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Review Article

Interventions to Improve Nurse Therapeutic Communications in the Context of Palliative Care: Literature Review

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Abstract

Aims: The aim of this research is to obtain evidence of what research has been done and to know the effect of the training.

Methods: Through a review using 3 databases, namely Ebsco, ScienceDirect, PubMed, and other sources with the keywords “nurse; communication skills; training; palliative care”. From 2001 to 2021, the type of research consisted of RCT, experiment, randomization of pre-test – post-test, randomized trial, implementation, and curriculum development.

Results: Obtained a review of 7 articles in this study from 495 results found from several pieces of training carried out including psychological training, workshops, module preparation, role play or simulations, and audio-visual training. In general, the direct effect of communication training on nurses can increase communication competence, while in patients it affects the quality of life, patient satisfaction increases, and symptoms of psychological distress in patients can decrease.

Conclusions: Communication training for nurses is very important. To improve nurses' communication skills, it is expected that self-development through various other types of research to increase competence so that it can be applied to nursing services.

Keywords :

Nurse; communication skills; training; palliative care

INTRODUCTION

Palliative care is a treatment that can improve the quality of life of patients and their families when facing physical, biopsychosocial and spiritual problems. The core of palliative care patient care is pain control, other symptoms as well as biological, psychological, social and spiritual problems (1). Palliative care aims to optimize quality of life and relieve patient suffering (2).

Communication is an effective approach and the main method of the nursing profession. Communication is central in palliative care as it can improve the quality of service (3). However it is still a challenge in the palliative care provision. In implementing the nursing process Ineffective communication results in feelings of anxiety, frustration, and dissatisfaction. The importance of adequate and effective nurse-patient communication

is proactive strategies to prevent patient complaints with an open attitude could managing the patient's emotions and providing psychosocial care a good solution (4).

There are several causes of ineffective communication. Lack of knowledge and confidence of nurses in end-of-life communication is the cause of ineffective communication (5). In addition, ineffective communication can be caused by a lacked of coordination between nurses and doctors and the oncology team regarding the patient's condition (6). The circumstances of individuals at a young age receiving a diagnosis, cultural and linguistic background can hinder communication (7).

To improve therapeutic communication, nurses need communication skills in the form of training and education in palliative care communication (8). Improving communication skills for nurses allows for more effective and therapeutic communication, so that patients feel satisfied (9). Communication skills training both affective communication and interpersonal communication provide positive changes in the application of communication skills, such as paying attention to the patient's condition, listening and providing space for feelings and emotions (10).

Therapeutic communication covers the overall well-being of patients and healthcare professionals and positively influences the improvement of quality of life (11). Therapeutic communication in palliative care patients requires special interventions as an effort to facilitate nurses in improving communication skills. Based on the description of the background above, no synthesis of available interventions has been found to improve therapeutic communication, so it is necessary to review the intervention to

improve nurse therapeutic communication in the context of palliative care.

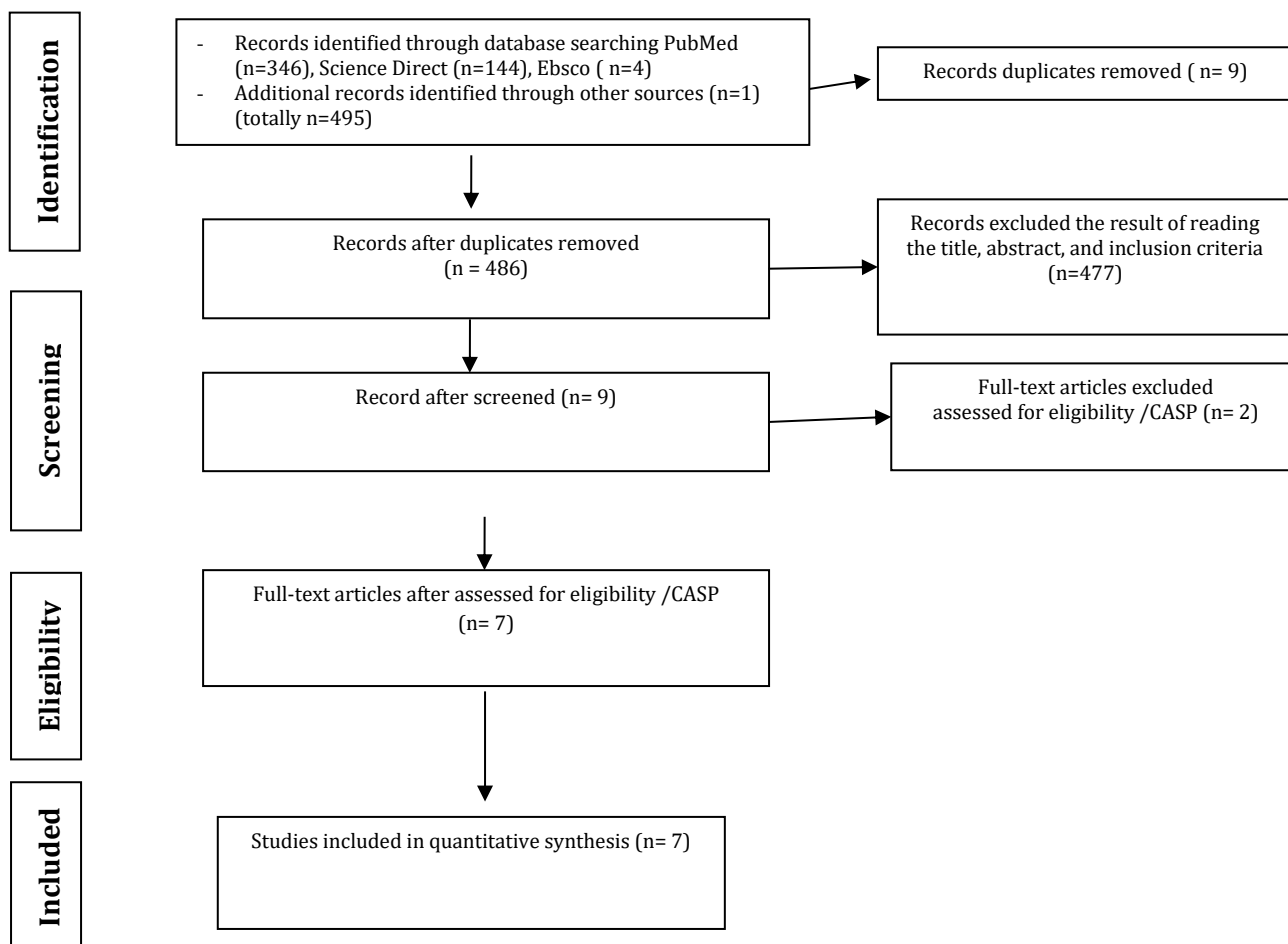
METHODS

A narrative review was employed in the study. Literature review through identification, evaluation and synthesis of research works and ideas produced by researchers and practitioners aims to collect and extract the essence of previous research and analyze several overviews (12). Screening of articles using quantitative research with experimental design using keywords. Three databases: EBSCO, ScienceDirect, PubMed were searched using the following keywords "nurse; communication skills; training; palliative care". From 2001 to 2021, the type of research consisted of RCT, experiment, randomization of pre-test – post-test, randomized trial, implementation, and curriculum development.

articles were filtered and analyzed. The inclusion criteria are: quantitative research; studies related to communication improvement in palliative care setting; published between 2001-2020 and full-texts available. The exclusion criteria were: review; studies involving pediatric patients. The report follows guideline from PRISMA Flow Diagram, according to the topic and purpose of the literature review. The quality of the articles was assessed using the CASP critical appraisal.

The initial search found 495 articles. There were 9 duplicates and then removed. 486 were screened for titles and abstracts to meet the eligibility with the criteria. 477 articles were excluded and then screening was carried out and 9 articles were included in the full text (Figure 1). and eligibility review stage and assessed the quality of articles using CASP obtained a total of 7 articles that meet the final requirements for a literature review.

PRISMA 2009 FLOW DIAGRAM



RESULTS

Most research was conducted in the USA with a total of 4 journals, while other studies research was conducted in Japan (n=1), England (n=1) and the Netherlands (n=1). Interventions to improve nurse therapeutic communication in the context of palliative care found different training methods, namely psychological training, workshops, simulations, with modules, and in several sessions.

Conventional training

Conventional training that were conducted to improve communication skills in palliative include psychological Training. The *psychological training* conducted for

105 hours with 115 oncology nurses as participants, randomized by intervention and control. Measurements were taken after 3 months and 6 months of training with the Nursing Stress Scale, Semantic Differential Questionnaire. The result is an increase in the positive behavior of nurses, namely attitudes, facilitating behavior and decreased stress levels, while patient satisfaction increases (13).

Another method in conventional training is workshop. *Communication Skills Training (CST)* with 8 nurses aged 40 years with 17 years of clinical experience. The experimental group attended the CST program 2 times a day for 3 months. Interviews were conducted on patients 1

week, 1 month and 3 months after being diagnosed with cancer using Hospital Anxiety and Depression Scale (HADS) for measuring psychological stress and coping (anxiety, depression) and rating scale for mental adjustment in cancer patients. The results reduce the level of anxiety and symptoms of psychological distress in patients (14)

Module is used as part of conventional training. The communication curriculum aims to teach nurses to know patients, support patients and families, implement changes to improve communication and teach others about communication is an important first step towards patient-centered care. The design of the training, namely curriculum development and implementation, was attended by 269 nurses with 7 modules related to palliative care communication. Measurements were made through an evaluation of the nurse's satisfaction with the design and course material 12 months after the training. The result is high nurse satisfaction because they provide communication skills as a tool needed by oncology nurses to provide quality care in cancer care(15).

The second category of our review findings is role play. An Experiential Stress Disorder (ACCEPTS) training for palliative care service providers experimental research design followed by 10 nurse participants for 8 weeks in 10 sessions. Measurements carried out at pre-training, mid-training and post-training include measuring pressure, namely depression, Post Traumatic Stress Disorder (PTSD) and fatigue using the CFQ (Cognitive Fusion Questionnaire) cognitive fusion questionnaire. decreased emotional exhaustion(16).

Communication training to measure the overall quality of communication and specific aspects of communication as many as eight sessions in four days with communication skills intervention of 81 participants. Nurses were divided into intervention groups and usual education. Randomized Controlled Trials (RCT)

research design was measured using Primary: quality of communication (QOC) Secondary outcomes: Quality of End of life care (QEOLC), symptoms of depression, personal health questionnaire. The results with the training intervention had no significant effect on changes in the quality of communication and quality of life, but were associated with a decrease in the patient's depressive symptoms (17).

Interpersonal simulation-based communication training (code talk). The study design was randomized 5 of 472 participants 3 interventions 2 controls. The intervention was associated with a trainee self-assessment with specific skills indicators for 4 days using a questionnaire: (i) Expressing empathy; (ii) Do not resuscitate (DNR) discussion; (iii) Discussion of spiritual/religious issues and (iv) Define patient care goals. As a result, the training can improve communication competence in general and specific communication skills (empathy, DNR discussions, spiritual/religious discussions) (18).

Audio Visual Training

Using affective and instrumental communication methods made of videos, observed with the Roter Interaction Analysis System (RIAS). This type of randomized study with pre and post-test design 46 nurses aged 33 years with 12 years of work experience in the oncology unit for 5 years. Total time for 18 hours in 6 days with a period of 3 hours per day. The results showed that several aspects of nurse communication improved significantly after training in the skills of instrumental behavior and psychosocial questions. Nurse communication improves in asking open psychosocial questions and actively exploring the patient's feelings (19).

DISCUSSION

The results of the study revealed that oncology nurses had difficulty communicating when supporting patients

and families after being given news about the cancer diagnosis (14). Families of cancer patients also experience various psychological stresses while caring for sick family members (20). There is a need for a communication strategy for health workers caring for palliative patients (21)

After attending training in the form of a workshop, nurses' communication becomes better and can stimulate and increase patient needs. The existence of psychological and emotional support changes the patient's attitude / coping mechanism for the better. The patient's psychological pressure decreases, increases the patient's spirit, in carrying out the disease he is facing (14). Communication programs have a positive and significant effect in reducing psychological stress by teaching patients about coping patterns when experiencing problems with cancer (22).

In communicating, it is necessary to learn good grammar in communicating with patients, so that patients feel comfortable (23). There are 2 ways of communicating, namely verbal and non-verbal, verbal relating to answering questions about illness or treatment. Non-verbal about affective touch, seeing, smiling, physical closeness, and careful listening (23).

Interprofessional simulation form of communication training discusses the needs of palliative care that can improve the communication competence of nurses in general. Specific communication skills include (empathy, DNR discussions, spiritual/religious discussions which build good relationships with patients and families, how to share bad news/about illness, explain treatment goals and follow-up care planning, family discussions, DNR statements, and about the end-of-life (18).

Research from Europe on palliative care where spiritual care is seen as a concern for spirituality, presence and empowerment that brings peace to the patient. Implementation of spiritual care in palliative care, namely developing spiritual

competence, including self-reflection and spirituality feasibility required from spiritual counselors (24).

Palliative care has a spiritual communication strategy that creates space for spiritual beliefs and provides opportunities for patients to express emotions and encourage positive coping patterns that give strength to families and reduce negative experiences (25).

Affective and instrumental communication simulation training in the form of Router Interaction Analysis System (RIAS) video is focused on discussing and dealing with patient emotions, improving nurses' abilities in behavior and communication with an active focus on open psychosocial questions. And can explore the patient's feelings so as to improve effective communication with patients (19).

Attention-based interventions in group sessions discuss attention, acceptance where there is formal meditation practice, role playing, communication and value clarification through An Experiential Provider Training Series (ACCEPTS). Participants first completed the Post Traumatic Stress Disorder (PTSD) measurement to find out whether there was an increase or decrease in psychological well-being, communication, depression, fatigue, emotional as a first step for nurses in determining the needs needed by patients so that cognitive fusion mechanisms decreased, depression decreased and decreased emotional exhaustion (16). The communication built by the palliative nurse to the patient makes the patient feel that there is a friend in the story and the patient can express what he feels (26).

The content of communication such as conveying bad news to cancer patients and transitioning to palliative care using Quality Of Communication (QOC) and Quality Of End Of Life Care (QEOLC) also reduces depression in patients. (Curtis et al., 2013). *Psychological training* function to assess the impact of stress, attitudes,

communication skills of nurses and patient satisfaction through measurement. Nursing Stress Scale and Semantic Differential Questionnaire have the effect of increasing patient satisfaction. In nurses there is an increase in positive attitude changes, open questions, decreased inhibitory behavior, and decreased stress levels make nurses more ready to provide emotional support to patients and families (13).

The communication curriculum through training using modules aims to teach nurses to know the patient's life story, support families caring for patients, change, improve communication in serving patients (6). Effective communication strategies about the end of life include: being open and honest; have an ongoing initial conversation; communicate about

treatment goals; and balance expectations and reality (27).

CONCLUSION

Interventions to improve nurses' therapeutic communication skills in the context of palliative care are psychological training, workshops, simulations, modules, and training methods in several sessions. The benefits of intervention in general for nurses can increase communication competence and specifically improve the ability of specific communication skills in the form of empathy and discussion, increase positive behavior, increase satisfaction and decrease depression. In patients, there was a decrease in the level of anxiety and symptoms of psychological distress, symptoms of depression, and increased patient satisfaction.

Table of articles that are in review

NO.	WRITER'S NAME; YEAR	AIM	RESEARCH DESIGN	PARTICIPANT	RESEARCH PLACE	INTERVENTION	MEASUREMENT	RESULTS
1.	Gerhart; 2016	To improve mindfulness-based interventions and principles of psychological flexibility theory for palliative care providers	Experiment	Nurse; 10 participants	USA	10 training sessions in 8 weeks	Cognitive Fusion Questionnaire (CFQ), depression and emotional exhaustion	- Decreased cognitive fusion mechanism -depression decreases, decreased emotional exhaustion
2.	Fukui, S.; 2008	To find out whether the Communication Skill Training (CST) program reduces nurses' psychological stress and improves coping of patients diagnosed with cancer	Randomised trial	Nurse ; 8 nurses Mean age 40.8 years, clinical experience 17.2 years old	Jepang	3 months CST Workshop 1 day attending CST: breaking bad news, handling patient's distress	Measuring the patient: Psychological stress and coping (anxiety, depression) : Hospital Anxiety and Depression Scale. Mental adjustment scale for cancer patients	Nurse communication training can reduce the level of anxiety and symptoms of psychological distress in patients

3.	Delvaux et al, 2004	To assess the impact of Psychological Training Program (PTP) on stress Health Care Professionals (HCP) attitudes and Communication Skills (CS) and patient satisfaction with communication skills	Randomized trial	115 oncology nurses were randomized (intervention and control)	England	105 hours of psychological training	Measurements were taken after completion of training, 3 months, and 6 months after training. Measurements were made using the Nursing Stress Scale, Semantic Differential Questionnaire	Training: Patient: Increase patient satisfaction Nurse Increased positive behavior of nurses: attitudes, facilitating behavior, decreased stress levels
4.	Curtis et al 2013	To assess the effects of palliative care communication skills interventions and assess nurse practitioner trainees through patient and family reports	RCT	81 nurses were divided into intervention and usual education groups	South Carolina, USA	Communication training of 8 sessions in 4 days with communication skills intervention	Primary: quality of communication (QOC) Secondary outcomes: Quality of End of life care (QEOLC), symptoms of depression, personal health questionnaire	With unaffected training intervention significant impact on changes in the quality of communication and quality of life, but is associated with a decrease in the patient's depressive symptoms
5.	Kruijver et al 2001	To improve the communication skills of nurses in palliative care in discussing and dealing with patients' emotions	Randomized research with pre and post-test designs	46 nurses with an average age of 33 years, 12 years of work experience, 5 years of experience in the oncology unit	Netherlands	Training with simulated patients	Video made affective and instrumental communication, Router Interaction Analysis System (RIAS)	Several aspects of nurse communication improved significantly after the training: ability in instrumental behavior and psychosocial questions
6.	Wittenberg et al, 2017	Improve palliative care communication to provide an overview of	Curriculum development and	269 nurses	USA	Training with 7 modules related to palliative care	Nurse satisfaction with course	Improve skills and communication

		the program and presentation of program evaluations	implementati on			communication	design and materials. Evaluation is carried out 12 months after training	n and high nurse satisfaction
7.	Brown et al 2016	To test whether Code talk improves communication competence in palliative care	Randomized research	5 nurses (3 interventions, 2 controls)	USA	Training with Code talk simulation carried out 4 days	Questionnai re: -Expressing empathy -Discussion do not resuscitate -Discussion of spiritual/religious issues -Determine the goals of patient care	Training can improve communication competence in general and specific communication skills (empathy, DNR discussions, spiritual/religious discussions)

REFERENCES

1. Sudarsa, IW (2020). Palliative Comprehensive Care: Airlangga University Press.
2. Teoli, D., & Kalish, VB (2020). Palliative Care. In StatPearls. Treasure Island (FL): StatPearls Publishing Copyright © 2020, StatPearls Publishing LLC.
3. Transyah, CH, & Toni, J. (2018). The Relationship between the Application of Nurse Therapeutic Communication and Patient Satisfaction. *Journal of Endurance*, 3(1). doi:10.22216/jen.v3i1.2487
4. Chan, EA, Tsang, PL, Ching, SSY, Wong, FY, & Lam, W. (2019). Nurses' perspectives on their communication with patients in busy oncology awards: A qualitative study. *PloS one*, 14(10), e0224178-e0224178. doi:10.1371/journal.pone.0224178
5. Fuoto, A., & Turner, KM (2019). Palliative Care Nursing Communication: An Evaluation of the COMFORT Model. *J Hosp Palliat Nurs*, 21(2), 124-130. doi:10.1097/njh.0000000000000493
6. Wittenberg, E., Ferrell, B., Goldsmith, J., Ragan, SL, & Buller, H. (2017). COMFORT™(SM) communication for oncology nurses: Program overview and preliminary evaluation of a nationwide train-the-trainer course. *Patient Educ Couns*, 101(3), 467-474. doi:10.1016/j.pec.2017.09.012
7. Milton, AC, Mullan, B., MacCann, C., & Hunt, C. (2018). An evaluation of communication barriers and facilitators at the time of a mental health diagnosis: a survey of health professional practices. *Epidemiology and psychiatric sciences*, 27(4), 357-368. doi:10.1017/S2045796016001153
8. Buller, H., Virani, R., Malloy, P., & Paice, J. (2019). End-of-Life Nursing and Education Consortium Communication Curriculum for Nurses. *J Hosp Palliat Nurs*, 21(2), E5-e12. doi:10.1097/njh.0000000000000540



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9. Crawford, T., Candlin, S., & Roger, P. (2015). New perspectives on understanding cultural diversity in nurse-patient communication. *Collegian*, 24(1), 63-69. doi:10.1016/j.colegn.2015.09.001
10. Orford, NR, Milnes, S., Simpson, N., Keely, G., Elderkin, T., Bone, A., . . . Corke, C. (2019). Effect of communication skills training on outcomes in critically ill patients with life-limiting illness referred to intensive care management: a before-and-after study. *BMJ Supportive & Palliative Care*, 9(1), e21-e21. doi:10.1136/bmjspcare-2016-001231
11. Banerjee, SC, Manna, R., Coyle, N., Shen, MJ, Pehrson, C., Zaidler, T., . . . Bylund, CL (2016). Oncology nurses' communication challenges with patients and families: A qualitative study. *Nurse Educ Pract*, 16(1), 193-201. doi:10.1016/j.nepr.2015.07.007
12. Snyder, H. (2019). Literature Review as a Research Methodology: An Overview and Guidelines. *Journal of Business Research*, 104, 333-339.
13. Delvaux, N., Razavi, D., Marchal, S., Brédart, A., Farvacques, C., & Slachmuylder, JL (2004). Effects of a 105 hours psychological training program on attitudes, communication skills and occupational stress in oncology: a randomized study. *Br J Cancer*, 90(1), 106-114. doi:10.1038/sj.bjc.6601459
14. Fukui, S., Ogawa, K., Ohtsuka, M., & Fukui, N. (2008). A randomized study assessing the efficacy of communication skill training on patients' psychologic distress and coping: nurses' communication with patients just after being diagnosed with cancer. *Cancer*, 113(6), 1462-1470. doi:10.1002/cncr.23710
15. Wittenberg, E., Goldsmith, J., Ferrell, B., & Platt, CS (2015). Enhancing Communication Related to Symptom Management Through Plain Language. *J Pain Symptom Manage*, 50(5), 707-711. doi:10.1016/j.jpainsymman.2015.06.007
16. Gerhart, J., O'Mahony, S., Abrams, I., Grosse, J., Greene, M., & Levy, M. (2016). A pilot test of a mindfulness-based communication training to enhance resilience in palliative care professionals. *Journal of Contextual Behavioral Science*, 5(2), 89-96. two:https://doi.org/10.1016/j.jcbs.2016.04.003
17. Curtis, JR, Back, AL, Ford, DW, Downey, L., Shannon, SE, Doorenbos, AZ, . . . Engelberg, RA (2013). Effect of communication skills training for residents and nurse practitioners on quality of communication with patients with serious illness: a randomized trial. *Jama*, 310(21), 2271-2281. doi:10.1001/jama.2013.282081
18. Brown, CE, Back, AL, Ford, DW, Kross, EK, Downey, L., Shannon, SE, . . . Engelberg, RA (2018). Self-Assessment Scores Improve After Simulation-Based Palliative Care Communication Skill Workshops. *Am J Hosp Palliat Care*, 35(1), 45-51. doi:10.1177/1049909116681972
19. Kruijver, IP, Kerkstra, A., Kerssens, JJ, Holtkamp, CC, Bensing, JM, & van de Wiel, HB (2001). Communication between nurses and simulated patients with cancer: evaluation of a communication training programme. *Eur J Oncol Nurs*, 5(3), 140-150; discussion 151-143. doi:10.1054/ejon.2001.0139
20. Petursdottir, AB, & Svavarsdottir, EK (2019). The effectiveness of a strengths-oriented therapeutic conversation intervention on perceived support, well-being and burden among family caregivers in palliative home-care. *J Adv Nurs*, 75(11), 3018-3031. doi:10.1111/jan.14089
21. Araújo, Monica Martins Trovo de, & Maria Julia Paes da Silva. (2012). Communication strategies used by



- health care professionals in providing palliative care to patients.
22. Hejazi, F., Bahrami, M., Keshvari, M., & Alavi, M. (2017). The Effect of a Communicational Program on Psychological Distress in the Elderly Suffering from Cancer. *Iran J Nurs Midwifery Res*, 22(3), 201-207. doi:10.4103/1735-9066.208158
 23. Granek By Leeat, P., Monika K. Krzyzanowska, MD, MPH, Richard Tozer, MD, and Paolo Mazzotta, MD. (2013). Oncologists' Strategies and Barriers to Effective Communication About the End of Life.
 24. Gijsberts, MHE, Liefbroer, AI, Otten, R., & Olsman, E. (2019). Spiritual Care in Palliative Care: A Systematic Review of the Recent European Literature. *Med Sci (Basel)*, 7(2). doi:10.3390/medsci7020025
 25. Reblin, M., Otis-Green, S., Ellington, L., & Clayton, MF (2014). Strategies to support spirituality in health care communication: a home hospice cancer caregiver case study. *J Holist Nurs*, 32(4), 269-277. doi:10.1177/0898010114531856
 26. Gramling, R., Stanek, S., Ladwig, S., Gajary-Coots, E., Cimino, J., Anderson, W., . . . Unroe, KT (2016). Feeling Heard and Understood: A Patient-Reported Quality Measure for the Inpatient Palliative Care Setting. *J Pain Symptom Manage*, 51(2), 150-154. doi: 10.1016/j.jpainsymman.2015.10.018
 27. Granek Leeat, & Monika K. Krzyzanowska, M., MPH, Richard Tozer, MD, and Paolo Mazzotta, MD. (2013). Oncologists' Strategies and Barriers to Effective Communication About the End of Life

