



Communication skills training

## Responding empathically to patients: Development, implementation, and evaluation of a communication skills training module for oncology nurses



Cassandra Pehrson<sup>a</sup>, Smita C. Banerjee<sup>a</sup>, Ruth Manna<sup>a</sup>, Megan Johnson Shen<sup>a</sup>,  
Stacey Hammonds<sup>a</sup>, Nessa Coyle<sup>a</sup>, Carol A. Krueger<sup>a</sup>, Erin Maloney<sup>b</sup>, Talia Zaider<sup>a</sup>,  
Carma L. Bylund<sup>a,c,d,\*</sup>

<sup>a</sup> Memorial Sloan Kettering Cancer Center, USA

<sup>b</sup> University of Pennsylvania, USA

<sup>c</sup> Hamad Medical Corporation, Qatar

<sup>d</sup> Weill Cornell Medical College in Qatar, Qatar

### ARTICLE INFO

#### Article history:

Received 8 June 2015

Received in revised form 19 November 2015

Accepted 21 November 2015

#### Keywords:

Nurse-patient communication

Healthcare communication

Empathy

Communication skills training

### ABSTRACT

**Objective:** The purpose of this paper is to report on the development, implementation, and evaluation of a Communication Skills Training (CST) module for inpatient oncology nurses on how to respond empathically to patients.

**Methods:** 248 nurses from a USA cancer center participated in a CST module on responding empathically to patients. Nurses completed pre- and post-training Standardized Patient Assessments (SPAs), a survey on their confidence in and intent to utilize skills taught, and a six-month post-training survey of self-reported use of skills.

**Results:** Results indicate that nurses were satisfied with the module, reporting that agreement or strong agreement to 5 out of 6 items assessing satisfaction 96.7%–98.0% of the time. Nurses' self-efficacy in responding empathically significantly increased pre- to post-training. Additionally, nurses showed empathy skill improvement in the post-SPAs. Finally, 88.2% of nurses reported feeling confident in using the skills they learned post-training and reported an increase of 42–63% in the use of specific empathic skills.

**Conclusions:** A CST module for nurses in responding empathically to patients showed feasibility, acceptability, and improvement in self-efficacy as well as skill uptake.

**Practice implications:** This CST module provides an easily targeted intervention for improving nurse-patient communication and patient-centered care.

© 2015 Elsevier Ireland Ltd. All rights reserved.

## 1. Introduction

Patient-centered communication is critical to good patient care [1]. Patient-centered communication drives treatment planning through the transmission of information and provides a therapeutic and supportive environment for the patient [2–4]. Empathy is of particular importance in effective patient-centered communication [2,4–6]. A nurse's ability to recognize patients' empathic opportunities and respond to a patient empathically,

communicating a desire to understand, can help patients understand and cope effectively with their illnesses [5–7].

Patient-centered communication is especially vital in cancer care. Cancer patients report high needs for information and emotional support [8]. However, distressed patients do not always disclose their concerns directly to clinicians [9,10]. Rather, patients often display distress via a cue or a signal, defined as “a verbal or non-verbal emotional hint which suggests an underlying unpleasant emotion, but lacks clarity” [11]. This verbal and non-verbal communication requires that the clinician seek clarification to understand the concerns, which is part of the empathic process [11]. Patients are also more likely to disclose concerns or cues when these concerns are brought up by the clinician [12]. Thus, clinicians' ability to recognize

\* Corresponding author at: Hamad Medical Corporation, Doha, Qatar.  
E-mail address: [cab2037@qatar-med.cornell.edu](mailto:cab2037@qatar-med.cornell.edu) (C.L. Bylund).

patient distress cues and allow patients to disclose their emotional distress is an important aspect of empathic communication.

A review by Neumann and colleagues [13] delineated two pathways by which empathic communication may improve patient outcomes. First, empathic communication can lead to a patient disclosing more about their symptoms and concerns, which consequently leads to the clinician getting more information, making a more accurate diagnosis, and understanding and responding to patients' individual needs. This leads to improved outcomes. Second, empathic communication can also lead to the patient feeling listened to, valued as an individual, and understood and accepted. Through patients feeling valued, understood, and accepted, empathic communication can indirectly lead to improved patient outcomes. Further, a 2012 systematic review examined the link between empathy measures and patient outcomes in cancer care [14]. This review found that retrospective patient-reported measures of clinician empathy were linked to higher patient satisfaction and lower patient distress. Although studies with physicians and nurses were combined in this systematic review, some individual studies also showed positive links between nurse empathy and patient outcomes (e.g., [15]).

Despite the benefits of empathic communication for patients, there are few Communication Skills Training (CST) programs that train nurses to recognize and address patients' emotions [16–18]. In response to an institutional need, we developed a CST module, *Responding Empathically to Patients*, as part of a larger nurse-focused communication skills training curriculum. This module was designed to enhance nurses' ability to recognize empathic opportunities and respond empathically to patients. The development, implementation and evaluation of our module is novel because unlike other research on nurse or physician empathy, our work here focuses on the challenge of teaching empathic communication skills. Although empathic communication skills are taught frequently with health professions students, the focus on practicing nurses in a cancer center is innovative. In addition, as will be explained below, our approach to teaching empathic communication is unique because it is conceptualized based upon an established body of research on empathic communication, specifically on a methodological operationalization of empathic communication.

## 2. Methods

### 2.1. Participants

During 2012 and 2013, a convenience sample of 248 inpatient nurses (99% female, 1% male) from Memorial Sloan Kettering Cancer Center (MSKCC) were selected by their nurse leaders to participate in the training program. Oncology nurses from multiple practice settings including acute care (69%), critical care (9%), urgent care (6.5%), and pediatrics (15.5%) participated in the training. Participating nurses varied in age and years of clinical experience. The study was given exempt status by the Institutional Review Board at MSKCC.

### 2.2. Development of training module

Our research group, housed within the Communication Skills Training and Research Laboratory, has traditionally focused on developing communication training modules to support the physician in communicating with oncology patients and their families [19]. Following the development of the physician training program, our group was approached by nursing leadership at our institution requesting support in developing CST for the nurses. This request was a result of nurses' responses to a climate survey, in which nurses indicated a need and demand for training oncology nurses in communication skills. In response to this need, we developed a one-day CST program for nurses that offered three modules: (1) *Responding Empathically to Patients*; (2) *Discussing Death, Dying, and End-of-Life Goals of Care*; and (3) *Challenging Interactions with Families*. This paper presents the development, implementation, and evaluation of the CST module on *Responding Empathically to Patients*.

All of our CST modules in the Communication Skills Training and Research Laboratory, including the module discussed in the present study, go through a series of seven consecutive steps of development used in prior research [20]: (1) systematic literature review, (2) consensus review meetings, (3) modular blueprint development, (4) training materials development, (5) scenario development, (6) making revisions and adaptations iteratively, and (7) assessment. The present module was developed for this study but was based on approaches used in prior module development in the Communication Skills Training and Research Lab.

**Table 1**

Modular blueprint: *Responding empathically to patients*.

<b>Goal:</b> To recognize or elicit and respond to patients' empathic opportunities in order to communicate understanding, alleviate distress and provide support.		
Strategies	Skills	Process tasks
Recognize or elicit a patient's empathic opportunity	Acknowledge Encourage expression of feelings	Notice patients' nonverbal communication
Work toward a shared understanding of the patient's emotion/experience	Ask open questions Clarify Restate	Avoid leading questions Avoid giving premature reassurance
Empathically respond to the emotion/experience	Acknowledge Validate Normalize Praise patient efforts	Identify patient's strengths and sources of support
Facilitate coping and connect to social support	Ask open questions Endorse question asking Make partnership statements	Make referrals Express a willingness to help

Download English Version:

<https://daneshyari.com/en/article/6152568>

Download Persian Version:

<https://daneshyari.com/article/6152568>

[Daneshyari.com](https://daneshyari.com)