

Impact of Solution-Focused Therapy on the Quality of Verbal Interactions between Nurses and Patients in Complex Continuing and Palliative Care



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Problem Statement

- Communication is essential to nursing in CCC (de Lucio et al, 1993; Grypdonck, 1991, Farrell, 1993)
- Poor communication contributes to increasing patient dissatisfaction (Pursey, 1995; Thomas, 1994; Wolf et al., 1998.)
- Nurses communication skills have not improved (Burgio et al., 2000, Caris-Verhallen et al., 1999)
- No studies found based on a theoretical framework concerning focused communication skill training for nurses in CCC (Chant et al., 2002)

Purpose of study

- To explore whether a brief, focused educational program would have an impact on the quality of the verbal interactions between nurses and patients in a Complex Continuing and Palliative Care facility.

Review of literature

- Nurse-patient interactions
 - Patient dissatisfaction with nurses communication (Larsson et al., 1990, MacLeod Clark, 1985, Wolf et al., 1998)
 - low quality nurse-patient interactions (Allen et al., 1991; Armstrong-Esther et al., 1986, 1994)
- Factors affecting the nurse-patient interaction
 - key-factors: organizational structures, lack of time the motional cost, view of nursing (Poggenpoel, 1997; Burnard, 1995)
 - nurse: attitude, education, job satisfaction, gender (Davies, 1992; Salmon, 1993)

Review of literature

- nurse-patient relationships
 - patient centered care (Morgan, 2001)
 - Social communication is scarce and dependency-creating (Thomas, 1994; Waters, 1994)
- effect of educational programs on nurses' communication skills
 - positive outcomes (Crute et al., 1989,; Faulkner, 1992; Lloyd, 1991)
 - Minority of studies have sound methodology (Chant et al., 2002)

Theoretical Framework

- Solution-Focused Brief Therapy (Bowles et al., 2001)
- developed in US in 1980s (de Shazer et al., 1982)
- framework for nurses based on a solution-oriented approach to shift nurse patient interaction from problem-oriented to solution-oriented

Research Questions

- Can a brief focused educational program have an impact on the quality of the verbal interaction between nurses and patients in CCC?
- Can a brief focused educational program have an impact on the quality of the verbal interaction between nurses and patients in Palliative Care?
- What is the influence of the brief focused educational program on the quality of the verbal interaction between nurses and patients in CCC?
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Study design

- Repeated measures design
- **Phase I:** collection of baseline data by audio-taping verbal interactions between nurses and patients. Data analyzed by content analysis (constant comparative method, Glaser & Strauss, 1967)
- **Phase II:** Solution-focused educational program
- **Phase III:** post-educational data collection by audio-taping verbal interactions between nurses and patients. Data analyzed by content analysis (constant comparative method, Glaser & Strauss, 1967)

Participants



Patients

(n=26) or SDM
stratified probability
sample

RN/RPN/HCA

(n=24)
stratified non-probability sample

Data Analysis

- Qualitative constant comparative method (Chenitz & Swanson, 1986; Glaser & Strauss, 1967)
- Quantification method
 - frequencies calculated per theme and code
 - values assigned per theme and code
 - standardization of frequencies per interaction by calculating ratio's per theme
 - descriptive statistics

Sample Description

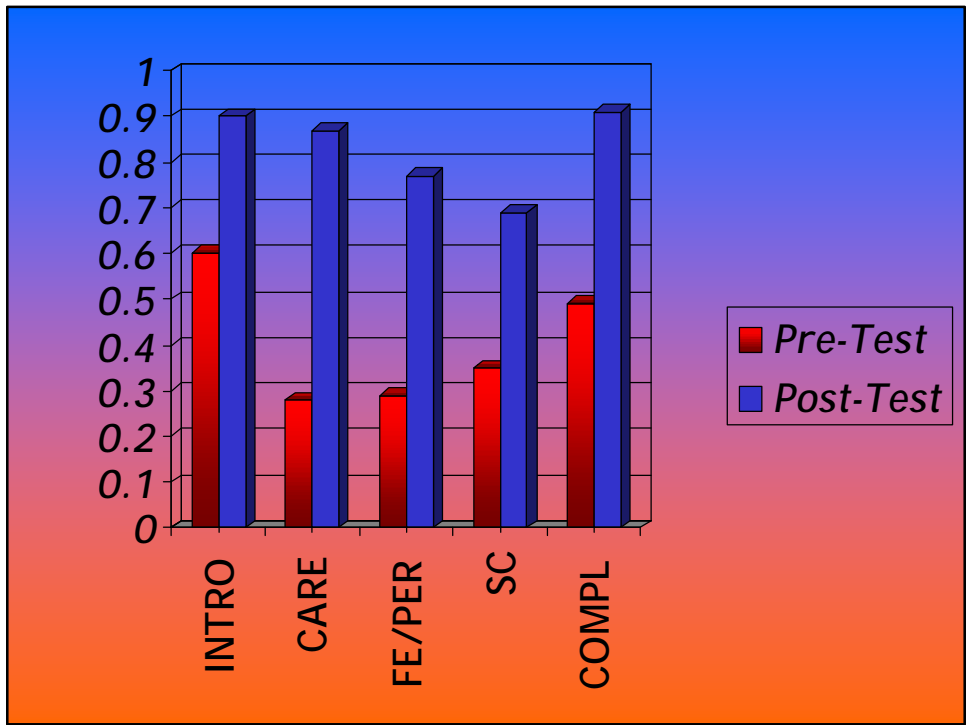
- Patients: Participation rate of 96.3%
Mean age: 71.1 years (SD 14.9)
65.4 % was female
Admitting diagnosis: cancer related diseases,
MS, Alzheimer and ABI
LOS CCC: 3.7 years (SD 1.4)
LOS PAL: 32 days (SD 41.4)
- Nurses: Participation rate of 96.0%
Mean age: 46.5 years (SD 5.8)
91.7 % was female
50% full-time employment status
7.5 years (SD 6.3) of experience

Results of Content Analysis

- Theme 1: Introduction
- Theme 2: Care
- Theme 3: Feelings/perceptions
- Theme 4: Social Conversation
- Theme 5: Complaints
- Theme 6: Interruptions

Mean Positive Ratio

Theme	Pre-Test	Post-Test
Introduction	0.60	0.90
Care	0.28	0.87
Feelings/Perception	0.29	0.77
Social Conversation	0.35	0.69
Complaints	0.49	0.91



In Summary

- Noticeable post-test differences for several aspects of interactions and influences on the identified themes could be attributed to the intervention
- **Care theme:** nurse gave patients more responsibility in the interactions
- **Complaint theme:** shifted completely from negative and problem oriented to positive and solution-focused
- **Feelings an Perceptions theme:** nurses interact consistently in more positive manner and used problem free conversations to demonstrate interest in patient as a person

Key strengths

- SFBT as coherent theoretical framework
- statistically significant change for the quality of the interactions of the observed participants
- sustainability of intervention
- small intervention
- Investigator triangulation
- Confirmability
- High participation rates

Key challenges



- Samples are non-probability samples
- Small sample size
- Hawthorne Effect
- Selection Bias