E L N E C

Core Curriculum

End-of-Life Nursing Education Consortium

Module 6:
Communication

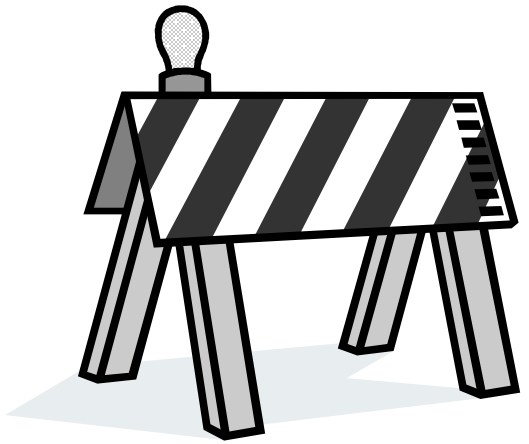
Communication

- **Terminal illness is a family experience**
- **Imparting information so individuals may make informed decisions**
- **Requires interdisciplinary collaboration**

Kimberlin et al., 2004

Barriers to Communication

- Fear of mortality
- Lack of experience
- Avoidance of emotion
- Insensitivity
- Sense of guilt



Barriers to Communication (cont.)

- Fear of not knowing
- Disagreement with decisions
- Lack of understanding culture or goals
- Personal grief issues
- Ethical concerns

Myths of Communication

- Communication is deliberate
- Words mean the same to sender/receiver
- Verbal communication is primary
- Communication is one way
- Can’t give too much information

Patient/Family Expectations

- Be honest
- Elicit values and goals
- Team communication
- Take time to listen

Coyne & Drew, 2002; Dahlin, 2010; Quill, 2000

Verbal and Non-Verbal Communication

- **Includes body language, eye contact, gestures, tone of voice**
- **80% of communication is nonverbal**

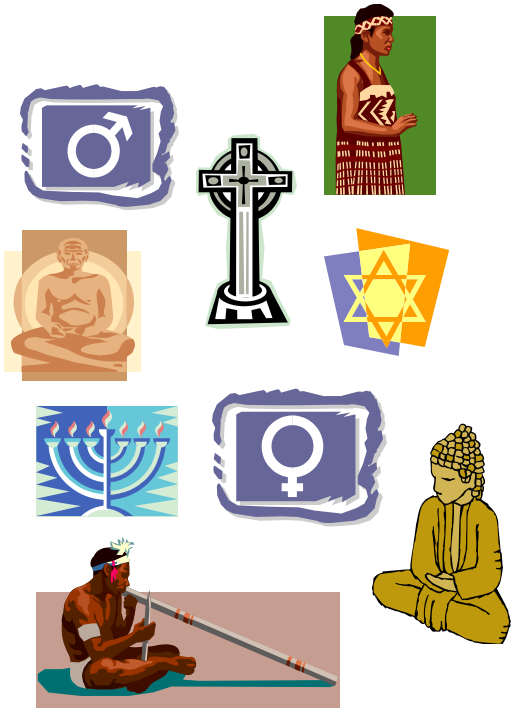
Boreale & Richardson, 2006; Buckman, 2001; Dahlin, 2010

Communication

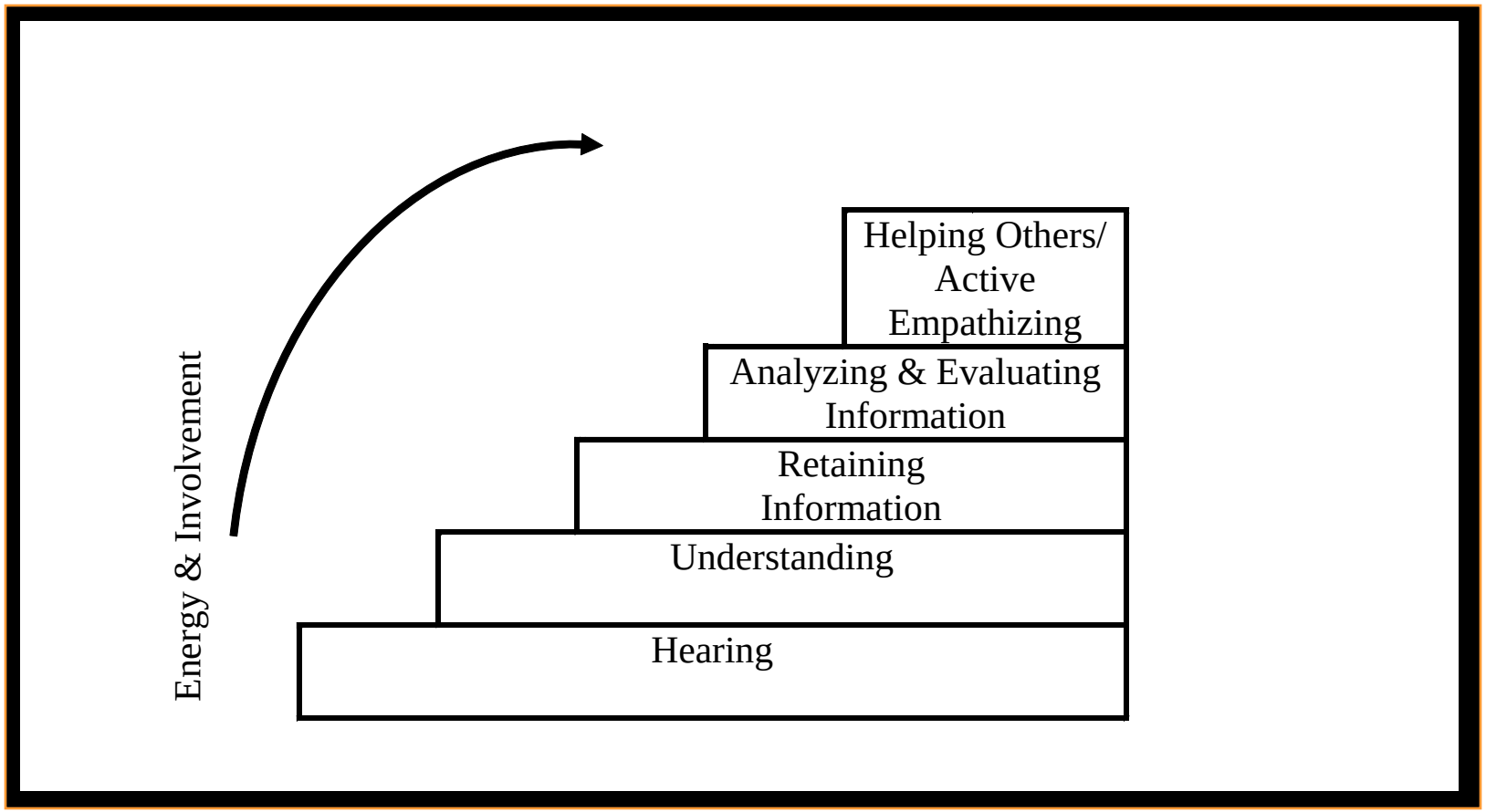
- Ask how much patient/family want to know
- Initiate family meetings
- Illness can strengthen or weaken relationships
- Base communication with children on developmental age

Cultural Differences in Communication Related to:

- Sexual orientation
- Religion
- Age
- Ethnicity
- Gender



Listening Steps



Ray, 1992

Attentive Listening

- **Encourage them to talk**
- **Be silent**
- **Share your feelings**
- **Avoid misunderstandings**

Buckman, 2001

Attentive Listening

- Don’t change the subject
- Take your time in giving advice
- Encourage reminiscing
- Create legacies

Presence

Requires:

- Acknowledging vulnerability
- Intuition
- Empathy
- Being in the moment
- Serenity and silence

Stanley, 2002

Guidelines for Encouraging Conversation

- Setting the right atmosphere
- Does the patient/family want to talk?
- Attentive listening

Duhamel & Dupris, 2003

Factors Influencing Communication

- **Family system changes**
- **Financial uncertainties**
- **Physical limitations**

Friedrichsen et al., 2001; Rabow et al., 2004

Healthcare Professionals Influence Communication Outcomes

- Be aware of behaviors and communication style
- Lack of personal experience with death and dying
- Fear of not knowing the answer
- Lack of understanding patient's and family's end-of-life goals
- Language barriers

Family Meetings

- Patient may attend
- Family members
- Appropriate clinicians (best if includes primary care along with palliative care)
- Goal to enhance communication

Breaking Bad News… Breaking a Heart

Communication Strategies to Facilitate End-of-Life Decisions

- Initiate end-of-life discussions
- Use words such as “death” and “dying
- Maintain hope
- Clarify benefits and burdens

Team Communication

- **Intra-team communication is vital, especially between RN and MD**
- **Should occur frequently**
- **Document**
- **Expect conflicts**

Resolving Conflict

- Try to take a step back
- Identify your own emotions
- Define the conflict
- Obtain agreement on the conflict
- Talk about it
- Patient's best interest should always be foremost

Dahlin, 2010;
Goulette, 2007; Jeffrey, 2010

Summary

- Communication is complex
- The ultimate objective is the patient's best interest
- Patient's and their families must be involved in communication
- Nurse to promote communication among team members, patients and family

Scott, 2010

Collaboration