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Featured Article

Communication Adaption in Challenging Simulations for Student Nurse Midwives

Helen Donovan, MEd*, Elizabeth Forster, PhD

Queensland University of Technology, School of Nursing, Faculty of Health, Kelvin Grove Campus, Brisbane 4059, Queensland, Australia

KEYWORDS

Communication
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simulation;
bereavement;
emergency care;
nurse;
midwife;
nursing student

Abstract

Background: Nurses and midwives must be able to adapt their behavior and language to meet the health care needs of patients and their families in diverse and at times difficult circumstances.

Methods: This study of fourth-year dual-degree nurse midwives used Communication Accommodation Theory strategies to examine their use of language and discourse when managing a sequential simulation of neonatal resuscitation and bereavement support.

Results: The results showed that many of the students were slow to respond to the changing needs of the patient and family and at times used ineffectual and disengaging language.

Conclusion: Clinical simulation is a safe and effective method for nurses and midwives to experience and practice the use of language and discourse in challenging circumstances.

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Nurses and midwives work in diverse clinical contexts, which demand open and effective communication with all members of the health care community. Effective professional communication is a nursing competency ([Nursing Competency Standards for the Registered Nurse, 2006](#)); however, communication has many “faces,” and nurses and midwives must accommodate their use of language and nonverbal behaviors to foster therapeutic professional relationships, particularly in high-stress clinical situations. This article explores the communication accommodative behaviors of graduating fourth-year students enrolled in a combined Bachelor of Nursing and Bachelor of Midwifery program in Australia. These graduating students were

challenged with two simulation scenarios actioned sequentially, wherein a “high-fidelity” neonatal resuscitation was followed immediately by a “standardized” low-fidelity bereavement situation. This enabled the students to apply advanced communication strategies learnt and practiced in the classroom to both a skill-based procedural care (neonatal resuscitation) immediately followed by a maternal grief and loss simulation.

Literature Review

Communication in Nursing and Midwifery

To understand and respond therapeutically to a patient’s health care needs is a cornerstone of nursing. Therapeutic

* Corresponding author: h.donovan@qut.edu.au (H. Donovan).

relationships in nursing and midwifery are based on trust and understanding, derived from an effective use of responsive and responsible communication (Scott, MacNeela, Clinton & Pontin, 2010). The underlying legal and ethical principles of beneficence (doing good) and non-maleficence (doing no harm) underpin the nurse midwife's communication behaviors (Marshall, 2010). Considering the "reflexive nature of communication" (Meyerhoff, 1998 p. 209), the possibility of "doing harm" as a result of voluntary or involuntary miscommunication or misinterpretation of needs can be detrimental to the recovery of patients and families (Williams, 1999). The need for registered nurses and midwives to communicate effectively is accepted however, whether graduating student nurses and midwives can adjust or

Key Points

- That sequential simulations replicate the rapid pace and changing circumstances common in health care disciplines.
- That nurses and midwives must be skilled in discourse management to ensure a therapeutic use of language.
- Simulated challenges enables professional development in a safe environment.

modify their communication behavior in high-stress clinical situations so as to achieve a therapeutic relationship remains unclear.

Communication Accommodation Theory

Communication Accommodation Theory (CAT) describes the "adaptive" communicative behaviors that people use to influence a conversation and develop an interpersonal relationship (Giles, 2008). According to Giles and Williams (1992), the way each person modifies their language to influence discourse is called attunement. The level of attunement reflects how much a person adjusts and adapts communicative behaviors to move toward or away from a person to achieve preferred communicative outcomes. For example, a person may mirror another's body position and change their use of language to develop rapport and positively align with a patient (convergence) or they may use professional language to distance themselves and to assume control of a situation (divergence). Maintenance of existing language behavior can be the result of a conscious effort to "misalign" with the other in an effort to role model other behaviors, to take control of a situation, or to demonstrate power and social distance and difference (Bylund, Peterson, & Cameron, 2012).

Common strategies used in the adaptive behaviors of convergence, divergence, and maintenance have been

identified as approximation (adjustment of style—verbal and nonverbal), interpretability (adjustment to ensure understanding), interpersonal control (adjustment of control and role within the discourse), and discourse management (influencing the discourse by using turn taking, listening, and interrupting behaviors; Hehl & McDonald, 2014).

Clinical Simulations in Nursing and Midwifery Practice

Clinical simulations facilitate active learning and critical thinking opportunities for students. A well-designed and realistic clinical simulation aims to provide a learning environment where the student feels safe and supported, but also engaged, challenged, and inspired (Goldsworthy & Graham, 2013). Simulation in health care is influenced by contemporary society's demand for safe practice and the legal demands to work within an ethical code while meeting education accreditation standards (Nehring & Lashley, 2010; Weller, Nestel, Marshall, Brooks, & Conn, 2012). In nursing and midwifery, the concept of "simulation" has existed for many years with nurses role playing patient behaviors and nursing skills and midwives using doll neonates and plastic pelvises to visualize and replicate the movement of the fetus through the female pelvis in preparation for vaginal birth (Nehring & Lashley, 2010).

Typically, simulated scenarios focus on a single scenario event in which one level or a "hybrid" (mixture) of simulation activities is required (Goldsworthy & Graham, 2013). Simulation tools range from "high-fidelity" pre-programmed technologic mannequins that mimic the responses of a human, to less "high-tech" tools that require teacher manipulation, "standardized" actor patients, student role play, and group interaction (Hamstra & Philibert, 2012). In essence, the simulated environment is designed to replicate the real world (Nehring & Lashley, 2010). Clinical events however do not "end" after one skill or activity, and in the "real world," nurses and midwives must be able to refocus their attention and adapt and adjust their communication approaches to meet health care needs in an ever-changing environment.

Communication in Nursing and Midwifery Simulations

The value of simulations to aid the development of effective communication skills for nurses and midwives is well recognized as a strategy to prepare them for hte diverse and changing contexts of care in which they will practice (DeGarmo, Rodriguez, Amer, & Wang, 2011). Two distinct areas of health care where the nurse midwife must be linguistically competent are in life-threatening emergency scenarios (Cooper et al., 2012) and when providing support and care of families during bereavement (Turner,

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