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Explore the Head Nurse's Experiences About Effective Communication Skills in the Family Meeting

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Purpose: The family meeting is to give health care providers an opportunity to meet the family, inform them of the patient's condition and treatment and answer questions. Effective communication improves clinical decision making, family satisfaction and trust in team members. The purpose of this qualitative study was to explore the head nurse's experiences about effective communication skills in the family meeting.

Methods: Semi-structured, face-to-face interviews were used to collect data. Interviews were audio-recorded, transcribed verbatim, and coded by two reviewers. A thematic content analysis approach was used to analyze data.

Results: Head nurse who were employed for a minimum of five years and had holding a family meeting experiences at the hospital were eligible for inclusion in this study. There were ten female head nurses included ward and ICU head nurse practitioners. Thematic analysis identified three themes: excellent expressions, provide emotional support and well clinician-patient relationships.

Excellent expressions experience included listening to what their have to say, more time allowed for the family to speak, giving full attention, using words they could understand, full empathy (on the patients and their family's side), physician's personal communication characteristics and responses well. Especially the physician's ability to inform, encourage questions, and nonverbal body language. If the physician did not provide emotional support or pay attention to the patient's values, sometimes need more concern and caring by the nurses provide emotional support. Provide emotional support experience included help families how and where could call for help and guided them to think about what is next. e.g. "What do you think is going on with your father?" Well clinician-patient relationships experience included concern and caring patient and families by the ward or ICU staff during hospital day, monitors the caregivers burned and help them to seeking solutions.

Conclusion: The results derived from head nurse's experience may be practical and helpful to other team members to solve communication problems in the family meeting.

Title:

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Keywords:

communication skill, family meeting and nurse

References:

Bernacki, R. E., Block, S. D., & for the American College of Physicians High Value Care Task, F. (2014). Communication about serious illness care goals: A review and synthesis of best practices. *JAMA Internal Medicine*, 174(12), 1994-2003. doi:10.1001/jamainternmed.2014.5271

Brighton, L. J., & Bristowe, K. (2016). Communication in palliative care: talking about the end of life, before the end of life. *Postgraduate Medical Journal*, 92(1090), 466-470. doi:10.1136/postgradmedj-2015-133368

Flannery, L., Ramjan, L. M., & Peters, K. (2016). End-of-life decisions in the Intensive Care Unit (ICU) - Exploring the experiences of ICU nurses and doctors - A critical literature review. *Australian Critical Care*, 29(2), 97-103. doi:<https://doi.org/10.1016/j.aucc.2015.07.004>

Turnbull, A. E., Davis, W. E., Needham, D. M., White, D. B., & Eakin, M. N. (2016). Intensivist-reported Facilitators and Barriers to Discussing Post-Discharge Outcomes with Intensive Care Unit Surrogates. A Qualitative Study. *Annals of the American Thoracic Society*, 13(9), 1546-1552. doi:10.1513/annalsats.201603-212oc

Visser, M., Deliens, L., & Houttekier, D. (2014). Physician-related barriers to communication and patient- and family-centred decision-making towards the end of life in intensive care: a systematic review. *Critical care (London, England)*, 18(6), 604. Retrieved from <http://europepmc.org/abstract/MED/25403291>

<http://europepmc.org/articles/PMC4258302?pdf=render>

<http://europepmc.org/articles/PMC4258302>

<https://doi.org/10.1186/s13054-014-0604-z> doi:10.1186/s13054-014-0604-z

Walczak, A., Henselmans, I., Tattersall, M. H. N., Clayton, J. M., Davidson, P. M., Young, J., . . . Butow, P. N. (2015). A qualitative analysis of responses to a question prompt list and prognosis and end-of-life care discussion prompts delivered in a communication support program. *Psycho-Oncology*, 24(3), 287-293. doi:10.1002/pon.3635

Abstract Summary:

The family meeting is to give health care providers an opportunity to meet the family, inform them of the patient's condition and treatment and answer questions. Effective communication improves clinical decision making, family satisfaction and trust in team members. This study found some effective communication skill in the family meeting.

Content Outline:

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