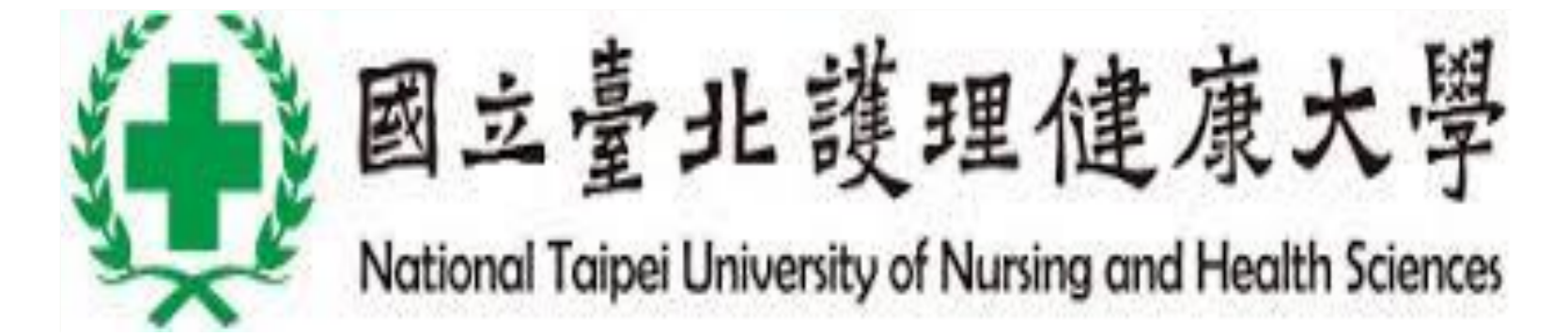


Explore the Head Nurse's Experiences about Effective Communication Skills in the Family Meeting



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Introduction

Background

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.

Aims

The purpose of this qualitative study was to explore the head nurse's experiences about effective communication skills in the family meeting.



Method

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. The sample included 10 nurses from medical ward, surgical ward and ICU. All participants were women. Their ages ranged from 34 to 48 years; Details of their clinical work units are included in Table 1.

Table 1 Demographic characteristics of the participants (n=10)

	n (%)
Gender	
Female	10 (100)
Age(years)	
Range	34-48
Mean	41.9
40 or below	3 (30)
41-45	4 (40)
46-50	3 (30)
Main nursing assignment	
Medical ward	5 (50)
Surgical ward	4 (40)
ICU	1 (10)

Thematic analysis identified three themes:

-  excellent expressions
-  provide emotional support
-  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

There is an association between more empathic statements, giving full attention, using words they could understand and higher family satisfaction with communication. 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.