

UNIVERSITY OF TECHNOLOGY SYDNEY



Nursing@Hammond

Presenter:
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A Patient's Story


Communication
 Acknowledgement
 Rapport
 Empathy



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What strategies enable nurses to communicate effectively with patients, families & carers?

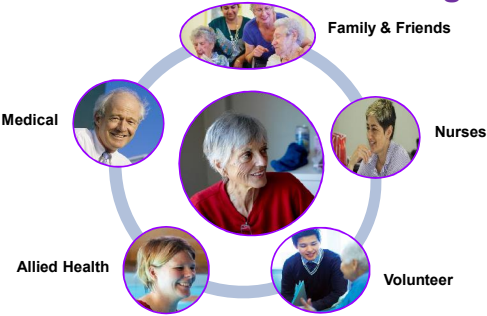

Is empathetic communication something you can teach?



Demographics





Communication – the setting

Approach

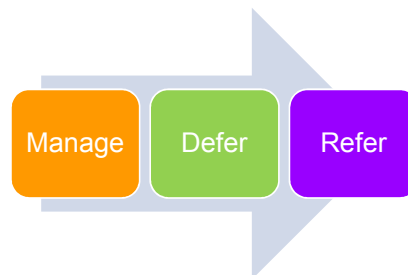
- Partner with UTS School of Nursing
- Sequential mixed method study:
 - Nurse survey & focus groups
 - Patient & family interviews
- HammondCare Palliative Care Inpatient Units
- Ethics approval



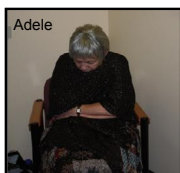
Training intervention

- Action based learning
- Realistic scenarios
- Actors
- Safe environment
- Reflective practice

Triage emotions



SCENARIOS



Evaluation

Criteria	Rating
Discovered techniques	97%
New ways of thinking	97%
Actors useful	97%
Able to contribute	100%
Felt comfortable to role play	97%
Realistic scenarios	100%
Overall rating	95%

Findings

Pre Intervention

Task before talk

"The task has to be done before the talking is done"
"If somebody saw me communicating with the patient, I'd feel that they were saying, 'What are you doing there? You are doing nothing – keep moving.'"

Post Intervention

Task while talking

"So we've got to try & break from that (task orientation) & realise, 'OK this person needs a breakthrough but this person really needs to talk', take time & get someone else to do the breakthrough."

Findings cont...

Pre Intervention

No time to talk

"You can't unleash that genie from the bottle unless you've got time to follow it up."


Post Intervention

Hard to find time to talk

"Personally I feel guilty that I haven't been able to go back to that person & talk to them but it's just trying to find a way".


Findings cont...

<p>Pre Intervention</p> <p>You don't know what to say</p> <p><i>"I listen to the story but I don't know what to say. I don't have enough confidence."</i></p>	<p>Post Intervention</p> <p>It's OK to not know what to say</p> <p><i>"A lot of what we're doing is just acknowledging & hearing people, if you don't give them the time & they don't feel heard or acknowledged; that's when they are often dissatisfied."</i></p>
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Findings cont...

<p>Pre Intervention</p> <p>Heightened emotions of patients & families – nurses lack skills to manage</p> <p><i>"You are now dealing with somebody that is going into denial through a feeling of grieving, a feeling of guilt, so how do you handle it?"</i></p>	<p>Post Intervention</p> <p>Managing emotions of patients & families – now have strategies</p> <p><i>"Heightened emotions can make it hard."</i></p>
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Findings cont...

<p>Pre Intervention</p> <p>Barriers to understanding</p> <p><i>"Cognitive impairment patients. So it is very hard to communicate at times. Pain-wise yes & also when they're agitated & you can't really talk to them."</i></p>	<p>Post Intervention</p> <p>Barriers to understanding – try strategies</p> <p><i>"if they're confused already & they can't speak English, you know, it makes it incredibly hard."</i></p>
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Findings cont...

<p>Pre Intervention</p> <p>Mis-match of care goals</p> <p><i>"They are not prepared for what is going to happen. Then they say, look what the drugs are doing to them."</i></p>	<p>Post Intervention</p> <p>Negotiate with families around care goals</p> <p><i>"We negotiate ... They'll tell us what they're expecting & we can tell them what we can do."</i></p>
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Findings cont...

<p>Pre Intervention</p> <p>Breaking bad news</p> <p><i>"But maybe they just don't want to know"</i></p> <p><i>"Not (being able to) prepare them for deterioration"</i></p> <p><i>"I think unexpected deaths."</i></p> <p>"</p>	<p>Post Intervention</p> <p>Breaking bad news – acknowledgement</p> <p><i>"...plans for the future & you're looking at this person who is actively dying... do they really understand?"</i></p> <p><i>So we work out how much they do understand & talk it through."</i></p>
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Findings cont...

<p>Pre Intervention</p> <p>Not knowing the patient's background</p> <p><i>"Knowing the patient's background, say from the medical history, like the social history. We just have limited information about the patient, only the really important ones. I don't really know (their) situation."</i></p>	<p>Post Intervention</p> <p>Relating to the patient as a person</p> <p><i>"I try to think of what people were like before they got ill, before they were given a diagnosis of something drastic & try to relate to them just as a person but not as a sick person."</i></p>
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Findings cont...

<p style="text-align: center;">Pre</p> <p>Nurse as a person – part of a team but personal insecurities</p> <p><i>“Reassuring & supporting each other sometimes helps”</i></p> <p><i>“I don’t have enough confidence, it’s difficult for me.”</i></p>	<p style="text-align: center;">Post</p> <p>Nurse as a person – confident & supported</p> <p><i>“I think it’s good to have a senior staff member supporting you”</i></p> <p><i>“I was so afraid to get introduced to an angry person but after that angry woman, I can go anywhere.”</i></p>
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Findings cont....

<p style="text-align: center;">Pre Intervention</p> <p>Poor handover</p> <p><i>“I think a lot of our communication is Chinese whispers & where do I find that information if somebody doesn’t feed it to me along the grapevine.”</i></p>	<p style="text-align: center;">Post Intervention</p> <p>Handover – ask & change process</p> <p><i>“Being clear about what you need. Ask them”</i></p> <p><i>“... we told the doctor to please tell us before they go & it’s happening now. They are telling us.”</i></p>
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Findings cont...

<p style="text-align: center;">Pre Intervention</p> <p>Does the role of nurses include talking?</p> <p><i>“If somebody saw me communicating with the patient, I’d feel that they were saying, “What are you doing there? You are doing nothing – keep moving.”</i></p>	<p style="text-align: center;">Post Intervention</p> <p>The role of nurses includes talking</p> <p><i>“Well some of the topics that families & patients want to discuss are very involved...I had to say to the staff, “I’m so sorry” & they’re like, “you just go & deal with that & we’ll do this.”</i></p>
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Limitations	Strengths
<ul style="list-style-type: none"> Couldn’t interview same patients/families post intervention training 	<ul style="list-style-type: none"> Patient & family engagement 3 sites – interaction of nurses from all sites Enabled reflection & collaboration Action based & shared experiences

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Strategies – post training

- Negotiate time to talk
- Engage with patients while doing tasks
- A good admission- enables patients to settle, establish initial communication & relationship
- Structure of work & patient continuity eg patient allocation, skill mix, team leader
- Supportive nursing team
- Proactive communication
- Acknowledge limitations

“Can’t fix everything’ – refer”

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Conclusion

Communication - strategies, confidence

Acknowledgement - listen, not talk

Rapport - trust, gain permission

Empathy - a person first

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Next steps

- Write research papers
- Repeat training for Palliative Care nurses – new staff, less experienced staff & those that need further empowerment
- Develop training for all HammondCare portfolios:
 - Residential, Community, Rehabilitation, SMHOP, DBMAS




Acknowledgements

- Sponsor – Mr. Richard Jamieson
- Partners – University of Technology,
 - Prof Patricia Davidson
 - Prof Jane Phillips
- Project Team – Margaret Brown, Pauline Luttrell, Jolan Stokes, Jenny Smith



Poster for International Nurses Day 2015

Nursing@Hammond



Barbara's Story
Barbara Jamieson was a patient at Greenwell Hospital's Palliative Care unit. After she died, her husband Richard donated money for nursing education. Richard commented "seeing everyday in hospital with Barbara I observed that there were different levels of caring care. Some nurses stood out and were exceptionally good, others were merely, unsure, not so personal. All nurses were technically good, those who stood out were those who had the ability to get alongside her and this made the difference to Barbara and myself."

Project team:
Margaret Brown
Pauline Luttrell
Jolan Stokes

Director of Nursing/Operations Manager HammondCare Nerrigang:
People Services Manager HammondCare
Hammond College Manager Residential Services



Objectives

- Build self awareness and skills to improve interactions with patients and families – emphasis on listening and communicating.
- Identify family issues and concerns and address them to avoid family distress and uncertainty when additional support is needed for families.
- Increase their confidence in supporting grieving families and engaging in effective communication.
- Improve their skills to successfully document interactions with patients, handover to the subsequent staff ensuring continuity of care within the multidisciplinary team.

Our approach

- Partnered with UTS School of Nursing
- Sequential mixed method study
- Pre and post data collection
- Nurse survey and focus groups
- Patient and family interviews

HammondCare Palliative Care Inpatient Units
Ethics approval

Initial Research Findings

Nursing focus groups and surveys revealed
There was inconsistency in nursing priorities, communication approaches and levels of confidence. Some nurses were skilled and insightful communicators; others were unsure and worried about saying the wrong thing and therefore avoided necessary conversations. The main barriers to communicating effectively were:

- A task focus "The task has to be done before the talking is done"
 - A perception that there is no time or permission to talk
 - Avoidance of conversations because they don't know what to say
 - Unsure how to manage emotionally charged situations
 - Patient/family "not on the same page" – care goals/priorities
 - Reluctance to break bad news
 - Not having enough information about the patient
 - Poor handover: too much reliance on verbal handover.
- Patient and family interviews revealed**
- They understood how busy nurses are, however they don't want to be forgotten. They can't wait when they need assistance to go to the bathroom.
 - Not all patients are clear regarding the nurses role; families on the other hand seem to have very clear expectations of what the nurses' role is, they seem more focused in ensuring their loved ones ADLs are being addressed, pressure care is attended, they are eating and drinking, personal care is attended and visitors are in touch.
 - It's not that they're not interested in caring, it's just that they're focused on one thing only (sic the tasks) ... *swears*
 - Patients wanted to know who was in charge of the ward, it seemed to give them a sense of security.
 - There is uncertainty around their condition and care goals
 - They want to be treated as people "Just don't treat them as if they've only got two days in their life to go, treat them normally... *swears*"
 - I feel like she was going off and out but the other nurses had always got a smile. This one, you know, she spoke to three patients in the ward and ignored me and I thought, well what have I done... *swears*
 - I look at it from this point of view, that there's someone here from say Korea and they're accent is pretty hard, I've got to concentrate and I think to myself, well why should I be worried because that person speaks fluent Korean and they're trying to speak English, I speak English but I wouldn't have a clue about Korean... *gags*
 - It's not your nationality it's your personality... *swears*



Training Intervention

Our training intervention needed 5 key requirements:

Action based learning: Providing an opportunity for self discovery and experimentation. Involves questions to build understanding, gain insight, and consider how to act in future. To know what works and understand what doesn't and why through personal experience. To empower our nurses to solve their own problems and learn from each other.

Realistic scenarios: To be relevant we needed training that was as close to 'real life' as possible. Our scenarios needed to be recognised by nurses, they needed to be recognised of patients and family members that they had cared for and be able to recognise them in the future. This would best be achieved by basing the training on their everyday work.





Actors: Our scenarios needed real people in them, displaying real emotions, including crying. Only actors can do this.

Safe environment: To feel safe to be themselves and experiment we set up ground rules. Nurses did not need to act. Facilitators supported the nurses through gentle questioning. A nurse didn't know what to do they read and were "stuck" they could call a time out.

Reflective practice: To increase self awareness and cement learning. This included a reflection on their own learning style plus when role playing, reflecting on how they were feeling, what they observed and identifying what communication strategies were working/not working.



10 HALLMARKS OF A GREAT NURSE

- Talking is a task**
Great nurses recognise the importance of talking as an integral part of a nurses role. It is a vital task. Has the ability to combine talking and listening while competing tasks such as personal care.
- It's OK to not know what to say**
Great nurses know empathetic communication is not about having the answers. It is recognising the importance of allowing patients and families to feel heard and acknowledged. It is not about nurses doing all the talking or saying the right thing at the right time. Nurses don't have to fix things.
- Finds ways to understand**
Great nurses take initiative to understand the needs of patients. When faced with communication barriers such as English as a second language, cognitive impairment and/or physical co-morbidities including poor hearing, sight and speech impairment. They use holistic strategies: interpreters, music, massage, diversion tactics and seek specialist help to communicate with patients.
- Can break bad news**
Great nurses know how to break bad news, whether this is a death, patients deteriorating condition or a amput. They make time, gain the persons attention and clearly state what has happened. Then they compassionately support that person and the emotional impact that follows.
- Is confident and supported**
Great nurses bring their own personality to the way they care and relate to others. Confident nurses are supportive of each other and actively seek out opportunities to gain experience or share their knowledge with others.

- Finds time to talk**
Great nurses know they have permission to spend time talking and listening when time is needed they negotiate with their nursing colleagues time to communicate with patients and family members. To communicate effectively great nurses acknowledge that "busy" is a state of mind; they can put aside their mental task list to genuinely listen.
- Connects emotionally**
A great nurse goes outside their comfort zone to first acknowledge emotions and relate empathically. They bridge emotions – manage the emotion when at the time, later (later) plan to return, negotiate time to connect emotionally or refer (consult) specialists as issues more complex. Great nurses use a range of strategies when communicating in complex and dynamic family and patient emotional situations.
- Negotiates care**
Great nurses understand that patients and families may not be 'on the same page' or have full awareness of their prognosis. They appreciate that it is not the nurses' job to make decisions for families or patients but rather explain what is happening and discuss, enable choice and negotiate care with them. Great nurses advocate for the patients, even when this means confronting and negotiating with family members who may want or demand care that is not in the patients best interests.
- Delivers to the patient as a person**
Great nurses are genuinely interested in people and providing holistic care. They ask questions to get glimpse into a patient's life story and previous experiences. Building a relationship with patients and families, gains trust and gives permission to care.
- Seeks and gives information**
Great nurses ensure a thorough handover, will ask for further information regarding events from colleagues and members of the multi-disciplinary team. They make time at the beginning of each shift to fill relevant documentation regarding patients and not just rely on verbal handover.

From Nursing Services Research Project: Support from Patients, staff, Issues, November 2014



