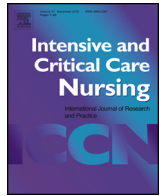




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Original article

Intensive care nursing students' perceptions of simulation for learning confirming communication skills: A descriptive qualitative study

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ABSTRACT

Aim: The aim of this study was to explore intensive care nursing students experiences with confirming communication skills training in a simulation-based environment.

Research Methodology: The study has a qualitative, exploratory and descriptive design. The participants were students in a post-graduate program in intensive care nursing, that had attended a one day confirming communication course. Three focus group interviews lasting between 60 and 80 min were conducted with 14 participants. The interviews were transcribed verbatim. Thematic analysis was performed, using Braun & Clark's seven steps.

Findings: The analysis resulted in three main themes: "awareness", "ice-breaker" and "challenging learning environment". The participants felt that it was a challenge to see themselves on the video-recordings afterwards, however receiving feedback resulted in better self-confidence in mastering complex communication.

Conclusion: The main finding of the study is that the students reported improved communication skills after the confirming communication course. However; it is uncertain how these skills can be transferred to clinical practice improving patient outcomes.

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Implications for clinical practice

- The study may give insight in how to plan a confirming communication course, using simulated scenarios with standardised patients and feedback in clinical studies with direct patient contact afterwards.
- The use of standardised patients was experienced as positive, giving a more realistic scenario, than acting against another student.
- The use of confirming communication skills may enhance patient satisfaction, but also be an efficient way to approach the patients experiences for healthcare personnel.

Introduction

Studies reveal that communication is essential for quality of care and patient satisfaction (Finke et al., 2008; Nørgaard et al., 2012). Poor communication with healthcare professionals often leads to stress (Nåden and Sæteren, 2006) and a threat to the maintenance of dignity (Moen and Naden, 2015). Specifically, confirming

and empathic communication are important indicators for quality care in patients who are critically ill, like in Post Anaesthesia Care Units (PACUs) (Engström and Söderberg, 2007; Eriksson and Svedlund, 2007; Nelson et al., 2010). Confirming communication skills convey that you see and understand the essence of the other person and acknowledge the importance of each human being to be treated as a subject with integrity, freedom and right to autonomy (Eide and Eide, 2007). It is grounded in relational dialectical theory and existentialism, which emphasizes empathy towards the other human being as essential in a relationship between two persons (Løvlie Schibbye, 1993; Eide and Eide, 2007). Confirming communication skills are both verbal or nonverbal (Eide and Eide, 2007;

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Løvlie Schibbye, 1993). To confirm nonverbally can be done with for example eye contact, gentle touch and an attentive approach towards the patient, showing attention and interest (Nåden and Sæteren, 2006). Verbal confirming communication skills are techniques that can be used specifically for the purpose to make the patient express their experiences and feelings. Examples may be active listening, to repeat key words from the patient's statements with the intention to make them elaborate further, to summarize or rephrase what is said, recognition of the patient's emotions, use of humour or pay attention to cues and concerns in the communication that may reveal worries and try to explore these (Eide and Eide, 2007). It creates trust, safety and empowers the patient, when you as healthcare personnel give empathic responses to the patients lived experiences (Eide and Eide, 2007). Confirming communication may be health-promoting and enabling for patient participation and is a core dimension of patient-centred care (Hobbs, 2009; Kitson et al., 2013; McCabe, 2004).

Background

Education of intensive care nurses in Norway

The European Credit Transfer and Accumulation System (ECTS) is a standard used to compare higher education across the European Union and other collaborating European countries. 60 ECTS-credits is one year of study, equivalent to 1500–1800 hours of work (www.ehea.info accessed 10.10.2016). A national framework regulates Postgraduate Intensive Care Nursing Education in Norway with a curriculum of 90 ECTS-credits; 1.5 years of study (Ministry of Education and Research, 2005). After graduating the intensive care nurses (ICU nurses) are expected per the national framework to manage to care for both adults and neonates/children in intensive care units (ICUs) and patients in PACUs. Because of these qualifications, ICU-nurses may work in both ICUs and PACUs. There is no specific postgraduate education for PACU-nurses in Norway.

Simulation-based training

Simulation-based training is regarded as an effective method for learning technical and non-technical skills by providing an environment that has a high focus on improving competence in clinical skills, such as procedural interventions or cardiopulmonary resuscitation (Cook et al., 2012). It offers the participants experiences, without threatening the patient safety while learning new skills, that they later may apply in their clinical practice (Smyth et al., 2012; Zigmont et al., 2011). Learning theories, such as Kolb's cycle and Bloom's taxonomy (Zigmont et al., 2011) have been used to explain why simulation seems to be a functional learning method. Although the evidence for the effectiveness of simulation-based training is sparse (Cook et al., 2012), some studies and reviews have highlighted the potential for learning the complex interplay of verbal and nonverbal communication in a simulation-based environment (Houghton et al., 2012; Lane and Rollnick, 2007; Smyth et al., 2012). Studies from oncology nursing with simulation-based communication training report positive results post-course handling communication problems with patients (Fallowfield et al., 2001) and enhancing patient-centred communication (Sheldon, 2011). There is still a need for knowledge about the effects of simulation-based training to decide whether it is an advantageous method for acquiring communication skills or not (Lane and Rollnick, 2007).

Advanced communication skills are internationally regarded as one of the cornerstones of the competence in ICU-nurses (European Federation of Critical Care Nursing Associations, 2016; National Curriculum for postgraduate education in Intensive Care Nursing,

2005; Aari et al., 2008). Educational interventions that enhance patient-centred care and teach confirming communication skills to nursing students, are mostly found in baccalaureate programmes or from newly graduated nurses (Bosse et al., 2010; Lehr and Kaplan, 2013; Mullan and Kothe, 2010). There is a lack of knowledge about communication courses in postgraduate nursing education in general.

Methods

Aims

The aim of this study was to explore intensive care nursing students' (ICU nursing students) experiences with confirming communication training in a simulation-based environment.

Design

The study had a qualitative, exploratory and descriptive design. The authors aimed to explore the students' experiences of the confirming communication course. Further information about the course is provided in Appendix A in Supplementary material. Qualitative research is inductive in nature, searching to comprehend, describe or understand a human experience, context or phenomenon (Polit and Beck, 2014). Focus groups were chosen to achieve group discussions where the participants may express their opinions and experiences (Krueger and Casey, 2009). Focus group interviews are a social experience, where participants can become involved in the discussion if they desire to continue to talk and build upon each other's statements (Krueger and Casey, 2009, Webb and Kevern, 2001). Instead of single interviews where each participant's unique experience is focus, the intention in this study was to understand differences in opinions and ideas to emerge because of discussion and synergy in the groups (Krueger and Casey, 2009).

Participants

We recruited participants from the Postgraduate Education in ICU-nursing during 2013–2014, in clinical studies in a specific PACU in a University Hospital in Norway. The goal was to achieve a wide range of opinions and experiences with the communication course. A purposive approach is useful to achieve variation on dimensions of interest and when there are few participants to choose among (Patton, 2002). Inclusion criteria for participation in the focus groups were that the students had attended the confirming communication course arranged in the PACU, during their clinical studies.

All the students were informed and invited to the focus group interviews; first by email pre-course; once we were made aware which students would have clinical studies in the PACU during the study period. During the communication course, they also received further verbal and written information about the study. The students got permission to leave their clinical studies for the period of the interviews, if they participated. Out of the 21 students that attended the communication course, 14 participated in the focus group interviews. The participants were 12 women and 2 men, with a mean age of 31 years. They had more than 2 years of experience as RNs. None of them had worked in a PACU before, but some had previous experiences caring for acute critically ill patients. Some of them had experience with communication training during their bachelor education. None of them had previously attended a simulation-based communication course with video-recordings. They had during their current education in ICU nursing, simulation-based training to practice advanced skills like cardiopulmonary resuscitation. Participants varied from being in their first semester

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