Communication strategies for nurses and other health care professionals

Frank Schulz-Kindermann
Universitätsklinikum Hamburg-Eppendorf
Institut für Medizinische Psychologie
Agenda

- A little exercise
- The importance of adequate communication
- Challenges of communication
- Communication in SCTx
- Possibilities of training
- Moral distress and compassion fatigue
- Summary
A little exercise...

- Start to pass the message in the back.
- Tell it just ONCE to your neighbour.
- Last of rows please pass the message to the row in front of you.
- Last receiver of message: Please write it down and pass it to me.
- Thank you!
The importance of adequate communication I

- Patients expecting understanding, empathy and support \(^1\)
- Nurses as primary communication link to the medical system
- Inadequate communication as source of distress

\(^1\) Verhallen et al. 2004;
The importance of adequate communication II

- Challenge of communication with „expert patients“
- 21% of patients: did not receive enough info
- 28%: doctors talked as if patients were not there
- New roles and competencies for oncological and SCT nurses

© fotocommunity

1 Verhallen et al. 2004;
Challenges of communication I

- Lack of time and space
  - Use time more effectively
  - Apply clear structure of assessment
    - Preparation
    - Establish rapport
    - Negotiate length of time
    - Attend to patient's agenda
Challenges of communication II

- Strong emotions
  - Screen for distress
  - Apply emotion focused strategies
  - Recognise and handle anxiety and depression
  - Develop reliable support structures within the clinical setting
Challenges of communication III

- Breaking bad news
  - “Any information that drastically alters a patient’s view of their future for the worse.” ¹
  - Including info like about impossibility of discharge

*If we get it right the patient will never forget us.*

*If we get it wrong they will never forgive us.*

¹ Kaye 1996
Challenges of communication IV

☐ Denial

■ Present

☐ How do you feel things are going at the moment?

■ Past

☐ Has there ever been a moment when you thought things would not work out?

■ Future

☐ How do you see your illness affecting your future?

© fotocommunity

1 & Wilkinson 2010
Challenges of communication V

☐ Collusion

„Patients are not protected by their ignorance, only isolated.“ ¹

High levels of anxiety and need for protect!

☐ Establish the emotional cost of keeping collusion

☐ Assess potential questions of patients

☐ Inform of plans to interview the patient

¹ Litcher 1978
Communication in SCTx

Nurses

Patient
Communication in SCTx
Communication in SCTx

Nurses

Further HCP

Doctors

Patient

Family And Friends
Communication in SCTx

- Nurses
- Doctors
- Patient
- Further HCP
- Family And Friends
Communication in SCTx

- Treatment related distress
- Complex rationale of treatment
- Alternating status through 24h
- Deprivation, dissociation, trauma
- Curative ↔ Palliative
- Instability after discharge
Communication skills training I

- Communication skills do not reliably improve with experience! ¹

- „Knowledge does not translate directly to performance, a further step of specific experiential work is required to acquire new skills and change learner’s behavior!“ ²

¹ Cantwell 1997 ² Kurtz 1998
Communication skills training II

- **Cochrane Review**
  incl. 522 nurses (6 studies)

- Training improved some CS
  - Open questions
  - Showing empathy

- No clear evidence for other skills, effects for patients, longer sustaining of effects or kind of CST

---

¹ Moore et al. 2013
Possibilities of training

- Several multicenter RCTs show that skills can be trained effectively \(^1\)

- Skills like
  - Open questions
  - Clarification
  - Picking up verbal cues

maintained after 5 years

\(^1\) Wilkinson et al. 2008
Possibilities of training

Aims

- Reflect upon own and others communication skills
- Demonstrate skills for structured patient focused assessment / consultation
- Utilise specific strategies for difficult communication scenarios
Possibilities of training

- Example: ACST model (GB)
  - 3 days duration
  - Delivered in safe environment
  - Max 12 participants
  - Agreed ground rules
  - Lerner centred agenda
  - Experiential approach
  - Pair of facilitators, at least one recognised

¹ Wilkinson et al. 2008
Possibilities of training

- **Results of RCT**
  - with 2 * 85 registered nurses
- Differences between pre- and 12 weeks post course
  - Coverage score increased
  - Skills score increased
  - Confidence increased
  - Patient anxiety reduced
  - Emotional state better
  - Patients: Greater satisfaction

1 Wilkinson et al. 2008
Moral distress

- Disequilibrium of knowing the appropriate action required but unable to carry it out \(^1,^2\)

- Causes
  - Depersonalization of care
  - Pain and suffering
  - Non-participation in end-of-care decision-making
  - Disregard for patients choices about treatment
  - Inadequate information given

\(^1\) Jameton 1984; \(^2\) Corley 2002
Compassion fatigue

- Cost of caring empathically
- Danger of identification
- Secondary traumatization
- Association with burnout and depression \(^1,^2\)

- **Beware of symptoms and prevent!**
- **Develop self-compassion and mindfulness!**

\(^1\) Figley 1995; \(^2\) Lombardo & Eire 2011
Summary

- Communication is pivotal.
- There are numerous challenges.
- It is a complex process in a dynamic setting.
- But it can be trained!
- Beware moral distress and compassion fatigue!
Our little communication exercise

„Good communication is challenging and needs compagnons with compassion.“

© fotocommunity
Literature


...
Thank you for your attention!