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Sitting down on the job stands out with patients

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One study concluded what many nurses already believed to be true. Patients feel more satisfied when clinicians sit at the bedside versus standing. "It was a simple position change," said Jennifer Moran, RN, BSN, CNRN and clinical nurse educator at the University of Kansas Hospital.

Moran collected data as research assistant on the Effect of sitting vs. standing on perception of provider time at bedside: A pilot study, led by Kelli Swaden, RN. The study compared the actual duration of 120 consultations and concluded that patients perceive a clinician has spent more time at their bedside when they sit rather than stand. Moran said she was amazed to find that patients believed the clinician spent anywhere from five minutes to as much as 15 more minutes when sitting versus standing, though the time spent was the same in both scenarios.

"Most of the patients were alert and oriented," she said. "It was shocking."

The study followed Paul Arnold, M.D. at the University of Kansas Hospital, consulting his patients at the bedside for periods of between 60 and 120 seconds, in a standing position and sitting position. Moran said Arnold was chosen for the study because he always stood when rounding with patients and was perceived by patients to in a hurry.

"It was just very telling that it literally does make the difference to sit down," she said. "You are very in the moment."

Moran said after the study, Arnold makes a point to sit with patients during his consultations; however he still spends less than two minutes, communicating in the same manner. A few minutes of sitting has made a big impression, she said.

"It has made a profound difference. Patient satisfaction scores were not high," she said. "Patients were frustrated with his bedside manner. His scores are excellent now. He has implemented this now."

Moran said sitting at the same level with someone has a calming affect, like an adult moving to the same level as a child. Patients in the study commented they felt the clinician was more open, friendly and relaxed when sitting, Moran said, some saying they had his undivided attention.

Moran said nurses, like physicians, are busy with lots of patients and spend much of their time on their feet doing tasks, managing IVs, turning patients, drawing blood or monitoring vital signs. They tend to take a few moments when they can and to pull up a chair to converse with patients, Moran said. The study inspired Moran to practice sitting at the bedside after she graduates with her degree as a nurse practitioner.

"I relate it to a non-intimidating stance," she said.

Joan K. McMahon, MSA, BSN, CRRN and Spinal Cord Program Coordinator at the University of Kansas Hospital, supervised the study.

"I believe that the study increased awareness of the importance of meeting the patient at their level," McMahon said. "Sitting down, you are eye to eye with the patient instead of 'standing over' the patient and making the patient feel vulnerable."

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McMahon said as a result of the study she has seen clinicians at the hospital sitting more in the-out patient setting.

"If sitting helps the patient feel more comfortable, then I think it is important," she said.

McMahon said chairs in the patients' rooms are often covered with patient belongings or being used by visitors. This may inhibit clinicians to sit in the inpatient unit, she said. During the study, Arnold sometimes sat on the window ledge or the edge of the bed, after asking permission, if there were no other places to sit. McMahon said she would like to see the study repeated with nurse practitioners being the subjects rather than the physician.

"I think that nurse practitioners, bedside nurses or other professionals working with patients need to be aware of the impact of something as small as sitting versus standing makes on patient perceptions," she said.

McMahon said the study confirmed what she believed to be true.

"Absolutely," she said. "I think we all learn in school that it is good to sit down when interacting with patients, but I am not sure we were ever told they why." Arnold said he is known for his fast rounding. He sees a lot of patients, he said.

The study inspired him to sit at the bedside and helped him to slow down a little, he said.

"I remember being taught in medical school that you should always sit down when speaking with a patient because it will seem like you are staying in the room longer," Arnold said. "Unfortunately, there isn't any data to back up that claim, which is why we embarked on this study."

Arnold said communication skills are taught at 65 percent of medical schools across the country, including The University of Kansas.

"This survey provides the exact type of qualitative and quantitative data that we need to support teaching these skills," Arnold said. "Taking the time to listen and respond to patient concerns is a significant part of this job. At the end of the day, whether you sit or stand, what's most important is that the patient receives the best possible care."

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