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Educating Nurses to Use Age-Appropriate Communication Strategies in a Pediatric Hospital

Diane Arce
Walden University

Walden University

College of Nursing

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Diane Arce

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Cynthia Fletcher, Committee Chairperson, Nursing Faculty
Dr. Anita Manns, Committee Member, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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Executive Summary: Staff Education Project

Educating Nurses to Use Age-Appropriate Communication Strategies in a Pediatric Hospital

by

Diane Arce

MS, Walden University, 2009

BS, University of Phoenix, 2001

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Summary

This quality improvement staff education project was developed to address a gap in practice related to family-centered communication in the project facility. New nurses are often unaware of the impact of family-centered communication when caring for pediatric patients. The lack of preparation for basic nursing tasks after graduation may be attributed to the COVID-19 pandemic and loss of clinical time related to hospitals ceasing school rotations for clinical training. This impacts new nurses' preparation for the duties and responsibilities of a licensed registered nurse in a pediatric hospital. This education program aimed to increase nurses' knowledge about evidence-based family-centered communication strategies to interact competently with patients and their families. Sixteen newly licensed registered nurses completed the pretest before participating in the education program and a posttest after the program. The data from the tests were analyzed for descriptive statistics and *t* tests using the Microsoft Excel Statistical Analysis program. The pretest mean was 45, the posttest mean was 68, and the *p* was less than .001. The results of this study have positive implications for nurses, patients, and the facility. There was an increase in the nurses' understanding of a family-centered care approach and how verbal and nonverbal cues are important when speaking to pediatric patients and their families. Increasing the nurses' knowledge about how ethnocentrism and diversity, equity, and inclusion can affect communication with patients and families of different backgrounds, the nurse will be empowered to communicate effectively with patients and their families and mitigate the negative consequences of miscommunication. I recommend presenting this education program to all new nurses during the orientation program.

Background

The quality issue identified by nursing management, charge nurses, and nurse educators during competency evaluations of new nurses is that new nurses who were in school during the COVID-19 pandemic and who recently graduated are not as prepared as their predecessors with basic nursing skills, including critical thinking and clinical task training. There was also an increase in patient safety concerns. The nursing education staff identified that new nurses needed more education with medication administration to specialized populations served and communication with patients and their families.

Nursing students receive minimal pediatric clinical rotation in this area of the state. This impacts their preparation for the duties and responsibilities of a licensed registered nurse in a pediatric hospital. This, in turn, increases educational needs for new graduates, which decreases hospital productivity. The lack of preparation for basic nursing tasks after graduation may be attributed to the COVID-19 pandemic and loss of clinical time related to hospitals ceasing school rotations for clinical training. The hospital's temporary termination of clinical rotations included infection control concerns, decreased availability of personal protective equipment, and the rapid spread of the coronavirus in 2020 and 2021.

Staff burnout increases when new staff are not prepared to take on the same patient load as the rest of the staff. This leads to new nurse job dissatisfaction and an increase in nursing turnover if staff do not feel supported or if they feel they are working in unsafe conditions due to a lack of critical thinking skills (Murray, 2019; Walsh, 2018).

The facility implemented a 12-week preceptor/preceptee program for new graduates. However, the facility identified that the new graduates were not competent to

care for the patients in this pediatric facility after the 12-week program was completed; therefore, the facility implemented an internship program. This program was developed to provide individuals who are in a nursing program with 250 hours of structured skill training and didactic education to prepare the prospective graduate to competently care for patients in this pediatric facility upon graduation.

Evaluation of the graduates from the three previous cohorts determined that they were not competent with family and patient communication. This Doctor of Nursing Practice quality improvement project was developed to address this gap in practice. The project question was the following: Will implementing an evidence-based communication program to educate nurses participating in an internship program increase their knowledge about using a family-centered care approach when caring for patients in a pediatric hospital? The purpose of this education program was to increase nurses' knowledge about evidence-based family-centered communication strategies to interact competently with patients and their families. This course was presented in the fourth cohort of this internship program. Educating nurses about family-centered communication strategies has the potential to create an environment conducive to family-centered care of the pediatric patient (toddler, adolescent, and young adult).

I reviewed the following databases in the Walden University library: CINAHL, MEDLINE, and PubMed. I used the following search terms: *registered nurse OR nurse internship OR staff nurse OR graduate nurse AND communication skills OR communication in nursing OR communication strategies OR communication barriers OR communication styles OR communication tools AND pediatric OR child OR children OR adolescent OR family AND pediatric patients OR children OR kids AND training OR*

education OR development OR learning OR mentorship OR mentoring OR mentor AND transition to practice OR mentorship OR residency. I retrieved 10 articles that addressed the effects of nurse preceptorship programs and new graduate nurses' views on their education preparation, confidence, and communication skills. The articles also explored family-centered care interventions, the effects of the interventions on the patient, and the impact of COVID-19 on new graduate nurses' transition to practice. One quantitative study and nine qualitative studies were retrieved. Based on the Johns Hopkins Research Evidence Appraisal Tool, there was one level I journal article and eight level III journal articles. In terms of quality, there were two high-quality studies, seven good-quality studies, and zero low-quality studies. The articles facilitated the development of the content for the education program.

Ding et al. (2018) found that a family-centered care approach had a positive impact on the families of neonatal intensive care patients and was evidenced by increased weight gain of the neonate, reduced length of stay, and decreased readmissions for the infant. Also, an increase in family satisfaction scores was noted because of the communication from the healthcare staff and the inclusion of the care of the infant, which decreased stress, depression, and anxiety of the parents. Hong and Yoon (2021) and Ortiz (2016) noted that communication education is vital for the success of the new nurse and communicating with physicians is one of the biggest requests for communication education.

Cannity et al. (2021) found that educational programs increased the confidence level of participants when learning communication skills. Hong and Yoon (2021) found that role playing increased clinical educational behaviors for preceptors. Together, these

studies confirmed that simulation types of education can increase both the preceptors' and preceptees' communication skills and thus increase their confidence in educating and learning, respectively.

Hill et al. (2017) and Arabiat et al. (2018) confirmed that the family-centered care approach had the potential to positively increase a family's perception of care. Ding et al. (2018) also noted that the family-centered care approach has positive impacts on the patient. These findings show that family-centered care can positively impact both patients' and their families' care and communication for favorable outcomes.

Parker et al. (2012), Odland et al., (2014) and Pfaff et al. (2014) discussed new employees' feelings about their experience while being onboarded and found that support and communication with their team had an impact on their confidence and ongoing employment at facilities. The more supported they felt, the more likely it was that they would continue with the facility and the more cohesive they were with their team.

Staff Education Project Development

Sixteen newly licensed registered nurses were part of the new nurse orientation program. The education created for this project was included as part of their orientation. I communicated with the director of professional and organizational development about my development and presentation of a family-centered communication education for newly hired nurses. She agreed that this topic was essential, especially because of the gap in practice that resulted from the deficit in educating new nurses created by the COVID-19 pandemic and also discussed that while in nursing school, pediatric training consisted of three clinical rotations.

I developed learning objectives, teaching content via a PowerPoint presentation (see Appendix A), and 10 multiple-choice questions (see Appendix B). After obtaining Walden University ethics approval, I presented the teaching documents (objectives, teaching content, and test questions) to three expert reviewers. They included three nurse educators (one DNP and two MSNs) with many years working as educators in nursing schools and hospitals. They reviewed the teaching documents to determine content validity and usability based on seven questions. They rated the questions on a scale from 1 to 5 (1 = *do not agree* to 5 = *strongly agree*). The mean score for all three experts was 4.671 (see Table 1). They agreed that the information was appropriate and clear and would assist in guiding the nurses to understand the principles and skills related to family-centered communication. They also agreed that the test items were specific and unambiguous. Their feedback helped to finalize the educational offering.

I presented the education program in a conference room in the facility. The conference room had large monitors on three of the walls, so the presentation was easily viewed regardless of the seating. The participants completed the pretest prior to my presenting the teaching content via the PowerPoint presentation. I interacted with the participants throughout the presentation by asking them if they had examples to share. In addition, when I presented examples of inappropriate verbal and nonverbal communication, I asked to evaluate the appropriateness of the communication. They were very responsive and shared their opinion. During part of the presentation, I had two of the participants come up and demonstrate nonverbal communication. This encouraged more discussion because the individuals who participated made the nonverbal communication slide come to life and enjoyed acting out the scenes. It also brought humor to the

discussion because the participants enjoyed acting out negative nonverbal communication. At the end of the course, the participants completed the posttest and the course evaluation.

Table 1

Expert Reviewers' Scores

Question	Expert 1	Expert 2	Expert 3
The course objectives are specifically described.	5	4	5
The course content is congruent with the course objectives.	5	4	5
The content in the PowerPoint slides is appropriate and clear for the nurses to understand.	5	5	5
The information presented in the PowerPoint is appropriate to guide the nurses in understanding the principles and skills related to family-centered communication.	5	5	5
Information is presented clearly to allow the nurses to put the principles and skills related to family-centered communication into practice.	5	4	5
The test items are specific and unambiguous.	5	4	4
The test items are congruent with the course objectives.	5	4	5
Reviewers' mean score: 4.671			

I collected the data from the pre- and posttest results and the course evaluation and placed them in an Excel spreadsheet. I analyzed the data using the two samples assuming equal variance *t* test with the Microsoft Excel Statistical Analysis program to identify the overall results of the educational offering.

Results

The results indicated that the nurses' knowledge increased significantly after participating in the education program. The pretest mean was 45, the posttest mean was

68.75, and the $p = .000$ (see Table 2). The mean score for the course evaluation was 4.7824 (Appendix C). The participants commented that using personal experiences enhanced the meaningfulness of the education. They also suggested including more video examples.

Table 2

Pretest and Posttest Results

Participants	Pretest mean	Posttest mean	*p*-value
16	45	68.75	2.76E-07*

Note. Alpha .05.

*$p < .05$. A *p*-value of 2.36E-07 converts to a *p*-value of .000006.

The organization continues to grow in specialties and as the diversity of patient populations changes, family-centered communication can improve the relationship with the patient. Many of the patients in this hospital will need continued inpatient and outpatient care due to chronic illness. The need for using this facility and its outpatient clinics will continue because it is the only pediatric specialty hospital in the city; therefore, family-centered communication education is essential to improving the patient's experience and the relationship with the community.

One limitation was the time for a question-and-answer session after the presentation. Due to a change in the agenda, this presentation was given additional time, which was beneficial because this was the first time this presentation had occurred. The extra time was also afforded in consideration of some initial technical errors that occurred with the audiovisual equipment.

Nationally, the COVID-19 pandemic had an impact on nurses' communication and transition into practice with critical thinking skills (Crimson et al., 2021; Smith et al., 2021). Presenting education programs to increase nurses knowledge about family-centered communication can strengthen the relationship between nurses and their patients globally. Family-centered communication should be practiced with all ages. This educational opportunity was conducted in a children's specialty hospital, but it could easily be changed to target an adult or geriatric population. Bringing the family into the conversation creates a dynamic that supports the patient in their decision-making and encourages conversation to optimize the health of the patient. It encourages respect for the patient's decisions and provides family members support for concerns that they may have with the ongoing care of the patient once discharged.

Conclusions

The results revealed that the participants had a greater understanding of family-centered communication, empathy versus sympathy, and verbal and nonverbal communication. Increasing the new nurses' understanding of evidence-based practices related to family-centered communication has the potential to increase their competence in interacting with patients and families and to increase positive care outcomes. I recommend presenting this education program to all new nurses during orientation. I suggest including more interaction during the session and starting the interactions earlier in the presentation. I also recommend including simulation activities and family-centered communication, ethnocentrism and diversity, equity, and inclusion with examples of different family dynamics, such as single mothers, same-sex relationships, and grandparents raising children, as this is often seen in this community. This would

enhance learning in a safe environment, encourage the participants to see other viewpoints, and encourage more critical thinking.

The participants were presented with examples of diversity, equity, inclusion, bias, and ethnocentrism during the education program. The information presented also focused on nonverbal cues and the importance of being aware of one's own biases when communicating with the patient and the family. Promoting positive social change starts with being aware of one's biases and ethnocentrism and embracing diversity, equity, and inclusion of all patients and types of family dynamics encountered in the hospital setting (Orr et al., 2023). This education program provided evidence-based patient and family communication strategies that nurses can use to interact with diverse populations and promote positive outcomes for the patient and family.

Family-centered communication provides a means for the patient to be supported by their family in their decision-making. It has the potential to encourage increased compliance with the plan of care, patient safety, and overall satisfaction with patient care in this project facility (Hill et al., 2017; Kerr et al., 2020). Additionally, communication education empowers the new nurse's ability to provide the best care for the patient, which increases job satisfaction (Pfaff et al., 2014).

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Appendix A: PowerPoint Presentation

Family-Centered Care: Communication

Diane Arce, MSN, RN
Walden University
DNP Program

Objectives

At the end of the education program, the nurse will

- Distinguish between family-centered communication and standard professional communication.
- Identify the different communication strategies that reflect family-centered care
- Identify different responses that you would employ when communicating empathy and sympathy to your patient
- Discuss diversity, equity, inclusion and belonging
- Discuss the actions that reflect verbal and nonverbal communication and how this may have different cultural meanings
- Identify the importance of being aware of one's biases

Communication

Family-Centered Communication

Finding out what is important to the patient and the family. Discussing the plan of care and modifying it to address what is important to them.

Standard Professional Communication

Explaining the plan of care and asking if they have questions after the explanation

Communication

- Introduce yourself at first contact
- Introduce their care team
- Explain how they are a part of the care team
- Make some time for any need they have that cannot wait (i.e. bathroom, pain meds)
- Let the family help you
- Morning huddles

Listening Without Interruption

- Do not anticipate the answer.
  - You may miss important information.
- Do not finish your patient's sentence.
  - They may feel you are rushing them.
- Use open-ended questions.
  - Yes/No questions are faster but do not give the big picture.
- Summarize, Reflect, and Empathize
  - This shows that not only are you listening but that you care about what is being said

Empathy vs. Sympathy

https://youtu.be/KZBTYViDPtQ

Diversity, Equity, Inclusion and Belonging (DEIB)

In the U.S.

1 in 4 children (ages 0-17) live in an immigrant family

Approximately 20% of children are special needs

Approximately 16.9 % of children live in poverty

In our community

Approximately 23.4 % of the families are foreign-born in our city

Approximately 26.9% of children live in poverty in our city

Diversity, Equity, Inclusion and Belonging

Nonverbal Communication: Body Language Cues (patient/family)

Positive

Making eye contact

smiling

Open posture

Negative

No eye contact/eye contact without blinking

Looking at the healthcare team with fear, disdain, anger

Closed posture

Uncooperative behavior

Nonverbal Communication: Body Language Cues (healthcare team)

Positive

- Making eye contact
- Smiling
- Sitting down at the patient's level
- Leaning forward when listening

Negative

- Not making eye contact
- Smiling but the smile doesn't reach your eyes
- Standing when the patient has many questions
- Sitting or standing with arms and/or legs crossed

Example

Implicit/Personal Biases

- We are taught personal biases in childhood
- We maintain some personal biases in adulthood

In conclusion...

Family-centered communication is

- Making the family a part of the healthcare team by
  - Allowing them to participate in their healthcare needs
  - Creating a plan of care with their end goals in mind
  - Empowering them to ask questions of the healthcare team
  - Respecting their cultural norms

Questions?

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Appendix B: Family-Centered Communication Education Questionnaire

Please respond to the following 10 multiple-choice questions by circling the correct response below.

1. Which of the following indicates family-centered communication:
    a. Asking the family if they have any questions or concerns after giving them discharge instructions.
    b. Engaging the family during the change of shift and asking if they have any questions.
    c. Asking the family if they have any questions before a procedure.
    d. Recognizing the family's concerns, anticipating their questions, and having the answers ready for them.
2. A 5-year-old is brought into the ER and needs to be admitted for 23-hour observation. When the parents ask for more clarification, an example of standard professional communication is:
    a. Explaining the reason for the admission to the parents and the next steps to anticipate.
    b. Allowing the parents to discuss other options available besides being admitted.
    c. Involving the parents in the plan of care once admitted.
    d. Permitting the parents to bring in comforting items for the patient during their hospital stay.
3. At the initial introduction to your patient, it is important to:
    a. Introduce yourself, tell them that you have a full patient load today and that you have tasks that may limit your time with them.
    b. Introduce yourself and their healthcare team members, acknowledge their initial needs, and make time to carry them out.
    c. Introduce yourself and tell the family that helping you in the care of your patient is appreciated and accepted.
    d. Introduce yourself and tell them you will be back to take care of them after you finish the rounds.
4. Which of the following would reflect empathy when communicating with your patient?
    a. Understanding what your patient is going through even though you haven’t had a similar experience.
    b. Not having the same emotions as your patient because you haven’t had a similar experience.
    c. Understanding what your patient is going through because you put yourself in their place.

   d. Have the same emotions as your patient because you had a similar experience.

5. Which of the following communication actions may be negatively received in some cultures?
   a. Sitting with arms crossed or legs crossed, maintaining eye contact, and smiling.
   b. Standing, clasping hands to the front or back of the body, maintaining eye contact, and smiling.
   c. Standing, with one or both hands in pockets, maintaining eye contact and smiling
   d. Sitting, and giving the thumbs up or the okay sign, maintaining eye contact, and smiling
6. Your 13-year-old patient is asking for clarification on a procedure they are going to have, and they are nervous. Because of their age, which of the following shows a positive communication strategy:
   a. "Trust me, we do this all the time. And it's normal to be nervous."
   b. "What I understand is that you still have questions, is that correct?"
   c. "The doctor went over it with your parents, and they understand, so don't worry."
   d. "Okay, we'll go over it again right before the procedure."
7. Not using a unisex bathroom, seeing a homeless person walking toward you and crossing the street before you cross paths, and sitting next to someone that you feel uneasy about are all examples of:
   a. Personal bias
   b. Ethnocentrism
   c. Stereotyping
   d. Assuming
8. A mother and father are sitting at the bedside of their 11-year-old daughter who was admitted at 0500. It is now 0900. The mother looks anxious, and the father looks angry. You ask them if there is anything you can do for them and the father says, "Yes, you can tell me what's wrong with my daughter so we can have some answers!" An empathetic response would be:
   a. "I understand, let me see if I can find you some answers."
   b. "Doctors' rounds should be starting soon so you should have some answers by then."
   c. "Please be patient. At least you got a bed assignment because we are really busy."
   d. "I'm sorry. I can't imagine how stressful this must be for you." 9. To practice listening without interrupting:

a. Count silently to yourself and practice deep breathing when you feel like interrupting.
b. Think about what you are going to say and remember it by repeating it to yourself until it's your turn.
c. It is only acceptable to interrupt if you are going to forget what you are going to say.
d. Repeat what you heard after they have finished talking.

10. Keeping an arm's length or greater distance when speaking adult to adult in a professional setting is expected for the following cultures:
    a. Mexico, India, North America, Germany
    b. Columbia, Mexico, North America, Japan
    c. Germany, Japan, the Philippines, India
    d. India, Venezuela, Japan, the Philippines

Appendix C: Course Evaluation

	QUESTIONS	MEAN
1.	Was the information presented clearly?	4.75
2.	Was the content specific to what you needed to know?	4.85
3.	Do you believe that the method of presentation made it easy for you to understand the content?	4.75
4.	Was the presentation time enough for you to understand the information?	4.75
5.	Were the questions clear and related to the content presented?	4.8125

Note: (1=*do not agree* to 5= *strongly agree*)