

Eye to Eye: Facilitating Bedside Communication

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Background

- Multiple studies indicate that patients report greater satisfaction with physician patient interaction when the physician is seated.^{1,2}
- Patients perceive providers as present at the bedside longer when seated even though the actual time spent at the bedside is not significantly changed whether seated or standing.³
- Sitting at the patient's bedside can impact patient satisfaction, compliance, and provider-patient rapport—all of which are known factors to decrease litigation, decrease the length of stay, decrease cost, and improve clinical outcomes.^{1,4-7}

Study Purpose

The objectives of the study were to determine:

- Percentage of time respondents sit during hospital clinical encounters.
- Major reasons physicians tend not to sit during inpatient encounters.
- If a bed chair or other seating device was available, would physicians use it?

Methods

- Survey was developed and sent in fall 2018 via Qualtrics to residents and faculty (n = 647) in Family Medicine, Internal Medicine, Pediatrics, Psychiatry, and Surgery.
- Descriptive statistics and chi-square were analyzed.
- Comments were analyzed and summarized.



Results

Table 1: Survey Response Rates by Department

| | Family Medicine n (%) | Internal Medicine n (%) | Pediatrics n (%) | Psychiatry n (%) | Surgery n (%) | Total |
|----------------------|--------------------------|----------------------------|---------------------|---------------------|------------------|--------------|
| Survey recipients | 61 | 213 | 190 | 81 | 102 | 647 |
| Resident respondents | 15/23 (65) | 41/83 (49) | 15/46 (33) | 17/25 (68) | 8/40 (20) | 96/217 (44) |
| Faculty respondents | 25/38 (66) | 65/130 (50) | 32/144 (22) | 18/56 (32) | 9/62 (15) | 149/430 (35) |
| Total respondents | 40 (66) | 106 (50) | 47 (25) | 35 (43) | 17 (17) | 245 (38) |

Table 2: Current Resident and Faculty Seating Practices

| | Family Medicine n (%) | Internal Medicine n (%) | Pediatrics n (%) | Psychiatry n (%) | Surgery n (%) | P-value |
|--|--------------------------|----------------------------|---------------------|---------------------|------------------|---------|
| Barriers to sitting | | | | | | |
| Limited seating (n = 197) | 33 (83) | 86 (78) | 34 (72) | 32 (84) | 12 (71) | 0.302 |
| Time constraints (n = 112) | 22 (55) | 44 (40) | 24 (51) | 11 (29) | 11 (69) | 0.074 |
| Rounding in a group (n = 110) | 20 (51) | 52 (51) | 27 (61) | 5 (14) | 5 (29) | 0.000 |
| Prefer to stand (n = 26) | 2 (5) | 12 (11) | 8 (17) | 2 (5) | 2 (13) | 0.311 |
| Percentage of Time | | | | | | |
| Time Sitting During Hospital Encounters Mean (S.D.) | 48 (30.3) | 42 (26.6) | 42 (24.0) | 66 (24.6) | 44 (31.5) | 0.005 |
| Time Using Seating Device if Available Mean (S.D.) | 68 (23.3) | 66 (31.6) | 52 (30.4) | 77 (26.3) | 59 (37.2) | 0.001 |

Table 3: Resident-Faculty Comparisons

| | Faculty | Residents | P-value |
|--|---------|-----------|---------|
| Mean percentage of time respondents sit when talking with patients | 50.53 | 40.59 | 0.007 |
| Mean percentage of physicians that would use an available seating device | 61.32 | 70.60 | 0.028 |

Comments

- There were 49 positive and 47 negative comments.
- Positive comments focused on patient comfort and facilitating communication.
- Negative comments focused on safety and infection control.

Findings

- Respondents report sitting during less than 50% of inpatient encounters.
- Percentage of time sitting varies across specialties.
- Likelihood of sitting (if a seat available) varied across specialty.
- Sixty-five percent of respondents would use a seating device if available.
- Time constraints and rounding in a group were barriers to sitting during inpatient encounters.
- These results are consistent with “Commit to Sit” initiatives at other institutions.^{6,7}
- Faculty reporting sitting more often than residents.
- Residents report a greater likelihood to sit than faculty, if seating available.

Conclusions

- Current mean sitting time during inpatient rounding is less than 50% with Psychiatry residents and faculty sitting more often than other specialties.
- More physicians would sit if seating available.
- Authors are working with College of Engineering students and faculty to develop seating options considering safety and infection control concerns.

References

- Merel SE, McKinney CM, Ufkes P, Kwan AC, and White AA. Sitting at patients' bedsides may improve patients' perceptions of physician communication skills. *J Hosp Med.* 2016;11(12):865-868.
- Strasser F, Palmer JL, Willey J, Shen L, Shin K, Sivesind D, Beale E, and Bruera E. Impact of physician sitting versus standing during inpatient oncology consultations: patients' preference and perception of compassion and curation. A randomized controlled trial. *J Pain Symptom Manage.* 2005;29(5):489-497.
- Swayden KJ, Anderson KK, Connelly LM, Moran JS, McMahon JK, and Arnold PM. Effect of sitting vs. standing on perception of provider time at bedside: a pilot study. *Patient Educ Couns.* 2012;86(2):166-171.
- Bruera E, Palmer JL, Pace E, Zhang K, Willey J, Strasser F, and Bennet MI. A randomized, controlled trial of physician postures when breaking bad news to cancer patients. *Palliat Med.* 2007;21(6):501-505.
- Gupta A, Harris S, and Naina HV. The impact of physician posture during oncology patient encounters. *J Cancer Educ.* 2015;30(2):395-397.
- Orloski CJ, Tabakin ER, Shofer FS, Myers JS, Mills AM. Grab a seat! Nudging providers to sit improves the patient experience in the emergency department. *J Patient Exp.* 2019;6(2):110-116.
- Lidgett, CD. Improving the patient experience through a commit to sit service excellence initiative. *Patient Exp J.* 2016;3(2):67-72.

