Patient Education and Counseling xxx (2014) xxx–xxx

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

Medical Education

The effectiveness of a brief intervention for emotion-focused nurse–parent communication☆

Mark J. Fisher [a,*], Marion E. Broome [b], Barbara M. Friesth [b], Tracy Magee [b], Richard M. Frankel [c]

[a] College of Nursing, University of Oklahoma Health Sciences Center (OUHSC), Oklahoma City, USA
[b] School of Nursing, Indiana University, Indianapolis, USA
[c] School of Medicine, Indiana University, Indianapolis, USA

ARTICLE INFO

Article history:
Received 2 July 2013
Received in revised form 2 April 2014
Accepted 5 April 2014

Keywords:
Four Habits Model
Emotion-focused
Newly licensed nurse

ABSTRACT

Objective: A child's hospitalization is stressful for both the children and their parents. Nurse–parent communication during stressful hospitalizations requires skilled nurse communicators. Brief methods of training emotion-focused communication for newly licensed nurses are needed, but as yet are rare. The purpose of this study was to evaluate the effectiveness of a validated brief communication training (Four Habits Model) session using simulation for newly licensed pediatric nurses.
Methods: Quantitative and qualitative methods provided data for this experimental study, using a group-by-trials repeated measures ANOVA design. The intervention group participated in a 1-h three-part education simulation session and the control group observed a 1-h video.
Results: Compared with the controls, the intervention group improved significantly in four of five areas: preparation, communication skills, relationships, and confidence. Experience level had minimal effect. Over half of the nurses in the intervention group reported using one or more of the Four Habits in clinical practice.
Conclusions: The findings of this study suggest that a 1-h Four Habits communication-training program improves newly licensed nurses' self-perception of their preparation for emotion-focused conversations with parents.
Practice implications: The findings of this study suggest that the Four Habits Model can be useful in communication training with nurses.

1. Introduction

Communication is an integral part of pediatric health care that involves the exchange of information between providers, patients, parents, and other family members. An estimated 2,000,000 children under the age of fifteen were hospitalized at least once in 2006 in the United States with an average length of stay of four and a half days [1,2]. The same year it was estimated that more than 300,000 children in the US under the age of eighteen were admitted to hospitals two or more times [2]. A child's hospitalization is a stressful experience for parents and families [3,4]. Stress may result from parents' quest for information to reduce uncertainty [5,6], the hospital's visitation limitations [7], parents receiving bad news [8,9], their involvement in care-related decision-making [10,11], and limited provider–parent collaboration [12]. Accompanying emotions such as fear, helplessness, anger, and uncertainty, and behaviors reflecting a lack of ability to cope with bad news [13–15] can create challenges that affect provider–parent communication. Ideally, such communication involves shared knowledge and perspectives creating a synergistic effect that facilitates optimal patient care through strong provider–parent relationships and partnerships.

Vigilant care and clear communication are expectations for both parents and health care providers. Provider–parent communication involves negotiation [6]; acknowledging, addressing, and attempting to meet parent needs [16]; collaboration between providers and parents [17]; providers' interest in and consideration of parent perspectives [18]; and inclusion of parents in care, interpersonal relationships, and providers genuinely listening to

☆ A Research Grant from Sigma Theta Tau International Beta Delta-at-Large Chapter supported this research.

* Corresponding author at: College of Nursing, University of Oklahoma Health Sciences Center (OUHSC), 1100 North Stonewall Avenue, #433, Oklahoma City, OK 73117, USA. Tel.: +1 405 271 1491x49207/405 250 3385; fax: +1 405 271 1224.
E-mail address: mark-fisher@ouhsc.edu (M.J. Fisher).

http://dx.doi.org/10.1016/j.pec.2014.04.004
0738-3991/

parents [19]. Ineffective or poor nurse–parent communication, on the other hand, can lead to low quality nursing care such as inadequate pain assessment and management of the child [20] and poor patient experiences or more adverse outcomes [21].

Communication skill training is a fundamental aspect of most, if not all, nurse education programs. However, instruction methods and outcomes vary widely. Additionally, stressful and emotional nurse–parent communication requires novice nurses to build on their fundamental communication skills obtained through their education and orientation to practice [8]. Optimal training requires demonstration and opportunities for practice and feedback [22]. Carefully planned simulation training experiences provide the learner with an opportunity to practice what to do and how to behave in specific often highly stressful situations [23–25]. Difficult conversations between parents and providers benefit from innovative training programs for providers such as the Program to Enhance Relationships and Communication Skills (PERCS) [26] and those conducted with nursing students by Gough and colleagues [27]. Difficult conversations where parents verbally or nonverbally express emotions may require nurses' skillful attention; however, nurses may not be prepared for such conversations.

Research aims for this study were to: (a) evaluate the effects of a brief Four Habits [28] communication training intervention for newly licensed pediatric nurses on their level of preparation for emotion-focused conversations with parents; and (b) evaluate participants' application of the Four Habits [28] communication training in clinical practice. Three research questions guided this study:

1) Does Four Habits communication training improve the perceptions of newly licensed pediatric nurses about their preparation for having emotion-focused conversations with parents?
2) Is there an interaction between training and amount of previous experience in nurses' preparation for emotion-focused conversations?
3) How do newly licensed pediatric nurses apply the Four Habits communication training content in the clinical pediatric patient care setting?

Frameworks used to guide this study included the stage of nurses' professional development described by Benner, Tanner, and Chesla [29] and information processing described by Miller [30], Tomlinson [31], and Greenwood [32]. These frameworks help to explain how novice nurses have a tendency to focus exclusively on patient-care tasks and may not perceive parent emotions that require a response. The professional development framework of Benner et al. [29] uses the Dreyfus model of skill acquisition to describe how nurses attain skills and convey knowledge in the context of expert practice. Information processing theory provides a useful framework to describe how people manage information [32]. Effectiveness of the training is focused on improving newly licensed nurses' awareness and appreciation of parents' expressed emotions and how skillful responses can improve communication processes and outcomes. Nurses' failure to listen to or act on parents' expressed emotions interferes with nurse–parent interactions and communication. Newly licensed nurses' insufficient knowledge about emotion-focused conversations and experience working with parents reduce their ability to interpret parents' expressed emotions. Nurses' inability to identify parents' emotional cues may lead to the parent feeling ignored and contribute to nurse–parent conflict.

2. Methods

Quantitative and qualitative methods were used to collect data for this experimental study that used a groups-by-trials repeated measures ANOVA design. Quantitative data were collected through the use of surveys with Likert-type scales. Qualitative data were collected in the form of open-ended questions immediately after sessions and through an email survey collected after a short period of time. Institutional Review Board approval for the study was obtained from the University of Oklahoma Health Sciences Center and Indiana University.

Participants, newly licensed nurses with up to 24 months experience, were recruited from a moderately sized urban adult and pediatric tertiary care hospital with over 250 pediatric beds (see Fig. 1). Potential participants were informed about the study through the use of flyers and direct communication by the primary investigator (PI). Interested nurses contacted the research coordinator and registered for the study. A power analysis was conducted with G*Power 3 [33] to detect a medium effect size (Cohen's $f = .25$) [34] for an interaction in a mixed ANOVA design with one between-participants factor (group: treatment and control) and one within-participants factor (repeated measures: pre and post). Using a significance level of alpha = .05 and assuming a correlation of .50 between the repeated measures, the power analysis showed that a sample size of 34 would be sufficient to achieve power of .80 [33,34] (L. DeShea, personal communication, June 23, 2011).

Participants were randomly assigned to intervention or control groups. The research coordinator used a random number generator to generate multiple sequences of 10 integers (1–10) to match the number of participants for each intervention/control cluster. As each participant contacted the research coordinator, their name was recorded the time slot for their selected date and

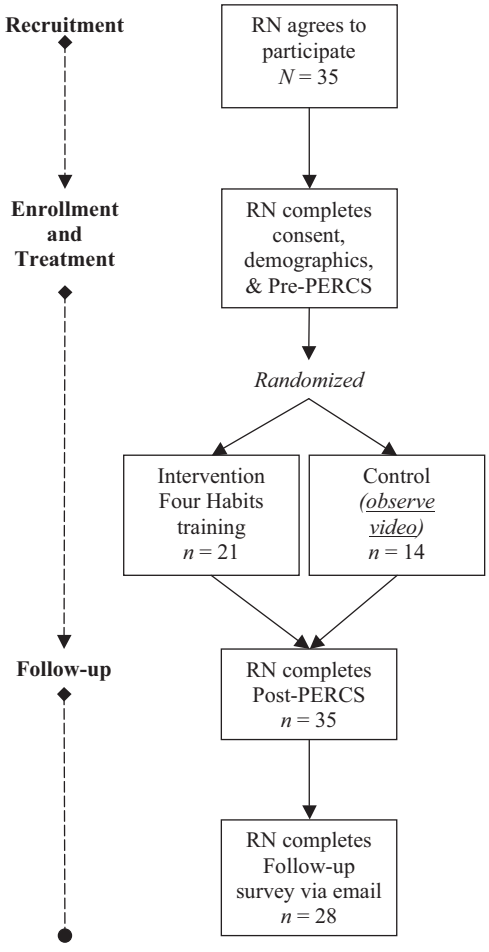

Fig. 1. Study design.

Please cite this article in press as: Fisher MJ, et al. The effectiveness of a brief intervention for emotion-focused nurse–parent communication. Patient Educ Couns (2014), http://dx.doi.org/10.1016/j.pec.2014.04.004