

Date: April 30, 2013

Title: The Effect of Communication Skills Training on Nurses' Confidence and Competence in Providing Psychosocial Support to Patients and Families

Clinical Question:

P (Population/Problem) Among direct care nurses,
 I (Intervention) does communication skills training
 C (Comparison) compared to no communication skills training
 O (Outcome) affect nurses' confidence and competence in providing psychosocial support to patients and families?

[Definitions for terms marked with * may be found in the Supporting Information section.](#)

Target Population for the Recommendation:

Nurses caring for patients and providing psychosocial support in any healthcare setting.

Recommendation:

It is recommended that communication skills training be provided to nurses to improve their confidence and competence in providing psychosocial support to patients and their families (van Weert, Jansen, Spreeuwenberg, van Dulman, & Bensing, 2011, [2a]; Rask, Jensen, Anderson, & Zachariae, 2009, [2b]; Langewitz et al., 2010 [4a]; Boscart, 2009 [4a]; Wilkinson, Linsell, & Blanchard, 2008 [4b]; McGilton, Irwin-Robinson, Boscart, & Spanjevic, 2006 [4a]; Bowles, Mackintosh, & Torn, 2001[4b]).

Discussion/Synthesis of Evidence related to the recommendation:

Communication skills training has been shown to be effective at increasing nurses' ability to provide psychosocial support to patients, confidence in providing psychosocial support, confidence in handling conflicts and criticism, and communication-related self-efficacy (van Weert et al., 2011 [2a]; Rask et al., 2009 [2b]; Langewitz et al., 2010 [4a]; Wilkinson et al., 2008 [4b]). Four studies (two randomized controlled trials and two repeated measures designs) have examined communication skills training for nurses caring for oncology and heart disease patients. Trainings ranged from one to four days in length and included nurses' recorded consultations with patients, web-enabled feedback, role-playing, video discussion, group discussion, and specific communication skills topics such as basic communication skills, disclosure of patient's concerns, breaking bad news, and engaging in difficult conversations with patients. Specific communication techniques were also taught, including approaches for nurses to help patient's express their feelings, attitudes, and expectations, use of appropriate pauses, summarizing, responding to emotions and patient concerns, using open-ended questions, empathy, picking up patient cues, clarifying, confronting, exploring, and closing. Nurses were also taught to avoid using leading and closed ended questions, focusing solely on physical components of illness, and using blocking behaviors, such as changing topics and offering premature true/false reassurance or information (van Weert et al., 2011 [2a]; Rask et al., 2009 [2b]; Langewitz et al., 2010 [4a]; Wilkinson et al., 2008 [4b]).

According to Langewitz et al., 2010 [4a], nurses attended to the psychological and social needs of patients more effectively (closed questions, $p < .01$, open questions, $p < .05$) post communication skills training. Rask et al., 2009 [2b], found improvement in nurses' confidence in providing psychosocial support ($p < .05$), confidence in handling conflicts and criticism ($p < .05$), and communication-related self-efficacy ($p < .05$). Nurses also reported increased competency in communicating and that the skills translated well into the workplace (Wilkinson et al., 2008 [4b]).

In addition to the communication skills trainings referenced, Solution-Focused Brief Therapy (SFBT) communication skills training has also demonstrated improvement in nurses' confidence and competence in providing psychosocial support to patients and families in a variety of clinical settings (chronic care facility, complex continuing care facility, medical, surgical, palliative care, inpatient, and outpatient). Three studies (two repeated measures and one mixed-methods design) examined communication skills training based on the theoretical framework of SFBT. SFBT is a set of assumptions addressing the best ways to motivate people to change, adapt, and grow. It is based on the values that

include patient empowerment, patient responsibility, and participation in care. The focus is on positive and solution-focused interactions rather than negative, problem-oriented interactions (Boscart, 2009 [4a]). Trainings ranged from thirty minutes to four days in length and utilized components of SFBT, role-playing, lectures, group discussion, and analysis of nurses' video-taped interactions (Boscart, 2009 [4a]; McGilton et al., 2006 [4a]; Bowles et al., 2001[4b]). No differences in outcomes based on time spent in training were noted. Boscart, 2009, [4a] found an increase in the quality of verbal interactions between nurses and patients ($p=.001$). According to Bowles et al., 2001[4b], positive directional change was found for nurses' feelings of confidence and competence providing psychosocial support to patients.

Reference List:

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- Remshardt, M. A. (2012). Do you know your professional boundaries? Retrieved from http://journals.lww.com/nursingmadeincrediblyeasy/Fulltext/2012/01000/Do_you_know_your_professional_boundaries_.3.aspx [5].
- Towers, R. (2007). Providing psychological support for patients with cancer. *Nursing Standard*, 22(12), 50-57, [5a].van Weert, J. C. M., Jansen, J., Spreeuwenberg, P. M. M., van Dulman, S., & Bensing, J. M. (2011). Effects of communication skills training and a Question Prompt Sheet to improve communication with older cancer patients: A randomized controlled trial. *Critical Reviews in Oncology/Hematology*, 80, 145-149, [2a].
- Wilkinson, S., Linsell, L., & Blanchard, K. (2008). Communication skills training for nurses working with patients with heart disease. *British Journal of Cardiac Nursing*, 3(10), 475-481, [4b].

IMPLEMENTATION

Applicability Issues:

Communication skills trainings can be time-consuming. Trainings ranged from 30 minutes to four days in length. Several of the studies also included follow-up training, ranging from four 4 hours to 1.5 days each (van Weert et al., 2011 [2a]; Rask et al., 2009 [2b]; Langewitz et al., 2010 [4a]; Wilkinson et al., 2008 [4b]). It will be important to allot time for nurses to attend communication skills training and follow-up sessions (if needed), outside of their regular assigned work duties. Additionally, extra funding may be needed to support staff time to conduct and participate in the training. Communication skills training sessions could be implemented during orientation for new nursing employees. In addition, the Therapeutic Collaborative training can also be used as a means to achieve communication skills training for nurses. The Therapeutic Collaborative training is currently given to nurses caring for bone marrow transplant (BMT) patients in a pediatric institution. It aims to assist nurses in forming therapeutic relationships with their patients and families, addressing professional boundaries, the "zone of helpfulness" (Remshardt, 2012 [5]), and personality style and how it relates to communication. This training has been conducted in a group format over a 4-hour period of time. It is also offered as an internet web-based video, with individual discussion between nurses and their clinical managers. This offers more flexibility for training to be completed and makes it easier from a scheduling standpoint. Communication skills training could be included as a part of the Therapeutic Collaborative training.

Relevant CCHMC Tools for Implementation:

ELM Trainings: Basics of Listening, Communication Etiquette, Conquering Conflict Through Communication, Crucial Conversations, and Advancing Communication and Care by Engaging Patients (ACCEPT).

Outcome or Process Measures:

In order to determine the impact of communication skills training on nurses' confidence and competence in providing psychosocial support to patients and families, measures may be given to nurses before and after communication skills training has been completed. As evidenced in the above literature, communication skills training has demonstrated improvement in nurses' ability to provide psychosocial support to patients, confidence in providing psychosocial support, confidence in handling conflicts and criticism, and communication-related self-efficacy. The studies listed above used various outcome and process measures. Bowle et al., (2001[4b]) utilized a Likert scale instrument measuring six different areas, including competence and in talking with people who are troubled, confidence in talking with people who are troubled, willingness to talk with people who are troubled, and frequency with which the nurse speaks with people who are troubled. Measures were given at baseline and six months after communication skills training was completed. A study done by Wilkinson et al., (2008 [4b]) examined nurses' confidence scores in communication skills, using the communication skills confidence questionnaire. Nurses completed this questionnaire at baseline, immediately after the communication skills training course, and three months after the course.

SUPPORTING INFORMATION**Background/Purpose of BEST Development:**

Effective communication is an essential element of nursing and has been acknowledged throughout the literature (Bowles et al., 2001[4b]). Because of the chronic nature of health problems, more emphasis has been placed on the importance of communication. Despite this, communication problems with nurses are common in clinical practice (Boscart, 2009 [4a]). One area in which this has been observed is with oncology nurses. According to Rask (2009, [2b]), nurses generally feel confident in providing care for the physical needs of cancer patients, but often find it more difficult to address patients' emotional concerns and report a lack of skills in this area. There may be a lack of competence and lack of comfort in addressing the psychosocial needs of cancer patients. Many cancer patients report clinically significant psychological stress and likely need support from their healthcare providers (Towers, 2007 [5a]). Supportive and patient-centered communication is an important part of nursing practice, especially with patients who are experiencing emotional and psychological distress, and disruption to social, occupational, and physical lifestyle. Therefore, it is important to examine the effects of communication skills training on nurses' competence and confidence in providing psychosocial support to patients and families.

Search Strategy:

Databases: Medline, Cinahl, Psychinfo, and Cochrane Library.

Search Terms: nurses, nursing, psychosocial factors, chronic illness, coping, long-term hospitalization, bone marrow transplant, behavior modification, pediatric oncologic nursing, oncologic nursing, nurse-patient relations, communication skills, communication skills training, psychosocial support, and solution-focused brief therapy.

Date Last Search Done: 1/13/13

Relevant CCHMC Evidence-Based Documents:

No relevant CCHMC guidelines or BESTs were found.

Group/Team Members:

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Conflicts of Interest were declared for each team member:

- ☒ No financial or intellectual conflicts of interest were found.
- ☒ No external funding was received for development of this BEST.
- ☐ The following conflicts of interest were disclosed:

Note: Full tables of the [LEGEND evidence evaluation system](#) are available in separate documents:

- [Table of Evidence Levels of Individual Studies by Domain, Study Design, & Quality](#) (abbreviated table below)
- [Grading a Body of Evidence to Answer a Clinical Question](#)
- [Judging the Strength of a Recommendation](#) (dimensions table below)

Table of Evidence Levels (see note above):

Quality level	Definition
1a [†] or 1b [†]	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

[†]a = good quality study; b = lesser quality study

Table of Language and Definitions for Recommendation Strength (see note above):

Language for Strength	Definition
It is strongly recommended that... It is strongly recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens. (or visa-versa for negative recommendations)
It is recommended that... It is recommended that... not...	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation...	
Given the dimensions below and that more answers to the left of the scales indicate support for a stronger recommendation, the recommendation statement above reflects the strength of the recommendation as judged by the development group. (Note that for negative recommendations, the left/right logic may be reversed for one or more dimensions.)	
Rationale for judgment and selection of each dimension:	
1. Grade of the Body of Evidence	☐ High ☒ Moderate ☐ Low
Rationale:	
2. Safety/Harm (Side Effects and Risks)	☒ Minimal ☐ Moderate ☐ Serious
Rationale:	
3. Health benefit to patient	☐ Significant ☒ Moderate ☐ Minimal
Rationale: According to Rask et al., 2009 [2b], most patients perceived the nurses as being empathic and attentive and were satisfied with the personal contact of the nurse and the nurses' professional skills, post intervention.	
4. Burden on nurses to adhere to recommendation	☒ Low ☐ Unable to determine ☐ High
Rationale: Communication skills training could be implemented during other scheduled trainings or staff meetings.	
5. Cost-effectiveness to healthcare system	☐ Cost-effective ☒ Inconclusive ☐ Not cost-effective
Rationale: Not included in the studies addressed above	
6. Directness of the evidence for this target population	☒ Directly relates ☐ Some concern of directness ☐ Indirectly relates
Rationale: Nurses were the population studied to support this recommendation and clinical question.	
7. Impact on morbidity/mortality or quality of life	☒ High ☐ Medium ☐ Low
Rationale: Improvement in nurses' confidence and competence in providing psychosocial support to patients and families could improve nurses' quality of life. During focus groups, nurses reported decreased feelings of inadequacy and emotional stress (Bowles et al., 2001[4b]). According to McGilton et al., 2006 [4a], nursing staff felt closer to their patients (F(2, 40) = 3.0, P = 0.045) and reported higher levels of job satisfaction (F(2, 40) = 4.1, P = 0.02) post communication skills training.	

Copies of this Best Evidence Statement (BEST) and related tools (if applicable, e.g., screening tools, algorithms, etc.) are available online and may be distributed by any organization for the global purpose of improving child health outcomes.

Website address: <http://www.cincinnatichildrens.org/service/i/anderson-center/evidence-based-care/bests/>

Examples of approved uses of the BEST include the following:

- Copies may be provided to anyone involved in the organization's process for developing and implementing evidence based care;
- Hyperlinks to the CCHMC website may be placed on the organization's website;
- The BEST may be adopted or adapted for use within the organization, provided that CCHMC receives appropriate attribution on all written or electronic documents; and
- Copies may be provided to patients and the clinicians who manage their care.

Notification of CCHMC at EBDMinfo@cchmc.org for any BEST adopted, adapted, implemented, or hyperlinked by the organization is appreciated.

Please cite as: Penko, S., Cincinnati Children's Hospital Medical Center: Best Evidence Statement The Effect of Communication Skills Training on Nurses' Confidence and Competence in Providing Psychosocial Support to Patients and Families, <http://www.cincinnatichildrens.org/svc/alpha/h/health-policy/best.htm>, BEST 165, pages 1-5, 4/30/13.

This Best Evidence Statement has been reviewed against quality criteria by two independent reviewers from the CCHMC Evidence Collaboration. Conflict of interest declaration forms are filed with the CCHMC EBDM group.

Once the BEST has been in place for five years, the development team reconvenes to explore the continued validity of the guideline. This phase can be initiated at any point that evidence indicates a critical change is needed. CCHMC EBDM staff performs a quarterly search for new evidence in an horizon scanning process. If new evidence arises related to this BEST, authors are contacted to evaluate and revise, if necessary.

For more information about CCHMC Best Evidence Statements and the development process, contact the Evidence Collaboration at EBDMinfo@cchmc.org.

Note

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.