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*Breaking Bad News and Other Communication Issues in Palliative Care.*

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The planning committee members and the presenter have declared no conflict of interest involved in the content contained in this course.
Breaking Bad News and Other Communication Issues in Palliative Care

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Objectives
• Identify specific nursing communication barriers in the palliative and end-of-life context.
• Discuss narrative nursing and the tenets of the COMFORT initiative.
• Discuss challenges and identify solutions in breaking bad news contexts.
• Discuss caregiver communication types.
• Review communication concepts.

Beyond bad news.....
• Before, during, and after the actual delivery of bad news (Warnock, Tod, Foster, & Soreny, 2011)
• Talking with patients and families once they have received bad news, discussing spiritual and religious, collaborating with physicians (Malloy et al, 2010)
• Flexibility and attention to the task and relational dimensions of communication

Task Communication
The content of the message
• Teaching - confirm and explain bad news
• Advocating - share information with healthcare team (Pria, et al., 2006; Radziewicz & Bale, 2001)
• Coordinating - mobilize needed resources (Pavlish & Ceronsky, 2009)
Relational Communication

The relationship between the people as conveyed by the message

- **Caring** - provide patient/family support
- **Sharing** - emotional reactions and providing opportunities to process the bad news
  (Warnock, et al.)

Task + Relational

- While the content level of a message is conveyed by the words themselves, the relational level generally is manifested by nonverbal communication
- Nonverbals communicate:
  - power or influence
  - affection or liking
  - responsiveness or inattentiveness

COMFORT

- Although communication protocols and guidelines exist, none explicitly focus on the unique role of the nurse in this process
  (Price, McNeilly, & Surgenor, 2006)
- **COMFORT**
  - Communication (narrative nursing)
  - Orientation and opportunity
  - Mindfulness
  - Family
  - Oversight
  - Radically adaptive
  - Team

Narrative Nursing*

- Recognize, absorb, interpret, and be moved by stories
- Communication as mutually influential
  - Your communication influences the patient/family
  - The patient/family influences your communication
- Task + relational communication must complement one another


Narrative Nursing Practice

- Identify story structure
  - Who are the main people involved?
- Adopt multiple perspectives
  - What are the relationships between the people involved?
- Creative skills
  - What solutions can be drawn?
- Tolerate uncertainty as you listen to the story

Issues with bad news

- Sometimes you don’t know the story!
- You have no idea how they feel or understand the situation or whether or not others have talked them or if they themselves have talked
- You lack information to make any decisions
  - e.g., you haven’t even seen the patient’s chart, unfamiliar with case
- Patient/family aren’t giving you direct answers
Communication barrier*  
• Case Study One – Interpreter Required  
  – Lana, outpatient palliative care nurse coordinator  
  – Carlo, adenocarcinoma of tongue and neck  
    • Labored in breathing and movement, airway compromised  
  – Carlo is accompanied by his wife Ana  
    • They have two children who are estranged from them  
  – Spanish speaking only  
*adapted from Warnock et al

What to do
• Explain to patient/family that you are using the help of an interpreter to take the best care of the patient/make the best decisions.  
• When the interpreter translates, look at the patient/family.  
• Confirm that the patient/family have asked the questions that they have.

Communication barrier*  
• Case Study Two – Emotionally significant event  
  – Mrs. Lindsay, 52 years old, late stage breast cancer  
  – 3 teenage daughters in high school  
  – Mr. Lindsay recently moved out after disclosing an affair  
  – Hospice initiated after several falls  
  – Mr. Lindsay moves back in to assist with care  
  – Patrice, the eldest daughter, threatens to move out  
*adapted from Warnock et al
What to say

• “I know this is the hardest news you could hear, I want to help you process this in any way that would be helpful. I know there are things we need think about regarding your family. What is your biggest concern or fear?”
• “I know this is very difficult. Do you think it would be helpful if we all met with [social worker] to talk about the impact of this news with your sisters.”

Communication barrier*

• Case Study Three – Family not present at death
  – Harriet, 80 years old in residential care facility on hospice
  – Stage 4 OVCA
  – 3 children who are not close
      • Bob, who lives nearby and oversees daily care
      • Two daughters who live out of state
  – Harriet has uncontrollable symptoms and is transferred to hospital, where she dies with no family present

*adapted from Warnock et al

What to say

• “I’m so sorry. She just passed. She went very peacefully and I was here. Please go in and see her and be with her. Take all the time you need.”
• “I’m glad you are here [pause], she’s gone. Several of us were here when she passed. We are all surprised. Would you like to spend some time with her? Is there anyone you would like me to call?”
Communication barrier*

- Case Study Four – Lack of privacy
  - Billy, 4 year old, African-American with a brain tumor
  - 2 remissions, final occurrence causing seizures and neurological deficits
  - Nurse meets with Alfred and Mattie, Billy’s parents, and Rossi, Billy’s maternal grandmother

*adapted from Warnock et al

What to say

- “I know the it’s not as private as we would like it to be, but I also realize that it’s important for you to start making decisions”
- “I’m so sorry about all [gestures around her to recognize the distractions]. Let’s all get closer, if you feel comfortable, so we can talk.”

Family Communication

Families develop specialized communication patterns*

- Conversation patterns – appropriate topics, time spent communicating, communal or individual decision-making
- Conformity patterns – amount of family time family, expected sharing of family resources, and obedience to parents

Orienting to family communication*

- Tell me about your family.
- Who is close to whom?
- Could you give an example of a difficulty your family has faced when you were growing up?
- What helped your family get through this?
- What other losses has your family experienced?

*Knapp & DelCampo (1995)

Caregiver Type: Manager

Characteristics
- High family conversation/ High family conformity
- Caregiver is clearly positioned as Family Spokesperson
- Caregiver does not allow for open decision-making
- Patient or Caregiver Hierarchy domination, limiting communication to others
- Family conflict occurs with healthcare team as family communication is impeded within/by family

“Bob”
- Poor information family flow
- Focus on family members outside of patient and Manager

Caregiver Type: Carrier

Characteristics
- Low family conversation/ High family conformity
- Caregiver as a proxy for parental authority
- Limited patient-caregiver discussions
- Caregiver coping takes place outside of family

“Patrice”
- Potential suppressed information from caregiver
- “piling on”
- Emphasize support for caregiver and mediate caregiver-patient communication
Caregiver Type: Partner

Characteristics
• High family conversation/ Low family conformity
• Open talk between caregiver and patient
• Advance care planning in place
• Family-prompted internal family meetings

Billy’s family
➢ Evidence of multiple family member participation
➢ Focus on educating, teaching, and provided additional resources

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Caregiver Type: Loner

Characteristics
• Low family conversation/ Low family conformity
• Caregiver cannot talk to family
• Caregiver recognition of absence of family members
• Caregiver is alone in the task of family caregiving

“Ana”
➢ High risk for caregiver suffering/stress
➢ Caregiver health problems
➢ Focus on total support (physical and emotional)

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Review
• Narrative Nursing Practice
  – The story, varying perspectives, creative problem-solving, and uncertainty
  – Family stories reveal caregiver types
    • Manager
    • Partner
    • Carrier
    • Loner
• Good communication involves task and relational messages
Thank you!

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References


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