The Chinese University of Hong Kong
The Nethersole School of Nursing
CADENZA Training Programme

CTP003 – Chronic Disease Management and End-of-life Care

Ch 9 End-of-life care: communication at the end of life

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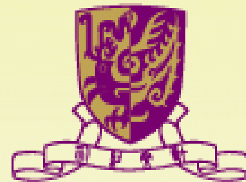

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Lecture Outline

- Communication need at the end of life
  - communication barriers
- Purpose of end-of-life communication
- Communication skills
  - fruitful end-of-life communication
  - therapeutic communication
  - communication skills
- Special concerns in communicating with older people
- Other communicative methods

Communication need at end of life

Communication need at end of life

- Death…
  - is like an elephant in the living room everyone prefers to ignore.
- Getting started with end-of-life communication means dealing with "the elephant in the room."

(The Michigan Physician Guide to End-of-life care, 2008)

Communication need at end of life

- Communication at the end of life is the communication between the client and the family, through which rapport will be established.

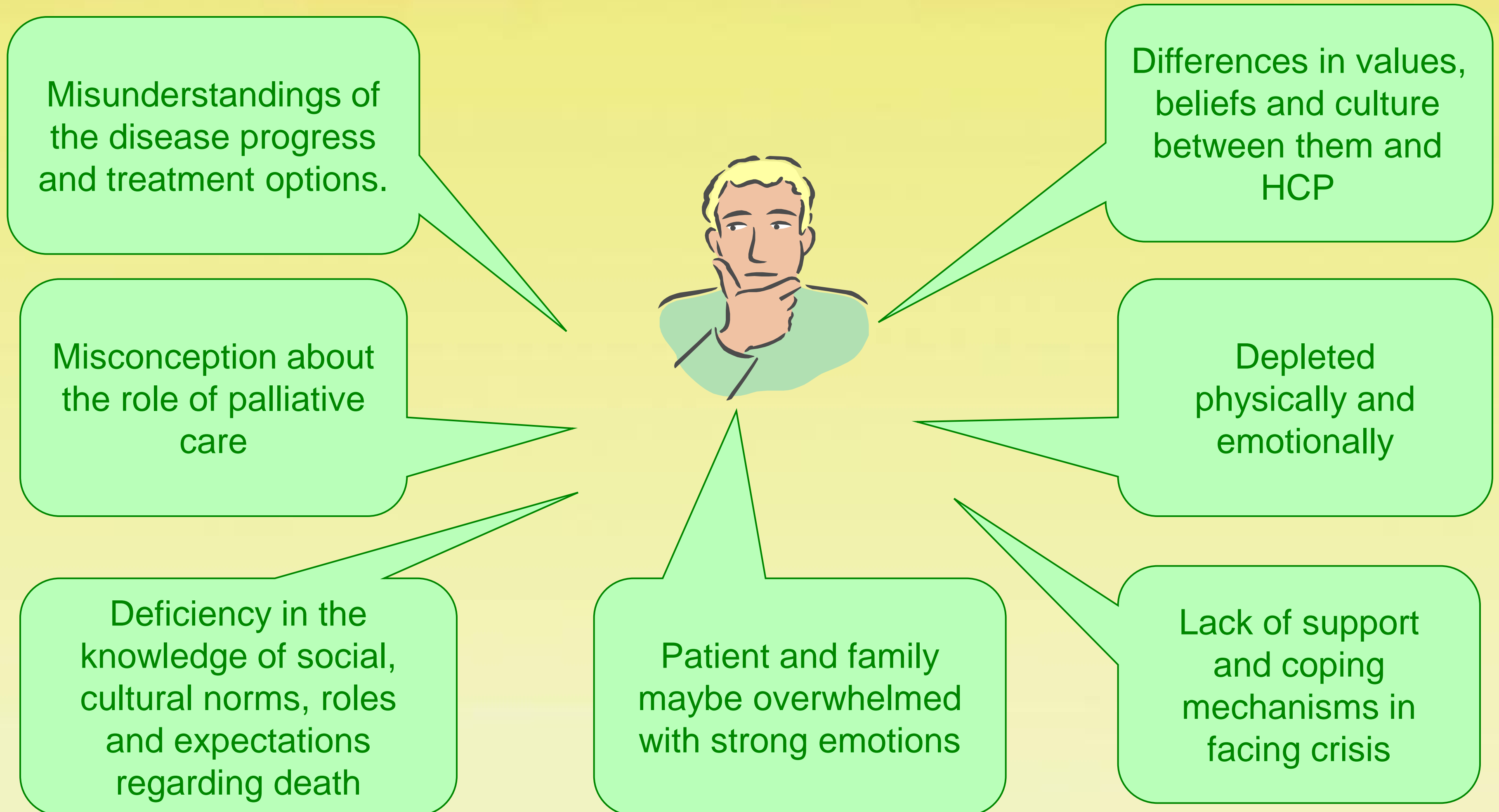
- This communication is a process of interactions, including the exchange of thoughts and ideas and feelings, communicated verbally and nonverbally.

(Balzer-Riley, 2008)

Communication barriers at the end-of-life

- Effective communication at end-of-life between health care professionals, patients and families is crucial.
- However, there are some barriers that may effect communication, including:
  - barriers due to patients and families
  - barriers due to health care professionals

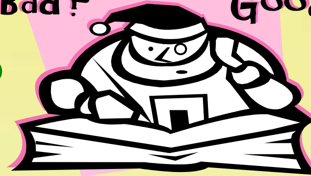
Communication Barriers due to Clients and Families



Communication Barriers due to Health Care Providers

Personal experiences of death and dying

Lack of training



Depleted physically and emotionally

Fear of emotional outbursts

Fear of their own death

Fear of appearing weak or unprofessional for showing emotions

Personal values and beliefs towards treatment, death, palliative care

Inconsistent approach among health care professionals

Guilt over iatrogenic complications resulting in poor quality of life

Failure to discuss care approach in view of patients' goals, expectation, values and beliefs.

(Hawryluck, 2000)

Communication and decision making for patients with end stage diseases in an acute setting

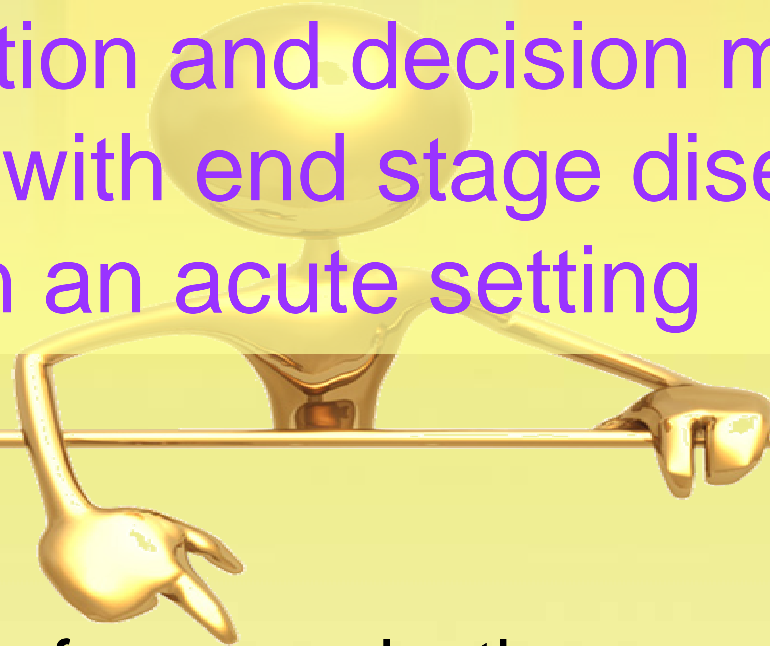
Grbich, C., Parish, K., Glaetzer, K., Hegarty, M., Hammond, L. & McHugh, A. (2006).

- Twenty retrospective patient case studies from an acute care teaching hospital
- Using a case note audit
- Interviews with 40 nursing staff following the deaths of these patients

Communication and decision making for patients with end stage diseases in an acute setting

- In order to:
  - analyze the end of life care received
  - identify any deficits in care provision
  - enable the nursing division to target any inadequacies in care found

Communication and decision making for patients with end stage diseases in an acute setting



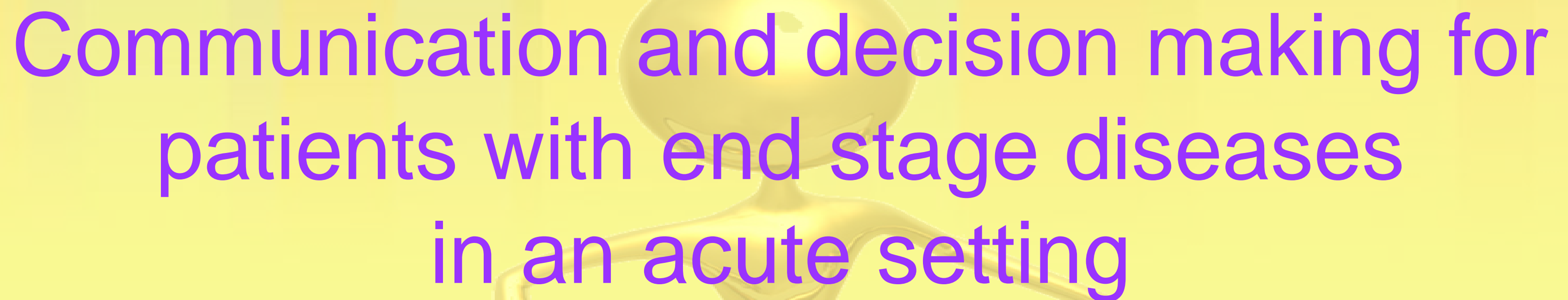
Findings:

- Poor levels of communication around the end-of-life issues among
  - clinical staff-clinical staff
  - clinical staff-patients
  - clinical staff-patients' families
- The style of communication between staff-patient is paternalistic model

Communication and decision making for patients with end stage diseases in an acute setting

Findings:

- The discussion regarding Do-Not-Resuscitate decision occurred too close to death.
- This created unnecessary stress for both the patients and the families.



Communication and decision making for patients with end stage diseases in an acute setting

Suggestion:

– To have discussion about advance care planning early prior to physical deterioration

→ less distress and less active interventions would be needed just prior to death.

Purpose of end-of-life communication

Goals of communication at end of life

Show respect and understanding to the patient

Give information, including the disease progress and treatment options, etc.

Show empathy and give support

Infuse appropriate hope

Develop a treatment plan according to patient's value and belief

Arrange follow up and ongoing care and support

(Hawryluck, 2000)

Communication Skills

Fruitful end-of-life communication

In order to have fruitful communication at end-of-life, please note the following:

1. arrange time and place for the conversation to be held without interruptions
2. involve all relevant people, including family members as the patient desires
3. prepare educational materials about relevant information, e.g., leaflets
4. discuss treatment options including palliative care, advance care planning, as appropriate
5. let your patient know clearly about how you will help in order to achieve his or her end-of-life goals

What is therapeutic communication?

- Therapeutic communication refers to interactions between people, in which feelings, values, and information are exchanged to favourable effect.

(Smith, 2000)

Basic principles of therapeutic communication

- Go beyond physical distress
  - ascertain inner fears, emotional distress, and other problems
- Do not avoid the truth of what is happening
  - the patient's tolerance for the truth is not the focus.
  - the issue is “how the patient is told” and not “if the patient is told”
- Allow denial, but do not support false hopes
  - denial is commonly use as a defence in the early stages after hearing the bad news
  - reflect that they need time to digest the news
  - some may choose denial as the way of coping
  - their decision should be respected, but one should not support unrealistic goals or agree with false information

Basic principles of therapeutic communication

- Encourage expression of feelings
  - being present
  - let the patients know it is acceptable to cry or even to scream
- Allow the patient to be in control
  - let the patient have control in the parameters of terminal care
    - such as physical arrangement of the home environment, what and when to eat, etc.
- Assess readiness to receive new information

Basic principles of therapeutic communication

- Repeat information as necessary
  - – repeat information on other occasions
  - – give printed material when appropriate

- Encourage celebration of life
  - – while thoughts about the disease and approaching death will never go away, reassure the patients and family that is normal and acceptable to have celebration of life
  - – encourage them to celebrate holidays, or simply do things that bring pleasure

(Smith, 2000)

Communication Skills

Attitude in communication

Attitude in communication

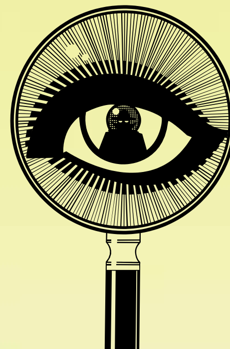
- Knowing the patients' feeling is very important during communication.
- The ***attitude in communication*** is the key to know the feeling.
- ***Empathy***, ***Genuineness***, ***Warmth*** and ***respect*** are essential factors.

(Crawford, Brown & Bonham, 2006)

Attitude in communication-- *Empathy*

- is often defined as
  "putting yourself in someone else shoes"

  "seeing the world through the other person's eyes"



(Crawford et al., 2006; Sully & Dallas, 2005)

Attitude in communication-- ***Empathy***

Empathy is

- synonymous with *communicated understanding*
- aims at gaining trust and creating a therapeutic relationship with the patient and family
- attempting to enter the patient's world and show understanding of what is being experienced

(Crawford et al., 2006)

Attitude in communication-- ***Empathy***

Benefits for clients

- When the client finds that he or she is being understood, he or she will become very willing to share his or her feelings.

(Balzer-Riley, 2008; Crawford et al., 2006)

Attitude in communication -- ***Genuineness***

Genuineness

- is refer to a

  "what you see is what you get" phenomenon.
- is synonymous with

  realness and *congruence*

(Balzer-Riley, 2008)

Attitude in communication-- *Genuineness*

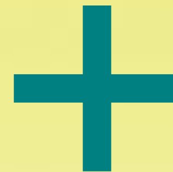
- This is the basis for the best communication.
- Trust will be built when patients experience your genuineness.

(Balzer-Riley, 2008)

Attitude in communication-- *Genuineness*

Verbal communication

i.e., the words you say or how you say them



Nonverbal communication

i.e., your facial expression and body posture

A fundamental feature of genuineness:

- **the presentation of your true thoughts and feelings**
- **the real picture of you; shows how you really think or feel**

(Balzer-Riley, 2008)

Attitude in communication -- *Genuineness*

Benefits for clients

- willingness to express their true thoughts and emotions
- develops feeling of trust
- able to unwind in a relaxed atmosphere

(Balzer-Riley, 2008)

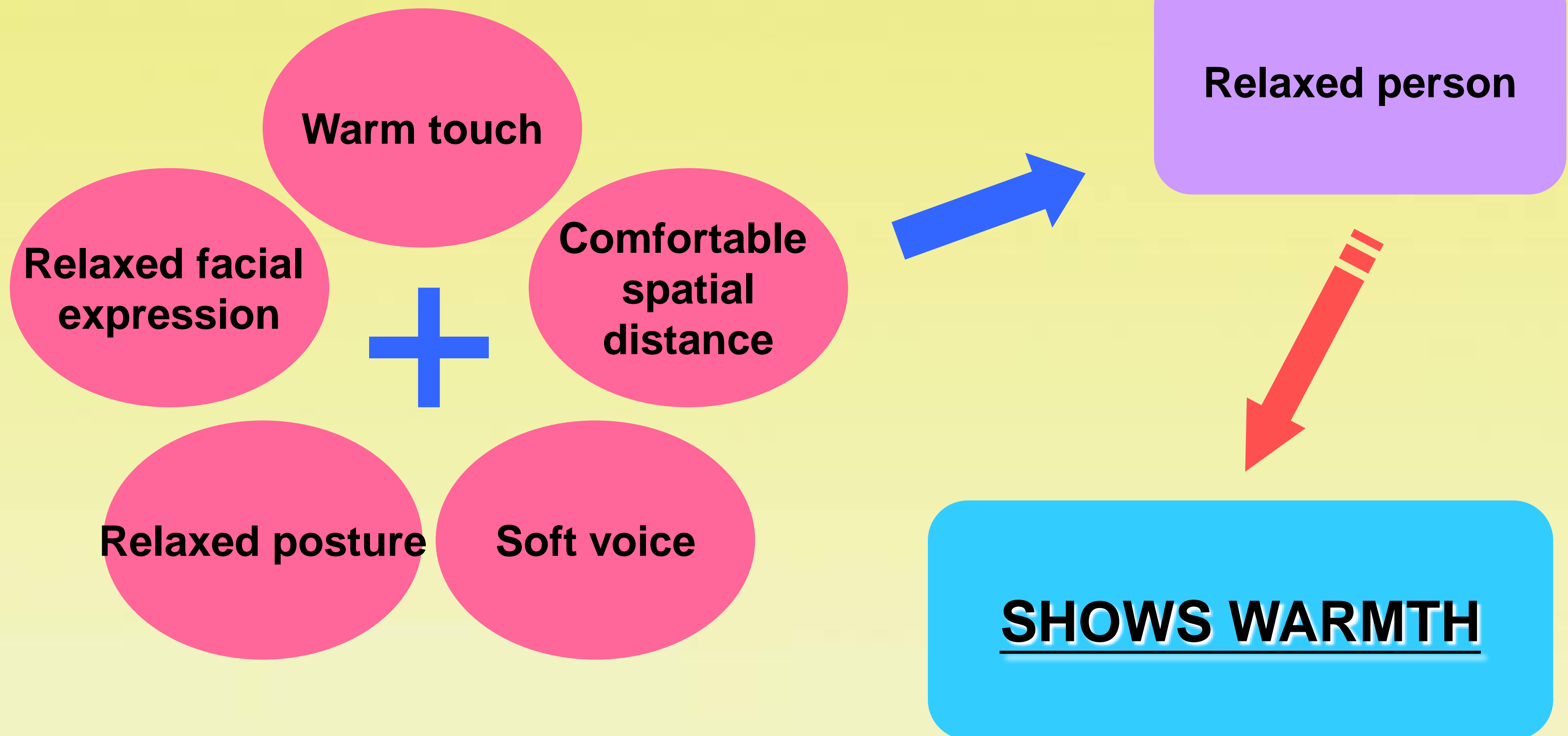
Attitude in communication– *Warmth and respect*

Warmth

- Warmth is a total way of offering oneself to another person.
- Showing warmth to others is showing that ***you like to be with them and that you accept them as they are.***

Attitude in communication– *Warmth and respect*

How do we show warmth?



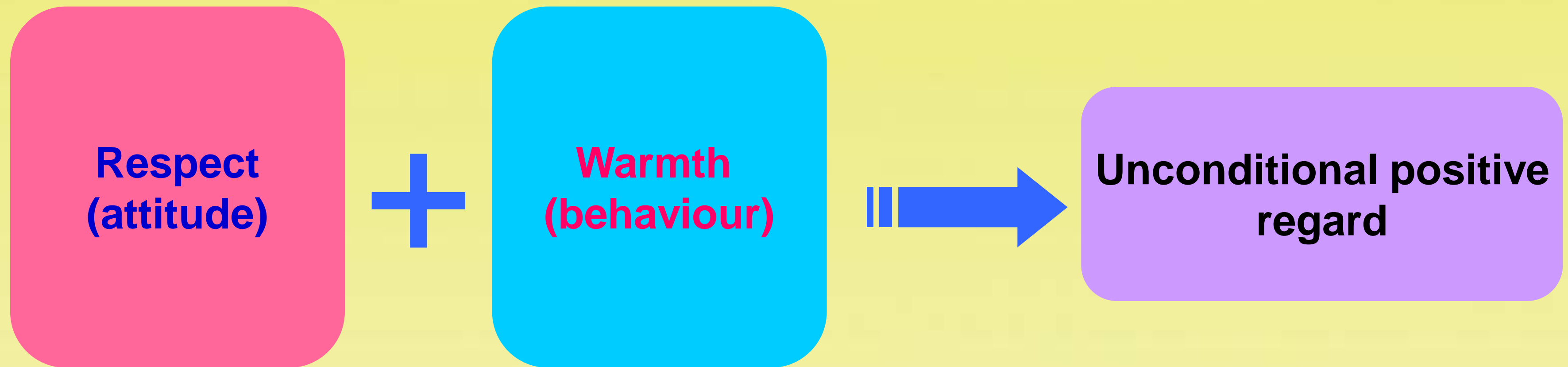
Attitude in communication– ***Warmth and respect***

Respect

- is the foundation for helping interventions
- is the communication of acceptance

- When we show respect to others, it conveys the message *"I value you. You are important to me."*

Attitude in communication– *Warmth and respect*



- Respect is an attitude, warmth is the translation of respect into action.
- Warmth and respect together form *unconditional positive regard*.

Attitude in communication– *Warmth and respect*

Unconditional positive regards

- When care is delivered in a non-possessive way, ***unconditional positive regards*** is transmitted.
- Means that a person is being accepted for what they are, not because of how they behave or possess of special characteristics.

Attitude in communication– *Warmth and respect*

Benefits for clients

- maintains dignity
- feeling of being valued and cared for
- willing to engage in dialogue and provide information
- fosters feeling of well-being and may promote healing

(SPHC, 2007; Balzer-Riley, 2008)

Communication Skills

1. Attentive skills
2. Observation skills
3. Questioning skills
4. Encouraging cues
5. Listening skills

1. Attentive skills –attentive posture

- This is important to use the ***body posture***, ***facial expressions*** and ***gestures*** that mirror those of the clients.
- It conveys empathy and fosters the sharing of feelings.

1. Attentive skills –attentive posture

- Acronym "SOLER"

S	**S**itting squarely
O	**O**pen posture
L	**L**eaning forward
E	**E**ye contact
R	**R**elax

(Crawford et al., 2006)

1.Attentive skills-- active listening

- It is an honest and compassionate interaction with the patients.
- It is listening to the agenda of others, not presenting your own.
- It demonstrates a receptive and non-judgmental attitude.

1. Attentive skills –attentive listening

- Do not be afraid of silence
  - if you are talking, you are not listening
  - if you are talking, you are more likely to be telling the person what to do or what to think
  - if you are talking, you are preventing the patient from ruminating
  - if you are NOT TALKING but remain with the patient, the patient will know you care about him/her and that what he or she is thinking is more important than what you are thinking

1. Attentive skills –attentive listening

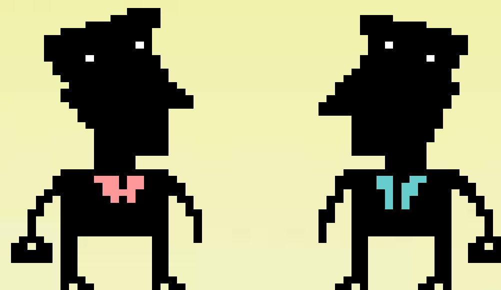
- Pay attention to nonverbal and indirect communication.
- Allow your client to lead the conversation
  - do not suggest what to talk about and what they need to think about
  - only perform therapeutic leads or rephrasing, not interpreting or judging

(Smith, 2000)

2. Observation Skills

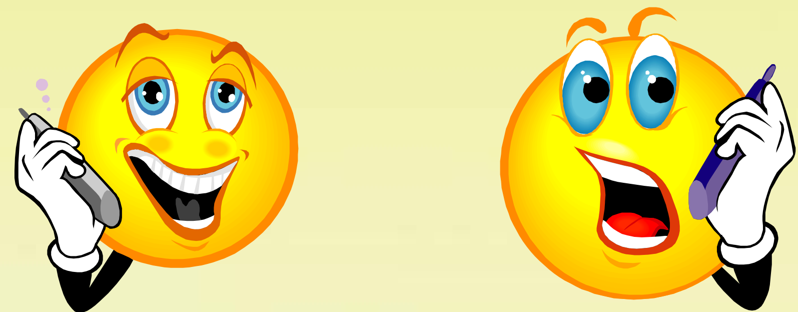
- Messages are transmitted
  - 55% by body language
  - 38% by tone of voice
  - 7% by words

(Balzer-Riley, 2008)



2. Observation Skills

- Body language = Nonverbal communication
  - gesture
  - body movement
  - use of touch
  - physical appearance



2. Observation Skills

- Nonverbal communication:
  - conveys more information about what a person is feeling than what is actually said
  - nonverbal behaviour is less likely to be controlled consciously than verbal behaviour
- Observing and interpreting nonverbal behaviour is important in communication.

(Kozier, Erb, Blais & Wiklinson, 1998)

2. Observation Skills

Basic observation skills

- How is the posture?
- Any eye contact?
- Any facial expression? What is the facial expression?
- What is the tone of voice?
- Any special body movement, e.g., arm-crossing, looking here and there?

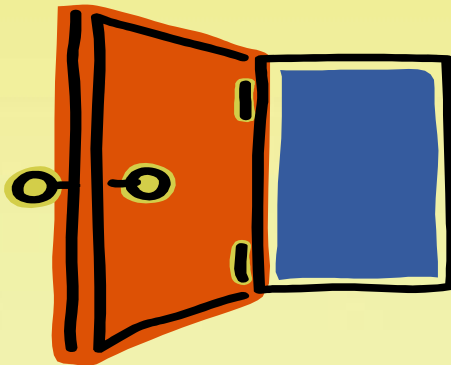
3. Questioning Skills

- Questions are an important form of communication in performing assessment and building rapport with the patients.
- We use questions for a variety of reasons, for example:
  - to show we are listening
  - to encourage patients to disclose information
  - to join in the conversation
  - to explore and clarify situations, etc.

(Balzer-Riley, 2008; Sully & Dallas, 2005)

3. Questioning Skills

- Questions can simply be categorised into
  - open-ended questions
  - close-ended questions



- Skillful use of both type of questions is important in communication.

3. Questioning Skills

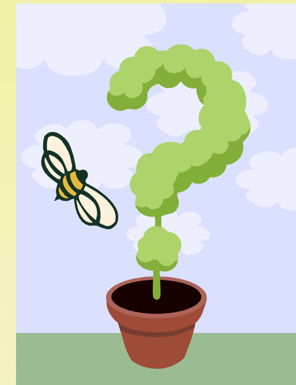
Open-ended question

- similar to an essay question
- is open for patients to interpret
- cannot be answered by "yes" or "no" or a one-word response
- allows patients to express in their own words

3. Questioning Skills

Open-ended questions

- usually begin with "how," "what," "where," "when," or "can you tell me about...?"
- Examples:
  - – How are you feeling?
  - – Can you describe the pain?



3. Questioning Skills

Close-ended questions

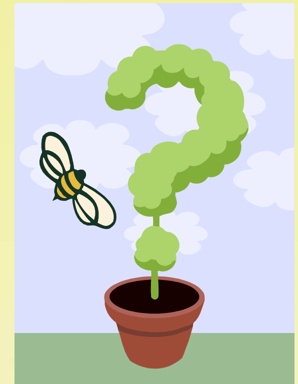
- intended to elicit specific and brief responses
- limit patient's expression of feeling
- ensure interviews are keep on right track

Patients with limited social skills often respond better to close-ended questions.

3. Questioning Skills

Close-ended questions

- Examples:
  - When was your last meal?
  - Does the pain radiate down your left shoulder and arm?



(Arnold & Boggs, 2007)

4. Encouraging Cues

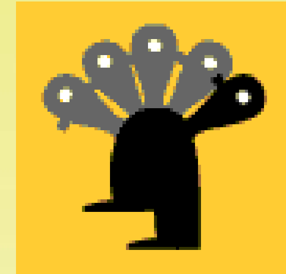
- Nonverbal cues are a supplemental way of building an effective relationship.

- Simple nonverbal cues and brief verbal responses convey the impression that you are attentive and interested in what is being shared. They may finally encourage the patients to share.

4. Encouraging Cues

Non-verbal skills

- For example:
  - smiling, nodding, etc.



Brief verbal responses

- For example:
  - "mm-hmm," "gotcha," okay." "I see," "go on," etc.

(SPHC, 2007)

5. Listening Skills

- Proper listening responses
  - suggest that you are following the patient
  - encourage the patient to express more
- Common examples of skilled listening responses:
  - use of silence
  - reflecting
  - parroting/restating
  - paraphrasing

5. Listening Skills

Use of silence

- is a powerful listening response
- allows the patient to think
- allows you to step back momentarily

5. Listening Skills

Use of silence

- When the patient falls silent, it can mean that something has touched him/her profoundly.
- Allow the client to fall silent and sit with him/her without breaking the mood.
- Patients often marvel at a willingness to accompany them quietly.

5. Listening Skills

Reflecting

- is a rephrasing of the affective part of a message
- helps the client to identify feelings that he/she may not be aware of.

5. Listening Skills

Reflecting

- Examples:
  - Reflection on vocal tone: "I can feel the sense of anger and sadness in your voice."
  - Linking feelings with the content message: "It sounds like you feel _______ because ______."

5. Listening Skills

Parroting/restating

- used to broaden a patient's perspective or to provide a sharper focus on a specific part of the communication
- like bracketing a phrase in a paragraph, and repeating that part of the message
- allows the patient to understand the situation and his/her own thinking

5. Listening Skills

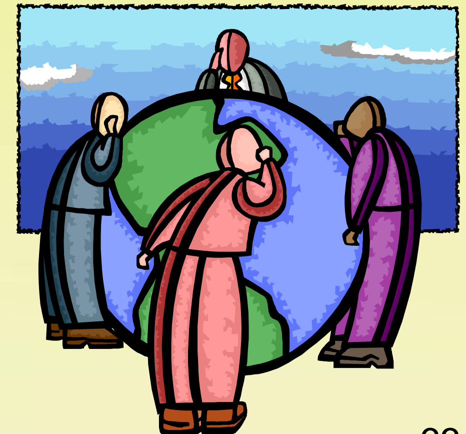
Parroting/restating

- Example:
  - Client: "My leg is so painful, and I can't walk. I don't know whether I can recover."
  - Response: “Um…the leg is so painful, can't walk…"

5. Listening Skills

Paraphrasing

- helps the patient to elaborate more
- rephrases the patient's original message in your own words without distorting the meaning



5. Listening Skills

Paraphrasing

- may facilitate introspection and self-understanding if the patient hears his/her own words in a slightly different way
- paraphrased statement is shorter and a bit more specific than the patient's original statement

5. Listening Skills

Paraphrasing

- Example:
  - Client: "My leg is so painful, and I can't walk. I don't know whether I can recover."
  - Response: "you want to know more about your condition…"

5. Listening Skills

Proper listening responses may

- develop rapport, build an effective helping relationship
- facilitate the sharing of stories and feelings
- foster an understanding of the client
- correct any misconceptions during communication

(Arnold & Boggs, 2007; SPHC, 2007)

Special concerns in communicating with older people

When communicating with older people

- never treat older people as if they were children
- often use the client's surname and title, such as Mr. Chan, as a matter of respect
- allow more time for communicating with older people, as many systems, such as vision and hearing are less acute

Communicating with older people

- check the lighting and safety of the room
- make sure the older adult has access to any assistive devices, such as hearing aids, glasses, dentures

(Hosley & Molle, 2006; McInnis-Dittrich, 2005)

Other communicative methods

Other communicative methods

- At the end-of-life, clients may have difficulty in expressing themselves in words. Besides referring them to speech therapists, we can use nonverbal communicative methods to help clients to express.
- For example: word cards, pictures, etc.

(SPHC, 2007)

HUNGRY?

Conclusion

Conclusion

- Good communication between the patient, the family and the health care professionals
  - is the cornerstone in end-of-life care
  - helps with healthy grieving for the family and the health care professionals
  - may be difficult at first, but it is CRUCIAL

(The Michigan Physician Guide to End-of-life care, 2008)

References

Arnold, E. C. & Boggs, K. U. (2007). *Interpersonal relationships. Professional communication skills for nurses* (5th ed.). St. Louis: Saunders-Elsevier.

Balzer-Riley, J. (2008). *Communication in nursing* (6th ed.). St. Louis: Mosby Elsevier.

Crawford, P., Brown, B. & Bonham, P. (2006). *Communication in clinical settings.* Cheltenham: Nelson Thornes

Grbich, C., Parish, K., Glaetzer, K., Hegarty, M., Hammond, L. & McHugh, A. (2006). Communication and decision making for patients with end stage diseases in an acute care setting. *Contemporary nurse, 23*, 21-37.

Hawryluck, L. (2000). *Ian Anderson Continuing Education Program in end-of-life care. Module 5. Communication with patients and families.* Toronto: University of Toronto.

Hosley, J. & Molle, E. (2006). *A practical guide to therapeutic communication for health professionals.* St. Louis: Saunders-Elsevier.

Kozier, B., Erb, G., Blais, K. & Wiklinson, J. M. (1998). *Foudamentals of nursing: concepts, process, and practice* (5th ed.). New York: Addison-Wesley.

References

McInnis-Dittrich, K. (2005). *Social work with elders: a biopsychosocial approach to assessment and intervention* (2nd ed.). Boston: Pearson

Rochester, S. (2006). Communication and decision making for patients with end stage diseases in an acute care setting. *Contemporary Nursing, 23*, 21-37.

Smith, S. A. (2000). *Hospice concepts. A guide to palliative care in terminal illness.* Champaign: Research Press.

Society for the Promotion of Hospice Care (SPHC). (2007). *End-of-life Training Manual 2007.* Hong Kong: Society for the Promotion of Hospice Care

Sully, P. & Dallas, J. (2005). *Essential communication skills for nursing.* London: Mosby Elsevier.

The Michigan physician guide to end-of-life care. (2008). *Communication at the end-of-life*. Retrieved from: http://www.michigan.gov/images/CHAP1_1171_7.pdf

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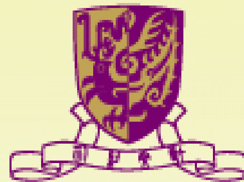

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