Preparing neonatal nurses for difficult conversations with parents

Discussing bad news with patients and families can be challenging for health professionals. Neonatal nurses have an important role in helping parents to prepare for, receive, understand and cope with bad news but this can be an anxiety-provoking situation for those who have had little training in this area. This article presents an education evaluation of the introduction of a series of sequential, developmental learning activities around good communication skills into a post-registration neonatal intensive care nursing module with the aim of providing guidance for neonatal nurses to better support parents.

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Key points

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1. Difficult conversations with parents can provoke anxiety in neonatal nurses.
2. Good communication skills can help student nurses feel more confident about discussing bad news with parents and support them better.
3. Communication skills were incorporated into the neonatal nurses' training programme, including a communication workshop with simulated scenarios.
4. The educational approach offered students a safe forum to practise challenging conversations.

Nurses play a major role in communicating with the parents of infants on a neonatal unit and good communication skills are particularly important for discussing bad news, for example a life-limiting diagnosis, poor prognosis, withdrawal of treatment, managing prognostic uncertainty, palliative care, loss of an infant. These conversations can be difficult for nurses but they are essential for helping parents to cope with the information and/or make decisions about their baby's health and any diagnostic or therapeutic options.

Background

In previous neonatal nursing intensive care module evaluations, post-registration neonatal students at Keele University, School of Nursing and Midwifery reported that they found conversations around loss challenging. This finding is reflected in policy literature highlighting how a lack of clear and timely communication leads to service user dissatisfaction in the NHS and that the concerns of parents and relatives are not being addressed in a caring and sensitive manner.[1,2]

The module team used the Royal College of Paediatrics and Child Health guidance, *Practical Guidance for the Management of Palliative Care on Neonatal Units,*[3] as a starting point to review the communication element of the module. The guidance recommends that staff "should receive training in the principles of palliative care and sensitive communication with parents" and this formed the basis of a project proposal to facilitate a safe environment for novice neonatal intensive care nurses to develop their communication skills in preparation for future conversations with parents.

Working within the established Keele curriculum model,[4] which adopts a multimodal approach where simulation is seen as enabling greater synergistic links between theory and practice, the communication teaching strategy was redesigned. It was essential to the module team that this educational innovation had a positive impact on clinical practice.[5,6]

Methods

A literature review was carried out to determine how to develop communication skills and increase confidence in student groups by use of simulated practice in a safe environment.

The communication theme was developed by enhancing theoretical knowledge of communication frameworks, which support the breaking of bad news in practice. A bereavement study day was also incorporated into the curriculum in which a variety of health professionals and a service user delivered plenary sessions.

The training concluded with a bespoke communication workshop; an external facilitator and an actor delivered simulated scenarios and students were encouraged to actively participate.

Funding for the project was secured from the School of Nursing and Midwifery education evaluation forum.

The literature review

The search strategy aimed to identify relevant articles that detailed the implementation of simulated communication workshops into neonatal curricula. An experienced librarian assisted in using a defined search and retrieval method; the Medline, CINAHL and Embase databases were accessed for the period 2000-2015. Studies were limited to English language only. The keywords used to inform the search were: communication skills, role-playing, neonatal nursing and patient simulation.

The search did not reveal any research that evaluated the implementation of such an educational intervention in a neonatal nursing setting. While there appeared to be a plethora of evidence supporting the integration of high-fidelity clinical simulation into nursing curricula, there was a paucity of evidence demonstrating the benefits of implementing a simulated communication workshop. Two articles are noteworthy: Hsu et al[7] reviewed the effects of scenario-based simulation course training, concluding that simulated communication workshops resulted in an improvement in communication skills overall and enhanced learner satisfaction; Farrell et al[8] evaluated a workshop to prepare nurses for breaking bad news in a paediatric setting. Participants felt the use of simulated patients and relatives was a vital component of the training workshop.

The advanced communication workshop

The workshop was facilitated by an external agency and consisted of an experienced nurse trainer and an actor. The workshop was structured so as to achieve the outcomes listed in **FIGURE 1**.

The workshop commenced with a recap of the SPIKES protocol, a six-step procedure for delivering bad news (**FIGURE 2**).[9] The students chose anxiety-provoking situations for the simulated activity and the scenarios were then recreated to allow the students an opportunity to practise in a harmless environment. The scenarios that were chosen by the group focused around support for parents following initial discussion of withdrawal of treatment and managing prognostic uncertainty. The actor utilised a variety of emotions witnessed on neonatal units (eg disbelief, anger) and the students responded accordingly. The module leaders attended the workshop as observers.

Evaluation

The project evaluation took a mixed method approach in three distinct phases:

Phase 1: At the end of the workshop the students completed an 11-point anonymised online questionnaire. The project lead designed the survey based on the literature review.[7,8,10] This questionnaire collected data on:

- students' confidence and preparation in dealing with difficult conversations
- the experience of participating in or observing the simulated activities
- the value of the scenario debriefs
- an evaluation of the educational approaches used to develop communication skills.

Phase 2: Anecdotal data gathered at the end-of-module tripartite (student-mentor-lecturer) interview approximately three months after the workshop, comprising student and mentor anecdotes concerning the student's confidence and communication skills about difficult conversations with parents.

Phase 3: A focus group six months after completion of the module, which allowed the impact on practice to be assessed and explored the students' experiences since the workshop and evidence of how they had prepared and used their enhanced skill set in difficult conversations. The data analysis from phases 1 and 2 informed the direction of the focus group prompts. Liamputtong's[11] guidance for designing prompts for focussed discussions was particularly useful.

Focus groups are useful in nurse education evaluation.[11-14] The focus group was audio recorded and comprehensive notes identifying salient points, consensus, and group interaction and dynamics were made. The focus group was transcribed by an external agency. The project lead checked the transcripts with the recording and the field notes prior to the more traditional approach to managing qualitative data through textual interpretation using initial and axial coding of the transcript leading to thematic analysis.[15]

Ethical considerations

Ethical guidance was sought from both the School and University Research Ethics Committees. Ethical approval was not required for this educational evaluation but standard university ethical processes for participants were utilised (eg information sheets, consent forms, etc).

It is acknowledged that students may have felt compelled to participate and to only disclose positive elements of the evaluation because the project team comprised the programme and module leads. This concern was minimised by the choice of methodology as the focus group was about the dialogue between the participants rather than a group 'interview'.

Results and discussion

The authors took an interpretivist approach to the project, matching the aims with the evaluation questionnaire.[16] It was intended that the methods used would elicit data about the students' experiences of the educational strategy and the students' interactions with parents in the workplace.

The student cohort (n=13) was all female with a variety of ages and neonatal

- ✓ Understand how to start a difficult conversation
- ✓ Apply a framework to structure a conversation
- ✓ Use a range of active listening skills in collecting cues to respond to
- ✓ Propose a range of approaches when responding to parents' and families' concerns
- ✓ Identify different approaches to closing a conversation
- ✓ Reflect on how a debrief develops understanding of dealing with difficult conversations

FIGURE 1 Desired outcomes of the advanced communication workshop.

Step 1	**S:** SETTING up an interview
Step 2	**P:** assessing the patient's PERCEPTION
Step 3	**I:** obtaining the patient's INVITATION
Step 4	**K:** giving KNOWLEDGE and information to the patient
Step 5	**E:** addressing the patient's EMOTIONS with empathic responses
Step 6	**S:** STRATEGY and SUMMARY

FIGURE 2 SPIKES, the six-step protocol for delivering bad news.[9]

experience. All participants worked in one of five neonatal units across a large geographical region. All the students were invited and consented to evaluate the educational approach to communication.
Phase 1: Eleven participants attended the workshop (**FIGURE 3**). Ten questionnaires were completed.
Phase 2: All students on the module undertook the tripartite interview.
Phase 3: Eight participants attended the focus group six months after the completion of the programme.

At all three data collection points (questionnaire, tripartite interviews, focus group) there was consensus among the study participants that the introduction of an enhanced focus on communication was a positive development. The sequential educational approach to communication offered students a safe forum to deal with complex, emotional and ethically challenging conversations with parents. The use of a multimodal approach to learning and teaching, including simulation and implementation in clinical practice, helped to scaffold knowledge and skills,[17] which was considered useful by the participants.

It could be argued that the increased skill set and confidence of the neonatal students in the practice setting is the most important development in creating educational impact.[6] Kirkpatrick's four levels of evaluation model was used to evaluate the level of change in the students' communication.[5] Students and their mentors established in phase 2 that a change in student practice had been implemented and sustained. In phase 3 the students expressed a new way of approaching sensitive communication and this impacted on their clinical practice, which is in alignment with stage three in Kirkpatrick's model.

The focus group

The focus group provided a wealth of data. There was debate between the group participants about the opportunity or willingness to seek out occasions to use their new skill set. Some participants expressed concerns about their new role as neonatal nurses engaging in challenging communication and being left *"to get on with it."*

Other participants discussed taking ownership of situations rather than immediately seeking senior support: *"You're put into more difficult situations; you have a bit more confidence because of what was learnt."*

FIGURE 3 A recap of SPIKES at the advanced communication workshop.

Six themes emerged from the focus group analysis:

1. Development of the use of active listening
2. Deliberate use of silence
3. Paraphrasing of parental responses
4. How the use of unit terminology/ practice impacts on parents
5. Greater understanding of parental perspectives
6. Use of own emotional labour.

There was consensus that neonatal nurses could and should be open to parents' concerns and use active listening skills to open up a space for parents to ask sensitive questions: *"I remember that woman* [the workshop facilitator] *saying 'you said too much'… I kept thinking, just listen. That's the biggest thing I could remember, just listen."*

The use of active listening skills, which include silence, open-ended questions, paraphrasing and clarification, were drawn upon as examples of a change in practice over the duration of the module. The group identified that they often held the power in the nurse-parent relationship and could consciously return the power to the parents *"so it allows people to talk."* One participant shared how she now made a really conscious effort to listen and not interrupt parents by adapting her behaviour: *"Actually, I need to hold my breath now because they are talking."* This point generated many murmurs of approval. Another participant told the group how she had effectively used pauses and silences to create space in a conversation, reporting: *"It was effective because the dad spoke and I'd never heard him speak much."*

There was an understanding of the parental perspective through the engagement of service users and this was highly prized by the whole group; how the use of nursing jargon and custom and practice rituals are interpreted by parents. The word 'stable' created a talking point in the group with a reflection on how often the term is used in everyday practice and the realisation that *"our stable and their stable is different."*

One powerful example of rituals that are taken for granted in units was the use of incubator covers for developmental care, and how this may be misinterpreted: *"When he walked in and he saw the white sheet over the incubator he thought that his baby was dead."* The participant revealed that the father was a police officer so the cover was synonymous with death. The group then discussed how parents might interpret everyday custom and practice differently.

The emotional labour involved in having difficult discussions created the greatest amount of discussion. Developing a trusting relationship is important if such conversations become necessary. The group agreed that 'knowing' the family made it easier to have a difficult conversation: *"When I've got to know the parents it's*

a lot easier to talk to them." Another participant added: "*You know how they are going to respond.*"

The group identified a number of reasons why this might be the case, including the relationship and rapport between a nurse and the parents: "*If you looked after the baby a lot, it's easier to judge.*"

One participant spoke of the touching words that one set of parents had said to her after their baby died: "*You were part of this little boy's life.*" This was poignant and this had touched the participant: "*It was really nice to hear, but it's really hard as well.*" This disclosure visibly touched other participants and led to a discussion about emotional labour and personal/professional boundaries.

Other participants picked up on how other unit staff supported them: "*You can deal with it a lot better if you've got your colleagues to support you.*" However, it was acknowledged that sometimes support was missing: "*I think people forget you're affected as nurses.*" The group wanted acknowledgement that they had experienced a difficult situation and to be asked how they were by senior staff.

Conclusion and recommendations

Following the positive evaluation of this educational development, the advanced communication workshop and bereavement study day have been integrated into future iterations of the neonatal intensive care module at Keele University, School of Nursing and Midwifery. Further work on embedding communication frameworks has been incorporated into the module content as a result of the students' feedback.

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