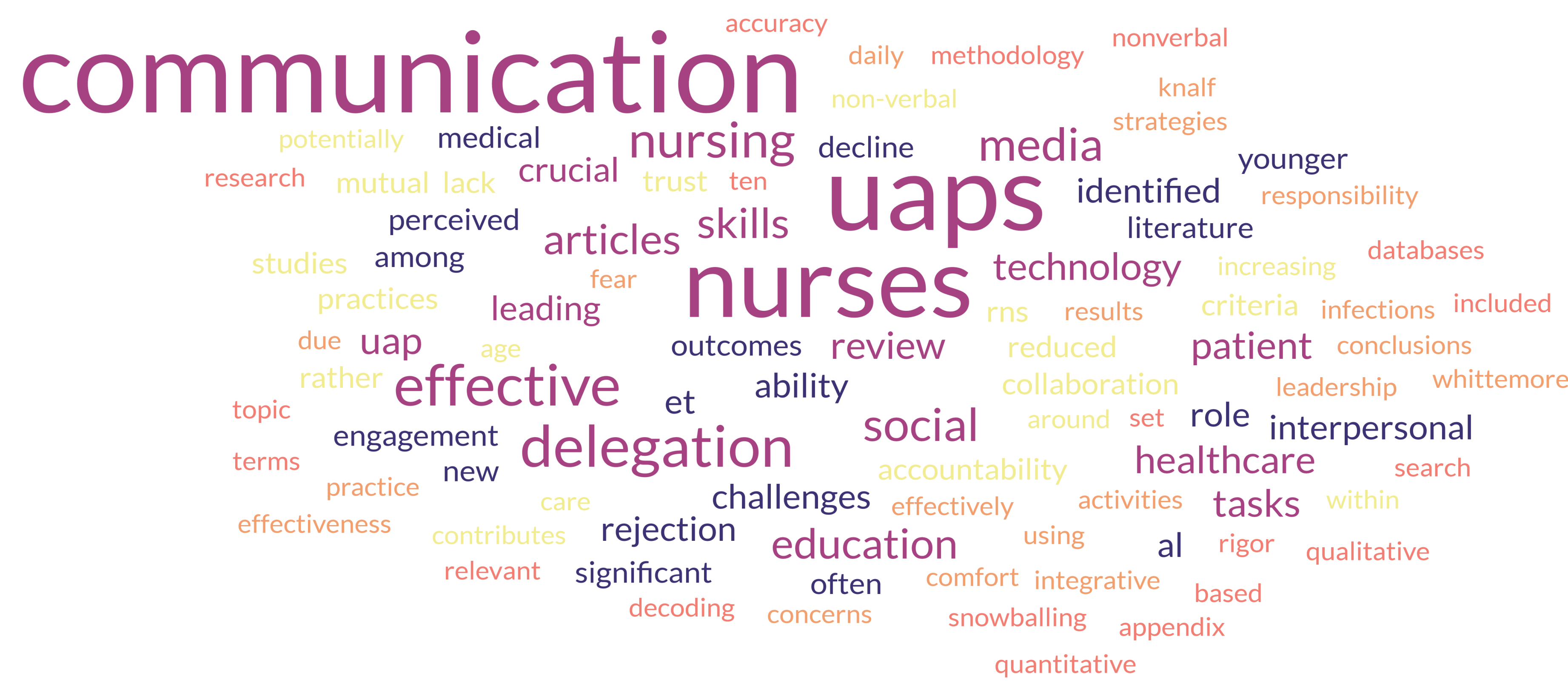
Background: Effective communication is crucial in healthcare, impacting patient outcomes and satisfaction. Poor communication contributes significantly to medical malpractice, with around 30% of lawsuits attributed to communication failures, leading to substantial costs and preventable deaths ("Failures in Communication Contribute to Medical Malpractice," 2016). The Joint Commission International (2018) highlights that 80% of serious medical errors stem from inadequate communication among caregivers. Social media and technology play a growing role in enhancing communication accessibility in healthcare. The covid-19 pandemic saw a significant surge in telemedicine utilization, highlighting the increasing importance of technology in medical care (Shaver, 2022). However, non-verbal communication, constituting around 90% of communication, is vital but may be compromised by active social media use, potentially affecting effective communication skills (London Image Institute, 2020) (Ruben et al., 2020). Demographic shifts in nursing, such as a decline in the median age and increased social media engagement among younger demographics, underscore the evolving communication landscape within the nursing community (Pew Research Center, 2021) (Smiley et al., 2023). Understanding these trends is crucial for addressing communication challenges and leveraging technology effectively in nursing practice. **Method:** Integrated literature review. **Results:** Nurses' comfort with responsibility impacts delegation effectiveness, with new graduates often hesitating due to perceived lack of leadership skills (Goh et al., 2020). Education on delegation is often lacking, leading to concerns and fear of rejection between nurses and UAPs. Effective collaboration relies on clear communication and mutual trust. **Conclusions:** The younger generation of nurses face notable communication challenges, potentially stemming from their heavy reliance on social media and insufficient education on delegation practices.

Introduction and Research Question

There has been a perceived relationship between RNs and UAPs has seen a decline in effectiveness regarding delegation and interpersonal accountability, coinciding with reduced patient engagement in daily activities. This trend has implications for patient safety, contributing to hospital-acquired pressure injuries (HAPIs), falls, catheter-associated urinary tract infections (CAUTIs), central line-associated bloodstream infections (CLABSIs), prolonged hospitalizations, and the need for post-acute rehabilitation. The observed decline in effective delegation and interpersonal accountability between UAPs and RNs, along with reduced patient engagement in daily activities, raises the question: What strategies can be implemented to facilitate collaborative communication between UAPs and RNs effectively?

Methods

While using the Whittemore and Knalf integrative review methodology, I initially identified a set of relevant articles through a systematic search of various databases such as PubMed, CINAHL, the Wiley Online Library, and PsycINFO. The search terms included key phrases related to the topic of interest, such as "technology," "nonverbal communication," "decoding ability," "interpersonal accuracy," "communication skills," "nursing," and other relevant terms. After obtaining an initial set of articles, I employed a snowballing technique to expand the pool of literature. Through snowballing and searching the databases, I identified new articles that met the criteria for inclusion in the review. These criteria were based on the rigor of the studies as defined by Appendix D of Johns Hopkins Nursing Evidence-Based Practice guidelines, which outline standards for evaluating the quality of qualitative and quantitative research. After reviewing a total of twenty articles using the Whittemore and Knalf integrative review methodology, ten articles were deemed to meet the rigor of good and high-quality qualitative and quantitative studies according to the criteria specified in Appendix D. These ten articles were included in the final literature review, representing a comprehensive and robust analysis of the existing research on the topic of technology, nonverbal communication, decoding ability, interpersonal accuracy, communication skills, and nursing.



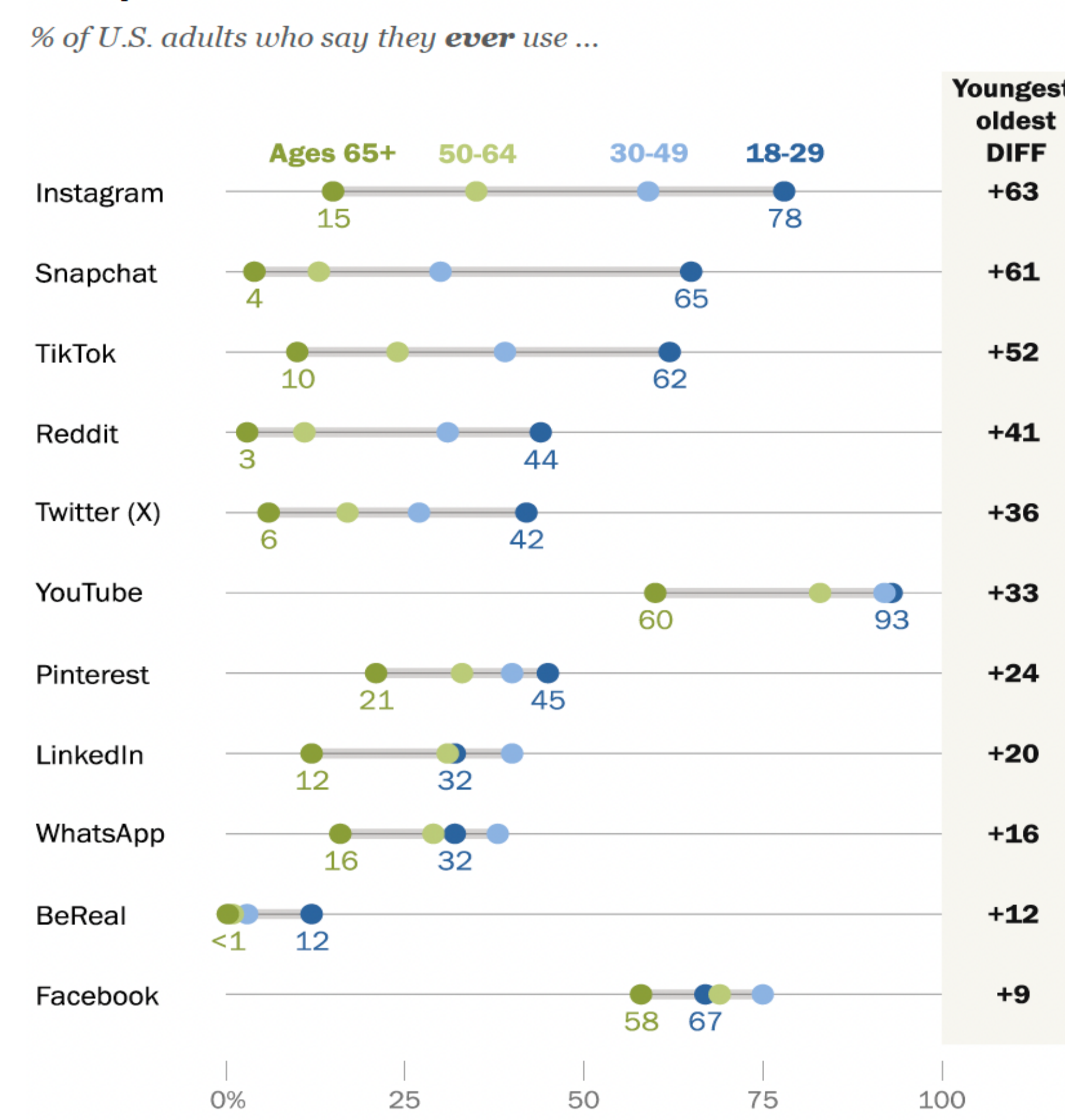
“If we were to ask them to do something, even if we asked politely, they **would not be willing** to do it... So, sometimes, we will just carry out the task ourselves rather than delegating it to them.”

(Goh et al., 2020)

“If the EN (UAP) is available to help us, we can focus on our tasks at hand. It will help us, especially when we serve medications. There will be **less errors.**”

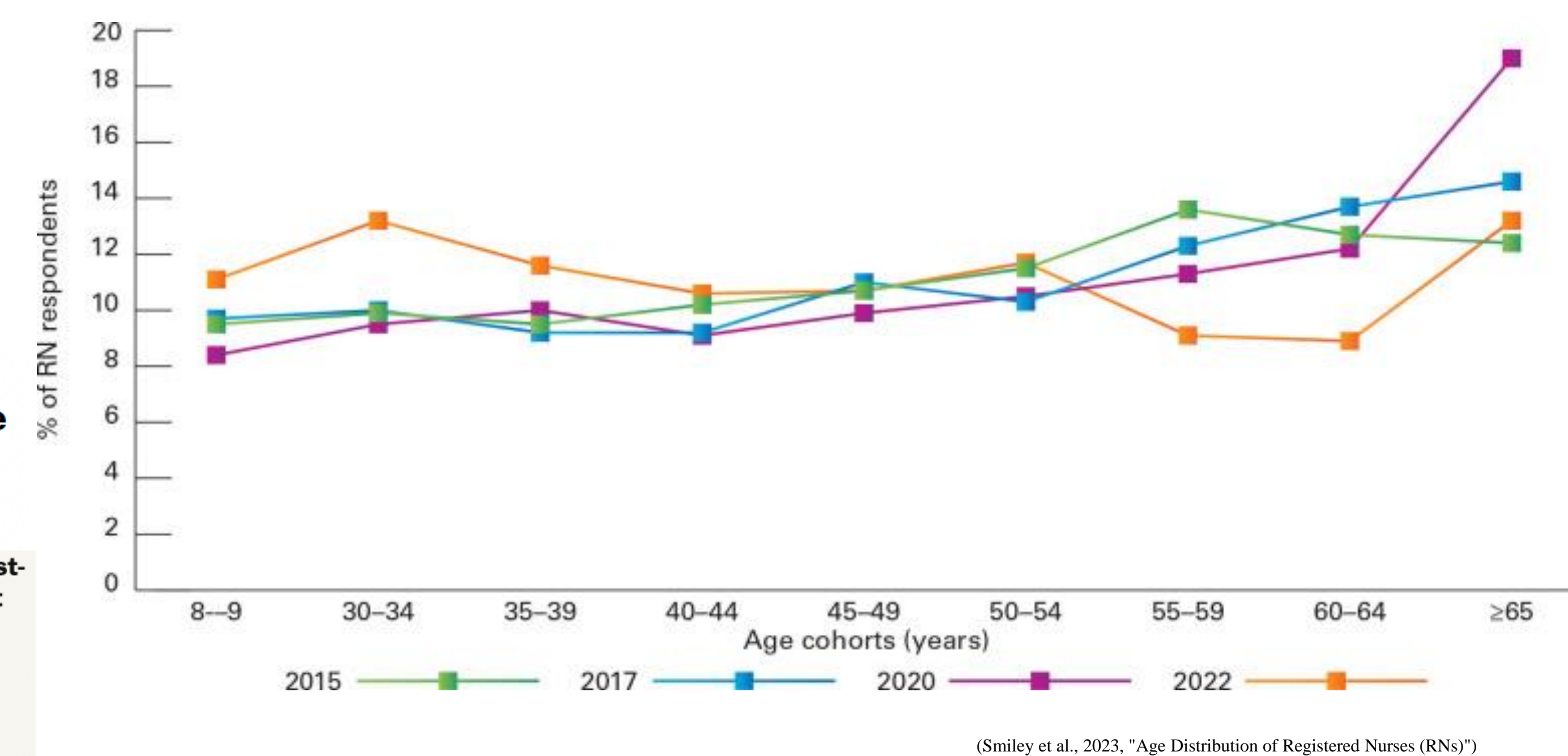
(Goh et al., 2020)

The youngest U.S. adults are far more likely to use Instagram, Snapchat and TikTok; age differences are less pronounced for Facebook

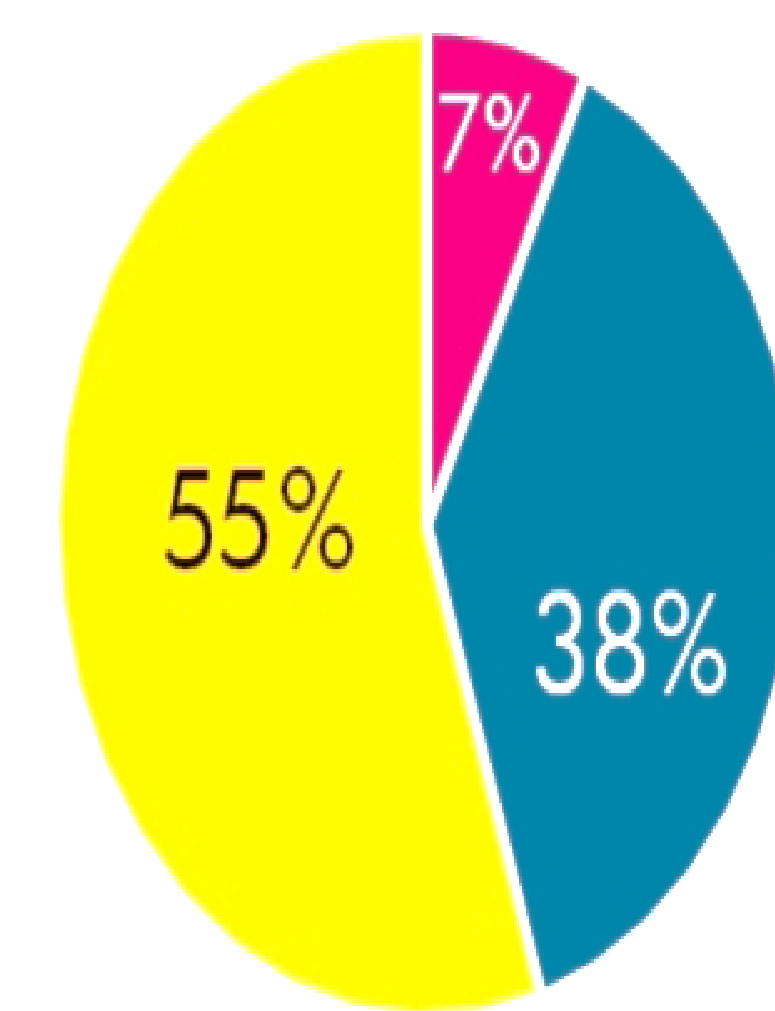


Note: All differences shown in DIFF column are statistically significant. The DIFF values shown are based on subtracting the rounded values in the chart. Respondents who did not give an answer are not shown.
Source: Survey of U.S. adults conducted May 19-Sept. 5, 2023.
Americans' Social Media Use

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(Smiley et al., 2023. "Age Distribution of Registered Nurses (RNs)")



Dr. Albert Mehrabian's 7-38-55% Rule

Elements of Personal Communication

- 7% spoken words
- 38% voice, tone
- 55% body language

(London Image Institute, 2020)

Results and/or Conclusion

Results
Nurses with a higher comfort level in assuming accountability and responsibility, as well as the ability to confidently determine nursing diagnoses, were more successful in delegation tasks to UAPs. Conversely, new graduate nurses, due to their younger age compared to the UAPs they oversee, showed a reduced tendency to delegate, often citing a perceived lack of essential leadership skills for effective delegation (Crevacore et al., 2022). A significant issue identified is the perceived lack of sufficient education on delegation within healthcare institutions, resulting in nurses having unclear expectations of UAPs (Goh et al., 2020). This contributes to a recurring reluctance among nurses to delegate tasks to senior UAPs, driven by a fear of rejection, while also feeling obligated to assist UAPs to avoid potential retaliatory rejection of delegated tasks. Conversely, UAPs expressed concerns about nurses assigning an excessive number of tasks simultaneously, leading to feelings of being undervalued and disrespected. In contrast, nurses believed they had a broader perspective and delegated tasks based on priority. UAPs expressed discomfort in seeking help from nurses and feared potential rejection, leading to a perception of their team functioning more as UAP to UAP rather than collaboratively with nurses (Bellury et al., 2016). UAPs believed there was not a significant difference in scope of practices, primarily seeing medication administration as the only distinguishing factor between nurses and UAPs. Effective communication emerged as a critical factor between roles, with UAPs believing that less communication led to better outcomes, while nurses held the opposite view (Bellury et al., 2016). Mutual trust was identified as a crucial element, fostered when UAPs felt heard and valued by nurses, and reciprocally, when nurses acknowledged the assistance provided by UAPs.

Conclusions
The increasing prevalence of social media has brought about both opportunities and challenges in healthcare communication, particularly between nurses and UAPs. While social media has expanded connectivity, studies indicate a negative impact on the objective ability to recognize non-verbal cues, essential for effective communication. To address these challenges, healthcare organizations must acknowledge the influence of social media on communication skills and implement strategies such as training interventions, education on effective communication practices, fostering a culture of open communication and mutual respect, and clarifying roles and expectations to promote collaboration and improve patient care outcomes.

Proposed Interventions

1. Assign UAPs to nurses rather than to patients. Ideally, the UAP will be assigned to two nurses, where effective collaboration would be facilitated.
2. Nursing education on the role of the UAP and effective delegation. This would empower nurses to be comfortable with delegation.
3. Crucial conversation education for both positions. This would allow individuals to hold each other accountable and build trust.
4. UAPs orientate with nurses rather than with other UAPs. This would help UAPs to better understand the role of the nurse while reinforcing the role of the UAP as support personnel.

References

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