



IMPROVING PATIENTS' EXPERIENCES COMMUNICATING WITH NURSES AND PROVIDERS IN THE EMERGENCY DEPARTMENT

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Contribution to Emergency Nursing Practice

- The current state of scientific knowledge focuses on provider handoff and patient satisfaction: therefore, information regarding effective communication of nurses and providers in the emergency department is limited.
- Findings indicate that treating patients as individuals by carefully listening, being attentive, and explaining in an understandable way were critical to positive patient perceptions of communication.
- Key implications are that emergency nurses can implement concrete behaviors to improve patient communication and overall patient satisfaction in the emergency department.

Abstract

Introduction: As health care becomes increasingly patient centered, organizations strive to improve patients' ratings of satisfaction with care. Communication with nurses and providers drives overall satisfaction, yet little evidence exists to guide them in ensuring effective communication in the emergency department.

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Methods: A semistructured interview guide based on the Hospital Consumer Assessment of Healthcare Providers survey was used to elicit qualitative data from 30 patients seen in the emergency department and fast track regarding communication with nurses and providers. Data were analyzed using content analysis methodology.

Results: Two types of overarching themes emerged. Foundational themes include behaviors that convey courtesy and respect and are required for participants to view their interactions with nurses and providers as positive. Interactive themes describe humanistic ways in which nurses and providers conveyed courtesy and respect, reassurance through careful listening, attentiveness, and explaining things in an understandable way.

Discussion: The findings underscore existing evidence regarding patients' perceptions of being treated with courtesy and respect via nurses' and providers' use of positive verbal phrasing and nonverbal body language. They reveal new insights into the importance of specific communication behaviors used by nurses and providers during interactions. Treating patients as individuals amidst a fast-paced care environment, proactively recognizing and responding to patients' fears and concerns, and explaining information clearly to ensure understanding were critical.

Key words: Communication; Emergency department; Fast track; Nurse; Provider

Introduction

Patient satisfaction has become increasingly important in the United States, as Medicare reimbursements are tied to Hospital Consumer Assessment of Healthcare Providers (HCAHPS) scores.¹ HCAHPS measures various domains of the patient experience, but the domains related to nurse and provider communication drive overall HCAHPS scores.² As health care moves toward a more patient-centered and consumer-driven model, studies examining communication between nurses and patients and patients

and providers, (ie, physicians, nurse practitioners, physician assistants) have been conducted.³ Many studies explored factors impacting patient satisfaction scores in the emergency department.⁴⁻⁸ In 1 study of patient satisfaction in a fast track area of the emergency department, patients of a younger age (age 18 to 34 years) and patients cared for by a specific provider perceived their communication experiences to be negative compared with other patients.⁴

Emergency nurses incorporating behaviors, such as updating patients regarding delays in their care in the main emergency department and waiting room, had a positive effect on patient-satisfaction scores.^{5,6,9} Updating patients also helped alleviate anxiety patients experienced while in the waiting room.⁹ Not surprisingly, long wait times also negatively affect satisfaction scores.^{7,8} One systematic review examined emergency medicine patient satisfaction from 1990 to 2002 and found that additional factors influencing patient satisfaction included triage category, perceived wait times, attitudes of staff, and how providers explained aspects of care to patients.⁷ Patient satisfaction in the emergency department has also depended on the quality of interactions with emergency staff, notification of wait times, ED environment, and organization.⁸ Furthermore, patients' perceptions of their health status and empathy of nursing care were significantly and positively associated with patients' satisfaction ($P = 0.05$).¹⁰ The top 3 items that increased patient satisfaction in this study included nurses caring and showing concern, the skill and competence of nurses, and nursing staff response to patient calls. Negative associations with patient satisfaction also included not informing patients or families on the plan of care, not recognizing patient opinions, and nurses not providing clear instructions to patients.¹⁰

Although there are multiple studies focused on patient satisfaction and improvement, few have specifically examined the domain of communication between patients and nurses and patients and providers. The purpose of this qualitative study was to describe patients' experiences of their communication with nurses and providers in the emergency department and fast track and identify potential best practices.

Methods

STUDY DESIGN

This study used a qualitative descriptive design to understand patients' experiences communicating with nurses and providers in the context of emergency care. A semistructured interview guide based on the ED HCAHPS survey was developed to understand these experiences. Patients

who recently received care in emergency settings were interviewed by phone.

SETTING AND SAMPLE

Adults 18 and older who were evaluated, treated, and discharged from the emergency department or fast track of a large, urban, northeastern academic medical center within the previous month were eligible to participate. A stratified sampling strategy was applied with the aim of enrolling 2 to 4 women and 2 to 4 men from each of 4 age brackets (18 to 29, 30 to 44, 45 to 65, 66+) from both the emergency department and fast track. A total of 30 participants completed the interviews (Figure 1). A sample size of 30 is commensurate for a qualitative research design.¹¹

DATA COLLECTION

After obtaining Institutional Review Board approval, potential participants were contacted via phone by trained members of the study team. An enrollment script explained the purpose of the study, preservation of subject confidentiality, as well as procedures required for completion. Next, a consent script was read, and potential participants were given the opportunity to ask questions. The interview commenced once verbal consent was obtained. Interviews were audio recorded and transcribed verbatim. The semistructured interview guide (Figure 2), asked how often nurses and providers—physicians, physician assistants, and nurse practitioners—(1) treated patients with courtesy and respect, (2) listened carefully to patients, and (3) explained things in a way that patients understand: for example, using nonmedical terms and simple language. Patients were asked to describe optimal communication with nurses and care providers. Demographic data included age, gender, location of treatment, and length of time in the emergency department or fast track from arrival to discharge.

DATA ANALYSIS

Data were analyzed according to qualitative content analysis methodology.¹² All investigators read and reread the full transcripts to immerse themselves in the data and kept notes on overall impressions of the data. Words or phrases representing key concepts were extracted verbatim to form the initial coding scheme. Codes were grouped into categories, based on similarity of meaning, and given a label. Categories were defined to ensure discretion and organized into themes

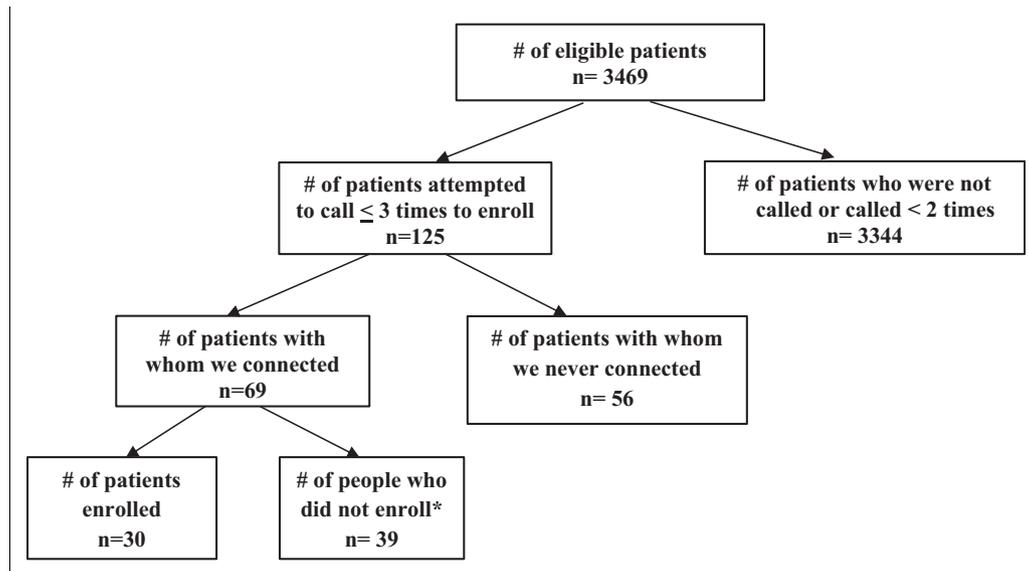


FIGURE 1

Sampling approach. *Declined to enroll; unable to answer the questions; inconvenient time; did not speak English; did not answer phone at time.

based on conceptual relatedness. To ensure credibility of the findings, the investigators applied a variety of techniques.¹³ Initial coding was performed independently by each investigator, and they came together and used constant comparative techniques to debrief and collectively merge coding schemes to develop categories. The investigators also had prolonged engagement with the data. Saturation was reached on the major themes uncovered in analysis.¹⁴

FINDINGS

Two overarching categories of themes emerged in this analysis: foundational themes and interactive themes. Foundational themes included behaviors that convey courtesy and respect and are required for participants to view their interactions with nurses and providers in a positive light. Interactive themes describe ways nurses and providers related with participants to convey courtesy and respect collectively, careful listening, and explaining things in an understandable way.

Foundational themes are unidirectional and collectively describe actions and gestures by nurses and providers toward patients. These include the behaviors of “Nonverbal Body Language” and the display of “Courtesy and Politeness.” Participants consistently noted these behaviors during their interactions with nurses and providers.

“Nonverbal body language” includes the process of communicating nonverbally through conscious or unconscious gestures and movements. Examples include making

and maintaining eye contact, facing the participant while speaking to him or her, shaking the participant’s hand, and not acting rushed. A 44-year-old woman stated, “That is the one thing I can say in their profession, they really smile. Despite the many people they come in contact with, they really smile.” This patient expressed how this simple act of smiling affected her care. A 26-year-old woman expressed how the nonverbal behavior of sitting down was important, stating, “It [sitting down] showed that he’s on my level. That was very helpful.” These quotes highlight the significance of nonverbal body language to the participants and how patients notice these behaviors as part of their ED experience.

“Courtesy and politeness” refer to displaying behavior that was respectful and considerate. Examples include greeting the patient in the initial interaction, introducing oneself as part of the health care team, formally addressing patients as “sir” or “Mr,” asking what the patient would prefer to be called, using phrases such as “thank you” and “have a nice day,” making small talk with patients, allowing patients to explain without interruptions and using a respectful tone of voice. A 42-year-old man expressed, “They always thanked me and everything like that, so I believe my visit was probably pretty good compared to other hospitals.” This patient appreciated how staff thanked him throughout his ED visit, and this simple behavior of courtesy was noted, as he compared it with his experience at other hospitals. A 50-year-old man stated, “... when I was homeless, everybody turned me away...Now, everything has turned

1. “Please describe an instance during your recent hospitalization when a nurse treated you with courtesy and respect.”
If subject replies that nurses did not treat him/her with courtesy and respect, ask the following:

a. “What types of things did nurses do and say that made you feel you were not treated with courtesy and respect?”

b. “Can you describe a scenario where a nurse would treat you with courtesy and respect?”

2. “Please describe an instance during your recent hospitalization when a care provider treated you with courtesy and respect.”
If subject replies that physicians did not treat him/her with courtesy and respect, ask the following:

a. “What types of things did care providers do and say that made you feel you were not treated with courtesy and respect?”

b. “Can you describe a scenario where a care provider would treat you with courtesy and respect?”

3. “Please describe an instance during your recent hospitalization when nurses listened carefully to you.”
If subject replies that nurses did not listen carefully to him/her, ask the following:

a. “What types of things did nurses do and say that made you feel they were not listening carefully?”

b. “Can you describe a scenario where a nurse would listen carefully to you?”

4. “Please describe an instance during your recent hospitalization when care providers listened carefully to you.”
If subject replies that physicians did not listen carefully to him/her, ask the following:

a. “What types of things did care providers do and say that made you feel they were not listening carefully?”

b. “Can you describe a scenario where a care provider would listen carefully to you?”

5. “Oftentimes, nurses need to explain things to patients, like what they are going to be doing that day or information about a medication. Please describe an instance during your hospitalization when nurses explained something to you in a way that was understandable to you.”
 Probes:

- “What kinds of words did the nurse use to help you understand what he or she was explaining?”
- *Ask subject for specific detail about the scenario.*

If subject replies that nurses did not explain things in an understandable way, ask the following:

a. “Please describe how nurses explained things to you.”

b. “Did they use medical words you didn’t understand, or refer to things that weren’t familiar to you?”

c. “Please describe a scenario or conversation where a nurse explains something to you in a way that is understandable to you.”

6. “Oftentimes, care providers need to explain things to patients, like what they are going to be doing or information about a medication or test result. Please describe an instance during your hospitalization when a care provider explained something to you in a way that was understandable to you.”
If subject replies that physicians did not explain things in an understandable way, ask the following:

a. “Please describe how care providers explained things to you.”

b. “Did they use medical words you didn’t understand, or refer to things that weren’t familiar to you?”

c. “Please describe a scenario or conversation where a care provider explained something to you in a way that is understandable to you.”

FIGURE 2
 Semistructured interview guide.

around, and everywhere I go in [this hospital] I am just getting treated with kindness and respect. It feels good, you know... So when you go to [this hospital] and get treated nice, it makes you feel good to take care of your health, you know." This quote shows how this patient appreciated being treated with kindness and respect when seeking care in the emergency department. He expresses how, because he was treated well, he feels empowered to take care of himself and seek health care. Both quotes demonstrate how politeness and courtesy can truly influence the way patients perceive experiences in the emergency department, which can influence their patient satisfaction scores.

Interactive themes are bidirectional and relational in nature. Reassurance, Humanism, Attentiveness, and Explaining emerged as the 4 interactive themes in this analysis. Participants expressed specific ways nurses and providers interacted with them, which included the behaviors of careful listening and explaining in an understandable way while receiving care in the emergency department or fast track.

"Reassurance" refers to recognizing participant's anxiety, fear, or lack of ability to carry out the treatment plan and addressing concerns by responding to their emotional needs. Participants expressed appreciation when nurses and providers conveyed this reassurance by acknowledging their fears and telling them, "Don't be afraid" or "You are going to be OK." Emergency nurses and providers also used distraction techniques during various procedures, which made the study participant feel comfortable and relaxed. Participants expressed how they liked when nurses and providers frequently checked in on them, even when they did not have any updates on the plan of care. This aided in dispelling any fears about their health status. One patient stated, "They were in command of their discipline in terms of knowledge and understanding on how to treat people." This insight demonstrates how this patient felt, that the nurses and providers were experts in their field, and this perception affects patients' ED experiences. A 64-year-old man noted how thorough the emergency provider was in caring for him. The provider ordered 1 test and "thought a follow-up test would confirm" the first test. This information was used to recommend that the patient follow up with "a heart specialist." The patient recognized the "double-check" and "triple-check" of the provider's order and stated, "She was very good." This example shows the patient perceived the emergency provider as giving competent care as she explained the plan of care and was thorough in addressing his problem.

"Humanism" refers to fostering an interaction in which the participant feels like a person and less like a "number" or a "case," while also displaying a strong interest and concern

for the person's human welfare, values, and dignity. Examples of humanistic behavior include establishing rapport, responding promptly to concerns, and acting genuinely concerned about the person's well-being. A patient stated, "She was just like talking to a friend" when speaking with an emergency nurse in triage. Another stated the emergency staff, "treated me like a real person, like I belonged there." These quotes show that patients want to establish human connections, even in the context of a brief ED visit. A 50-year-old male patient explained his experience: "When I was 17, I had a nervous breakdown, and I had to be hospitalized for a month. And if it hadn't been for [this hospital] I would have been in a lot of trouble... [this hospital] has always been a great hospital for me... I have bipolar and when I tell people at [this hospital] that I have to take medicine for bipolar, I didn't get ridiculed or I'm not looked at but I feel comfortable. I can tell them I have bipolar and take my medicine and everybody is always helping me. So it's a pleasure to go there." This patient noticed how the emergency staff addressed his mental health diagnosis professionally and treated him with dignity. Therefore, he perceived his interactions positively and was able to feel a connection with emergency staff. These examples exemplify the theme of humanism and how patients value interactions to build rapport with staff during their ED visits.

"Attentiveness" collectively conveys nurses' and providers' responses and actions during participant interactions. Attentiveness unfolded via maintenance of a focus on patients and their current situations without becoming distracted or dismissive during the interaction. Examples include maintaining full focus on the patient, listening, taking notes while the patient is talking, asking follow-up questions, and checking for understanding by reiterating what was said. The following interview excerpts illuminate attentiveness and demonstrate the connection between attentiveness and patients' positive perspectives on their interactions. A 30-year-old woman stated, "Mostly people are fast talking and want me out the door, and he was really listening to my problems that I was telling him... He was trying to figure out why I couldn't keep the food down." A 29-year-old man expressed, "They really did listen to everything I had to say, told me how they felt about it, and what I could do, or whatever. Yeah, like I said, they were respectful." A 79-year-old woman expressed, "When they asked me a question, I answered it, and they responded to my answer, which let me know that they understood what I said." These quotes show how patients perceived attentiveness by emergency nurses and providers listening to their questions and providing appropriate responses. Patients perceived listening as an aspect of their care, which influences how they view their care.

“Explaining” is the fourth theme that emerged in the interactive category. Explaining represents the way nurses and providers discussed participants’ circumstances with them. This theme emerged in the context of discussing tests and procedures, medications, discharge planning, and the overall treatment plan. Specific examples included providing a sequence of events with regard to tests or procedures, giving explicit instructions regarding medications, providing thorough discharge instructions, keeping the participant informed throughout his/her stay on the plan of care, and explaining what nurses and providers were doing to address participants’ concerns about their health.

Explaining also included an element of answering participants’ questions using various language and modalities (eg, pictures) to ensure that the explanation was understood. A 21-year-old male patient stated, “They explained clearly what each pill was, what they would do, and just to clarify everything.” A 79-year-old woman mentioned that “They explained to me in the plainest language that I could understand, what they were doing, what was wrong with me, what I was there for. I understood everything that they said to me.” Both quotes show that using simple language to explain aspects of the ED visit are noticed by patients, whether it is regarding medications or diagnosis. Patients also said that emergency nurses and providers didn’t “beat around the bush” when explaining laboratory results, tests, procedures, or discharge instructions. They appreciated directness and honesty of the health care. These examples of explaining throughout the ED visit show how important it is for patient interaction and communication.

Discussion

In total, 30 patients who received care in the emergency department or fast track over 3 months completed interviews (Table). Despite the importance of communication, little empirical evidence exists to guide nurses and providers. This study sheds light on some foundational and relational behaviors that can be employed to improve perceptions of communication.

The results of this study indicate that positive nonverbal body language and demonstrating courtesy and politeness are foundational to the patient’s overall communication experience. Patients expressed how by doing simple things, such as smiling and introducing oneself, made them view their communication with that health care provider in a favorable light. Patients also noted that using manners such as “please” and “thank you” helped them view the nurse and provider interaction more positively. It was

TABLE
Demographics of sample

| | n (%) or mean (range) |
|---|-----------------------|
| Gender | |
| Male | 14 (46.7) |
| Female | 16 (53.3) |
| Age | |
| 18-29 | 8 (26.7) |
| 30-44 | 7 (23.3) |
| 45-65 | 8 (26.7) |
| 66+ | 7 (23.3) |
| Location of care | |
| Main emergency department | 16 (53.3) |
| Fast-track emergency department | 14 (46.7) |
| Time in minutes in emergency department or fast track from arrival to disposition | 233 (47-745) |

interesting to find that basic human behaviors were recognized by patients as aspects that influenced how they perceived communication in emergency departments.

Patients repeatedly described feeling afraid when going to emergency departments because they were concerned that they were having medical emergencies. Our findings were consonant with those of another study that explored this phenomenon by examining patients’ anxieties while in the emergency department.⁹ When patients mentioned this anxiety of discovering their medical prognoses, emergency nurses’ reassurances positively influenced their perceptions of communication and alleviated some of their fears.⁹ Humanism in patient interaction in emergency care may be difficult to maintain because of the fast-paced environment and high patient turnover. This study underscores the importance of maintaining a humanistic approach in each patient interaction despite the complexities of the emergency setting.

“Explaining” was present in nearly all interviews and related to a variety of aspects of emergency care including test results, medications, radiological studies, and discharge instructions. Patients appreciated when emergency nurses and providers used simple terms. Multiple patients used the phrase “broke it down” when describing how emergency nurses explained a complicated medical concept in simple terms. Ensuring patient understanding of the diagnosis and treatment plan has been demonstrated to lead to better patient outcomes and ensure overall safer care.^{12,15,16}

Emergency nurses and providers can improve patient satisfaction by translating the findings of this study into actionable behaviors. Emergency nurses and providers can set the stage for a patients' experiences in emergency departments by introducing themselves, explaining their role on the care team, making eye contact, and smiling. In addition, emergency nurses and providers should take patient concerns seriously and recognize that patients are afraid. Patients expressed wanting to have their fears addressed and appreciated reassurance from the team. Emergency nurses should recognize that patients' perceptions of their health can vary, and a minor medical problem may seem like a more serious issue. It is imperative to acknowledge fear and provide reassurance and clear explanations about the situation.

Another way emergency nurses can apply the findings is to provide undivided attention to patients. Patients in this study expressed satisfaction when emergency nurses took time to listen to their concerns and did not try to rush them. By establishing rapport with patients and connecting with them on a personal level, emergency nurses can improve patient communication. Providing time frames for follow-up on tests or radiological studies and checking back in with the patient, even if results are pending, will lead to better rapport. This is consistent with other studies in the literature emphasizing the importance of updating patients to increase patient satisfaction scores.^{5,6,9,16} Finally, emergency nurses and providers can improve patient communication by giving step-by-step explanations of the patient's diagnosis when providing discharge instructions.

Limitations

Given the scope of this study, and the setting in which it was conducted, findings may not be generalizable. It is also possible that a different sample of patients may have yielded different findings. Finally, this study did not ask for patients' level of education, overall health status, or other factors that also influenced their perceptions of the care received in the emergency department.

Implications for Emergency Nurses

This study offers behaviors that emergency nurses and providers can employ to improve patients' perceptions of positive communication. Through consistent application of these behaviors, patient satisfaction with care can be improved.

Conclusions

Emergency nurses' and providers' words, behaviors, and actions are pivotal in shaping patients' perceptions of their communication experiences. Emergency nurses and providers can incorporate key behaviors into their practice to improve patient satisfaction. These include making eye contact, updating patients frequently on the plan of care, and giving undivided attention to patients in the emergency department. By using these behaviors, emergency nurses can improve patient communication and thus increase overall patient satisfaction. Future research should focus on evaluating the impact of emergency nurses' and providers' specific language, behaviors, and actions on patient satisfaction and overall outcomes.

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