An evidence-based communication skills training programme for oncology nurses improves patient-centred communication, enhancing empathy, reassurance and discussion of psychosocial needs

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Methods
The effect of the training programme on oncology nurse communication was evaluated using a pretest–posttest design. There was no control group. Data were collected between 2002 and 2006 in Switzerland. The authors used video recordings of nurses and simulated patients (actors) before the communication skills training programme and at 6 months after the programme (before the ‘booster’ session). The authors used the Roter Interaction Analysis System (RIAS, Roter’) to code communication between the nurses and simulated patients, in a conversation about chemotherapy. The coding process by the raters was described as well as the calculation of inter-rater reliability. In addition, length of uninterrupted speech and a measure of ‘reciprocal communication’ were reported.

Findings
A total of 61 nurses provided the pretest and posttest videotaped interactions with a simulated patient. Communication was coded in 26,135 utterances. A multivariate analysis of the RIAS concluded that there were significant differences between preprogramme and postprogramme communication skills, and post hoc t tests allowed identification of particular differences. Nurses allowed ‘patients’ more uninterrupted time to talk after training and provided more empathetic responses such as reassurance and optimistic utterances. In addition, the communication between the nurses and simulated patients was less biomedically focused.

Commentary
Improving patient-centred communication is a priority for many organisations. Measuring patient-centred communication is notoriously difficult, and this study used several measures as proxies for patient-centredness: empathetic behaviours, ‘reciprocity’, decreased biomedical talk, ‘appropriate responses’ and length of uninterrupted patient talk. They acknowledge that using real patients and assessing their satisfaction with communication may be the ideal.

Strengths of this study include using an established training programme, a well-known coding scheme (RIAS) with high inter-rater reliability confirmed by double-coding and a newer analytic tool (sequence analysis). The authors of this study used video recordings to capture verbal and non-verbal communication. There was low attrition during data collection (70 recruited with 61 providing two recordings). Coders were blind to video in order to reduce bias.

The convenience sample may have included more oncology nurses who value communication skills,
This study highlights the effectiveness of a training programme to increase empathetic communication and, perhaps, to improve provider delivery of patient-centred communication. It did not measure patient satisfaction. A cautionary note in the discussion reminds us that changing communication style (from a biomedical to a psychosocial focus) might be at the expense of clinical care, and our goals need to balance disease and symptom management with patient centredness.

Sequence analysis is increasingly being utilised to analyse patient–provider communication and link behaviours to patient outcomes. The most important finding of this study may actually be a reminder: allowing patients more uninterrupted response time may foster reciprocity and patient centredness in oncology care. While allowing uninterrupted time for patients to talk may not always be a proxy for effective communication, it is wise to remember that listening is also a valuable communication skill.

**Competing interests** None.

**References**