

Implementation of a Compassion-Based Communication Skills Program for Medical-Surgical/Oncology Nurses

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Purpose: To evaluate the effectiveness of a compassion-based communication skills program on nurses' compassion satisfaction and compassion self-efficacy

INTRODUCTION

- ❖ Lack of quality communication between professional caregivers and those for whom they provide care may lead to:
 - ❖ Reduced patient/family satisfaction
 - ❖ Lower health status awareness
 - ❖ Worsened bereavement outcomes¹
 - ❖ Decreased sense of being *cared about* and *cared for*²
 - ❖ Clinician burnout³
- ❖ Both newly hired nurses and experts attest to the importance of specific training in listening to and understanding the needs of patients and their families⁴
- ❖ Measuring self-perceptions of compassion can enhance caregivers' ability to help others⁵
- ❖ Communication skills training (CST) using SPIKES and NURSE provide information and empathy to patients and families⁶

PROBLEM

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	
Nurses' tendency to explain things, listen carefully, and treat patients with courtesy and respect "Always" ⁷	
National ⁸	80%
Pennsylvania ⁸	81%
Rural Hospital in Central PA	78%
Medical Surgical/Oncology Unit	43%

METHODS

- ❖ **Context:** 48-bed combined medical-surgical and oncology unit staffed by 32 nurses in a 380-bed rural hospital
- ❖ **Interventions:**
 - ❖ Completion of Compassion Satisfaction Scale
 - ❖ Didactic teaching of SPIKES & NURSE strategies
 - ❖ Demonstration of skills with strategies
 - ❖ Practice through role-play
 - ❖ Reflective discussion
 - ❖ 15-question post-intervention survey
 - ❖ 4-week post-intervention survey

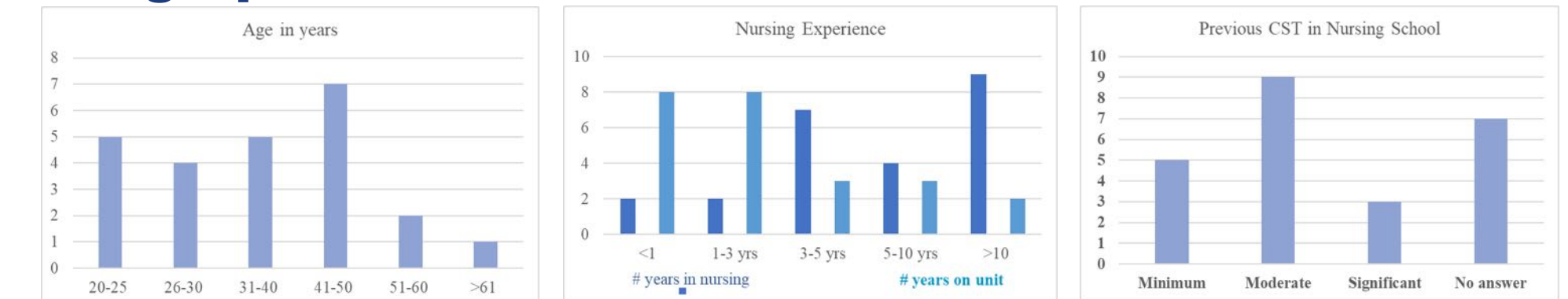
NURSE		SPIKES	
N	Naming the emotion	S	Setting
U	Expressing Understanding of the patient's feelings	P	Addressing the patient's Perception
R	Showing Respect or praise for the patient	I	Obtaining Invitation to disclose information
S	Articulating Support	K	Giving Knowledge
E	Exploring the patient's emotional state	E	Addressing Emotion
		S	Summary of next steps

- ❖ **Measures:**
 - ❖ **Compassion Satisfaction Scale**
 - ❖ **Kirkpatrick model** to evaluate the nurses' reaction to the training and the nurses' self-efficacy in utilizing the communications skills introduced
- ❖ **Analysis:** Descriptive statistics used to analyze demographic data and paired t-test used to compare the difference between the pre- and post-intervention results

RESULTS

- ❖ 24 Registered nurses participated (full-time, part-time, and per-diem)
- ❖ Average compassion satisfaction score was 41: suggestive of 'average' compassion satisfaction

Demographics



Compassion Self-confidence

Question	Immediate Post-Intervention Survey (N=20)	4-week Follow-up Survey (N=10)
"Before the module I felt confident responding compassionately to patients."	Strongly Agree 25% (n=5) Agree 50% (n=10) Neutral 25% (n=5) Mean = 4.05	Strongly Agree 40% (n=4) Agree 50% (n=5) Neutral 10% (n=1) Mean 4.2
"Now that I attended the module, I feel confident responding compassionately to patients."	Strongly Agree 55% (n=11) Agree 40% (n=8) Neutral .05% (n=1) Mean 4.55	Strongly Agree 85% (n=8) Agree 20% (n=2) Mean 4.8
"I feel confident that I used the skills I learned."		Strongly Agree 100% (n=10)

CONCLUSIONS

- ❖ 100% of nurse participants recognized the CST as relevant to their professional needs and needs of their patients
- ❖ Enriched nurses with knowledge and confidence to intentionally use communication techniques
- ❖ Increased nurses' self-awareness of compassion satisfaction
- ❖ Compassion-based CST potentiates improvement of HCAHPS scores