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Cue-responding during simulated routine nursing care: A mixed method study

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SUMMARY

Background: Failure of nurses to recognize, acknowledge, and/or explore patient cues/concerns may result in patients' unrecognized psychosocial and information needs that could have untoward consequences. With the continuous evidence of the need for nurses to improve their communication, a greater emphasis is needed in the undergraduate nursing curriculum on training students in such skills.
Objective: This study is to explore the cue-responding behaviors of nursing students during their routine care of patients in a simulated setting.
Design: A mixed methods approach.
Participants: Senior year students.
Method: Data was collected by video-taping the students' cue-responding behavior performance, through individual debriefing interviews, and from the student-patient actors' written comments and the focus group.
Results: Of the 110 cues in the conversation, 47% were acknowledged, only 12% were explored, and 53% were responded to with distancing behavior. Students' cue-responding behavior was a negative 21.8% with more cues being responded to through distancing behaviors than were acknowledged. Their pattern of communication was characterized by a focus on task completion, the use of predominately close-ended questions, and the giving of explanations and information based on unchecked assumptions.
Conclusions: Learning from their individual video-taped performance and debriefing with facilitators helped the students to not only develop a deeper level of self-awareness and reflection but also caused them to think more about time, the culture of nursing, and the tension between task-focused and patient-centered care. They came to value cue-responding in communication as one way of learning about communicating with patients. Focusing on cue-responding in communication also provided us with insights on the students' understanding of communication and the need for educators to re-emphasize person-centered communication and to deal with issues that go beyond technical skills. Future research is critical to examine its transferability to practice with continuous coaching and role modeling for students in clinical settings.

Introduction

Effective communication between health professionals and clients has long been recognized as important in promoting quality patient-focused care, reducing patient complaints, and minimizing costly litigation (Fleischer et al., 2009). However, the practice on patient-centeredness continues to lag behind such an acknowledgement (Dijkstra et al., 2002). Research involving nurses has revealed inconsistencies in the empathy levels and measurements adopted across the studies (Yu and Kirk, 2008). McCabe (2004) noted that the nurses' relationship with patients was compromised when the nurses shifted from a patient-centered approach to a task-focused orientation. A 2010 survey on patient satisfaction in acute and extended care public hospitals in Hong Kong also suggested a need to improve communication between health caregivers and patients, to ensure that patients understand and appreciate the information that they were provided about illness, treatment, and care and to allay their anxieties and respond to their queries (Hospital Authority, 2010). Noticing patients' cues and concerns could lead to recognition of the need for informational and emotional support. Leaving cues unattended, on the other hand, might hinder the rendering of the required care to patients. Uitterhoeve et al.'s (2009) findings have pointed to the importance of cue-responding to the satisfaction that oncology patients felt with their communication with nurses. Patients have also been found to be more critical about their communication with nursing staff than with any other aspect of their hospital experience (Dijkstra et al., 2002). Health professionals are therefore expected to elicit, recognize, and respond to patients' cues and concerns, which is also fundamental to

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person-centered care (Riley et al., 2013). However, a literature review of health professionals' responses to patients' cues and concerns has shown that both nurses (Yu and Kirk, 2008) and doctors (Zimmermann et al., 2007) do not consistently acknowledge or adequately respond to the informational needs or psychosocial concerns of patients. Uitterhoeve et al. (2008) noted that nurses in video-simulated interviews responded to only half of the cues from the oncology patients, and distanced themselves from the remaining half. Distancing behaviors are noted as shifting focus, blocking, and dismissing the importance of a patient's concern. Similarly, Sheldon et al.'s (2011) findings on the responses of nurses to distress cues from patient during their ambulatory oncology visits were that 57% of patient cues were acknowledged, but only 22% were explored. Continuous evidence of the need for nurses to improve their communication skills is apparent despite widespread agreement about its importance (McCarthy et al., 2008).

Background

Past research on training in communication skills often used patient-focused observations while neglecting specific information on the processes by which nurses interacted with patients (Kruijver et al., 2000). In their extensive literature review, Kissane et al. (2012) showed that the current curriculum for training oncology professionals in communication skills emphasizes such matters as breaking bad news, responding to difficult emotions, and coping with survivorship. However, the communication skills involved in everyday conversations with patients are equally important, especially given the perception that nurses lack the time to communicate with patients. Although nurses indicated that they have little time to communicate with patients (Major and Homes, 2008), they are still perceived as spending more time with patients than other health professionals. Therapeutic nurse–patient communication is possible during brief interactions in routine care within a time-pressured clinical environment (Chan et al., 2012).

To improve the communication skills of nurses, McCarthy et al. (2008) advocated making communication skills training a core component of undergraduate nursing education, especially for the final year cohorts, as communication skills are generally found in the curriculum of junior year students, who often have minimal contact with patients/clients. One challenge for nurse educators in designing a curriculum on communication skills relates to the paucity of research on how such skills are learned. Among the limited research, there is scant information on teaching cue-responding behavior to students by simulating their communication with patients during the provision of routine care. Simulation has been widely used in education for active learning by students. Engaging students in thinking and doing, making the learning experience relevant and meaningful, is associated with active learning. For communication skills to be learnt and applied in practice, they also need self-awareness and experiential understanding (Ünal, 2012). Engaging in practical inquiry and action (Benner and Sutphen, 2007) is essential in developing students' reflective skills. The purpose of this study is to examine how senior year nursing students communicate with patients during the provision of routine care, focusing on cue-responding behaviors in a simulated setting.

Methods

This study has a mixed methods design with both quantitative and qualitative components. The study involves four stages: preparing authentic scripts of routines for the simulation session; video- and audio-recording the nursing students' performance of routines with patient actors; holding individual interviews with nursing students and patient actors; and conducting focus group discussions with all of the participants on their simulated learning about cue-responding behaviors during the routine care. The patients' scripts were created from the students' common clinical encounters, a literature review, and input from clinical instructors. These common interactions took place during the routine care that the students provided: e.g., conducting admission interviews, changing dressings, preparing patients for surgery, measuring vital signs, and administering medications. Patients' cues were included in the routine scripts based on two levels of verbal disclosure: hinting at worries or concerns and mentioning concerns or information needs, as well as non-verbal expressions. Within the three sessions of routine care, there were 110 patient cues for nursing students to respond to. Each session of three simulated routine nursing care performed by a nursing student and video-recorded was limited to 20–25 min. The same three patient actors were other nursing students, who were trained to perform cues. They studied the scripts and subsequently discussed and practiced them until they were able to perform the scripts consistently to reduce patient variations and improve the comparability of the nursing students' performance.

Participants

Ten senior year nursing students, from the same university, were recruited on a voluntary basis to participate in the study. Their age was between 21 and 22 years old with five males and five females. They partake in three simulated patient encounters each with a total of 20–25 min of routine care. A small sample size is standard in studies that analyze conversations (Matthiessen and Slade, 2010), due to the resources required to transcribe and analyze data. There were a total of thirty encounters. Prior to the provision of routine care, the nursing students were given a short description of the patient's health and the opportunity to ask questions and to clarify the description.

The students were recruited through clinical colleagues, who announced the purpose of the study at clinical briefing sessions. Those interested in participating provided their contact details to the teachers at the end of the session. These students were then contacted by the research assistant. The purpose of the study was explained to the students prior to obtaining their consent to participate. The students were fully aware that there was no link between their performance in this study and their formal studies. They had the right to withdraw from the study at any time without penalty. Ethical review was approved by the university ethical committee.

Data Collection

Data collection proceeded as follows: 1. Audio and video recordings were taken of student nurse–patient communications during routine care. The video portion consisted of the segment of data from the time that the student approached the patient until s/he had completed all of the routine from one patient to the third patient. Written comments were also solicited from patient actors on the spot or received through emails the next day. The patient actors were asked to give their thoughts on the performance of the student nurse in meeting their verbal and nonverbal needs as expressed according to the script. How did the student make them feel in the process? In what areas could the students improve? 2. A semi-structured interview was conducted with each student participant after the student had viewed his/her own video-taped performance. The interview with each student occurred within a week of the video-taping, depending on their availability. The student was asked to reflect on her/his video-taped role play simulation as he/she viewed the video, examining the use of cue-responding behaviors, critiquing his/her performance, and giving her/his thoughts at the time. 3. A reflective focus group meeting was held with all of the participants, including the patient-actors, to evaluate their learning process and their thoughts on learning about cue-responding behaviors during the provision of routine care. The following specific questions were asked: Did they find the simulation useful? What had they learned? What were their perceptions of communication in routine care, of their work, their role, and the kinds of responses that they made during routine care to both the anticipated and unexpected needs of patients? How

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