European Association for Physician Health

Training communication skills for health professionals: Does it influence on job satisfaction, burnout and resilience?

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How does a SCI patient feel?

The challenge of managing acute and severe injuries

- Severe traumas such as Acute Spinal Cord Injuries (ASCI) impose unique challenges to healthcare professionals due to the diverse and concurrent physical and psychological conditions.

- Healthcare providers must deal with this psycho-emotional distress but they often feel uncomfortable with such requirements and they often possess a lack of communication skills to handle it correctly.

- The resulting lack of attention to the emotional aspects of patients with an acute and severe medical illness can cause frustration in both patients and professionals (Donnelly et al, 2007 Johnston et al, 2004)

ESPELMA Project

Effectiveness of Psycho-emotional Support in Acute Spinal Cord Injury

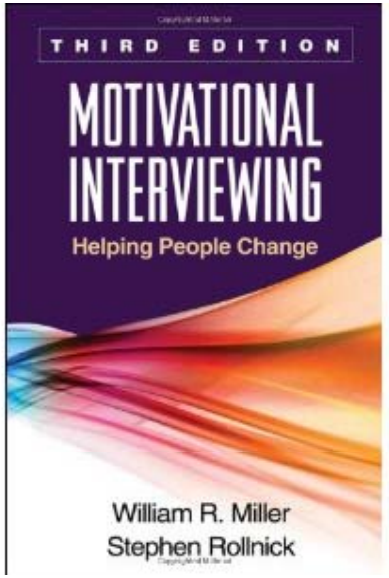
A tailored training program in communication skills for health care professionals

- Medical empathy has a positive impact on patients and it is related with higher satisfaction and compliance (Brown et al, 1999; Roter et al, 1995).

- Teaching communication skills to physicians is also related to greater satisfaction among professionals (Miller & Archer, 2010).

What kind of training?

- Motivational interviewing (MI) is a patient-centred approach to enhance patient-health professional collaboration through an emphatic listening among other communication skills (Miller & Rollnick, 2012)



How tailor the training?

- Patients, relatives & health care professionals

Hypothesis

- SCI Health professionals participating in a MI-based tailored training would engage the training and will increase their self-perceived level of empathy, resilience, perceived satisfaction at work, and at the same time will decrease job-related burnout.

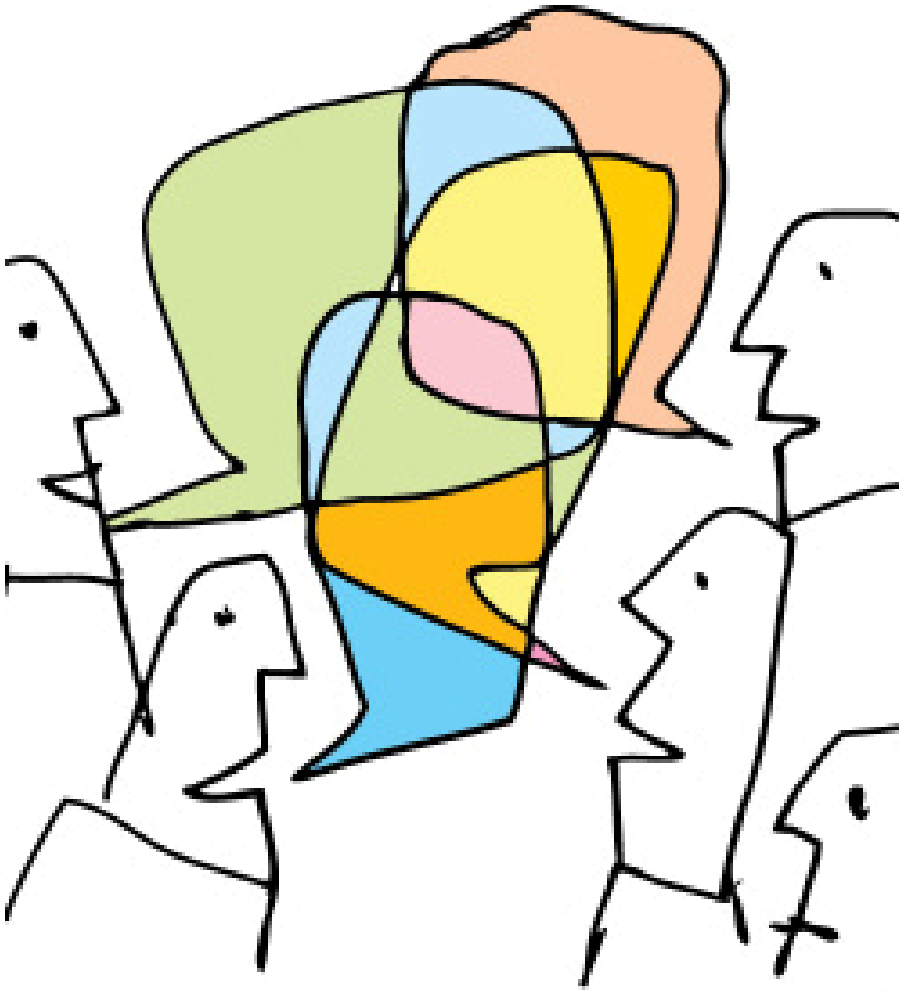
Method

- **Study design:** A quasi-experimental pre-post control design.
- **Intervention phase** with three stages: 1) focus groups, 2) training and 3) coaching
- **Initial assessment** (baseline) included pre-intervention measures for empathy, resilience, job related burn-out and stress and satisfaction at work
- **Post-intervention assessment** (6 months post-training)

Patients & Family focus group
SUMMARY NEEDS

A positive attitude
Good Communication
Information provided slowly and when you are ready
Listen and understand
Tolerate a bad day
To be treated with love and patience

Health Staff Focus Groups : SUMMARY



- **Concern topics identified:**
- **Communication problems** (e.g. *How to give bad news? How to provide information and how much? When?).*
- **Fear to cause damage** (e.g. *How should I move the patient?)**, to ask** (e.g. How deep should I dig into the patients' histories?)**, to answer** (e.g. What should I answer? Should I tell him/her the truth from the very beginning?).*
- **Difficulties to motivate patients' adherence to rehabilitation**.
- **How to show empathy**.
- **Patients with denial and resistance**.

Training design

Customized according to focus groups and following Motivational interviewing principles. Two stages:

1. Twelve hours training distributed in two days (one day per week). 20 individuals per group maximum. Two trainers. A certificate (CME) was given to participants
2. On-demand small group or individual coaching sessions (after training) 30-60 minutes per session.

Assessment tools

- **Jefferson Scale of Physician Empathy** (**JSPE**); three dimensions: “taking perspective”, “compassionate care” and professional ability “to stand in patient’s shoes” (Hojat et al., 2001; Alcorta Garza et al., 2005)
- **Resilience Scale** (**RS**) (Wagnild and Young, 1993).
- **Maslach Burnout Inventory (MBI),** three dimensions: EE, DP and LA (Maslach and Jackson, 1981)
- **Likert scales** 1-5 for perceived job-related stress and perceived satisfaction with job

The sample

- From an initial pool of 63 professionals working in the SCI Unit, a total of 45 professionals were assessed (pre/post training) (71.4% of the rehabilitation staff).
- Missing sample in post-training assessments: retirement (n=1), sick or maternity leaves (n=5), change of service (n=7), or not wanting to answer again the questionnaires (n=5).

RESULTS

Demographic & job related data

Table 1. Demographic and job-related characteristics of the sample (N=45)

	N	%
Gender		
Male	11	24,4
Female	34	75,6
Civil status		
Single	10	22,2
Married	20	44,4
Steady partner	6	13,3
Divorced	8	17,8
Widow(er)	1	2,2
Profession		
Nurse	14	31
Assistant nursing	9	20
Physiotherapist	6	13,3
Physiotherapist assistant	1	2,2
Fitness' monitor	2	4,4
Rehabilitation physician	3	6,6
Occupational therapist	1	2,2
Social worker	3	6,7
Hospital attendants	6	13,3
	Mean (SD)	**Range**
Age at assessment (in years)†	45,19 (10,49)	28-62
Time working in the field (in years)	18,42 (10,59)	2-38

† Three missing values

Pre-training measures

Table 2. Pre-training descriptive results (N=45)

Factor	Mean (SD)	Range	Scores' interpretation
JSPE-Empathy total scores	113,71 (12,84)	77-134	20-140 (↑scores, ↑ empathy)
JSPE-Taking perspective (10 items)	58,75 (7,31)	42-70	10-70 (↑scores, ↑ empathy)
JSPE-Compassionate care (7 items)	41,13 (6,64)	20-49	7-49 (↑scores, ↑ empathy)
JSPE- Ability to stand in patients' shoes (3 items)	13,82 (3,14)	6-20	3-21 (↑scores, ↑ empathy)
MBI-Emotional exhaustion	14,49 (6,94)	1-34	≤16 low, 17-26 medium, ≥27 high
MBI-Depersonalization	3,33 (2,81)	0-11	≤8 low, 9-13 medium, ≥14 high
MBI-Personal accomplishment	39,73 (5,95)	23-48	≤30 low, 31-36 medium, ≥37 high
NS-Self-perceived stress at work	3,31 (0,79)	1-5	1-5 (↑scores, ↑ stress)
NS-Self-perceived job satisfaction	4,20 (0,66)	3-5	1-5 (↑scores, ↑ satisfaction)
RS-25	145.02 (13.78)	101-165	1-175 (↑scores, ↑ resilience)

JSPE: Jefferson Scale for Physician Empathy; MBI: Maslach Burnout Inventory; NS: Numeric Scale.

RS: Resilience scale

Post-training measures

Table 3. Post-training descriptive results (N=45)

Factor	Mean (SD)	Range	Scores' interpretation
JSPE-Empathy total scores	114,67 (10,15)	92-138	20-140 (↑scores, ↑ empathy)
JSPE-Taking perspective (10 items)	59,42 (6,70)	40-69	10-70 (↑scores, ↑ empathy)
JSPE-Compassionate care (7 items)	41,95 (5,91)	24-49	7-49 (↑scores, ↑ empathy)
JSPE-Ability to stand in patients' shoes (3 items)	13,29 (3,19)	8-21	3-21 (↑scores, ↑ empathy)
MBI-Emotional exhaustion	15,40 (8,14)	2-46	≤16 low, 17-26 medium, ≥27 high
MBI-Depersonalization	3,27 (2,81)	0-11	≤8 low, 9-13 medium, ≥14 high
MBI-Personal accomplishment	38,80 (5,53)	24-47	≤30 low, 31-36 medium, ≥37 high
Self-perceived stress at work	3,18 (1,03)	1-5	1-5 (↑scores, ↑ stress)
Self-perceived job satisfaction	4,22 (0,70)	3-5	1-5 (↑scores, ↑ satisfaction)
RS-25	141.31 (15.21)	104-170	1-175 (↑scores, ↑ resiliency)

JSPE: Jefferson Scale for Physician Empathy; MBI: Maslach Burnout Inventory; NS: Numeric Scale.

RS: Resilience scale

First findings

- On the whole, no significant differences were observed between pre/post training measures for any of the variables assessed

Looking for some differences

- **Gender pre/post analysis**

Women had significantly higher pre-intervention scores compared to men in:

- Emotional Exhaustion

15.85(6.63) *vs.* 10.27(6.40); p=0.019,

-”Ability to stand in patients’ shoes”

14.38 (2.83) *vs*. 12.09 (3.53) p=0.034

These differences disappeared after the training

Comparative pre/post analysis empathy and burnout items

		PRE	POST	
JSPE	**Item content**	**Mean(SD)**	**Mean (SD)**	**p**
Item 12	*I consider asking my patients about what is happening in their lives an important factor in understanding their physical complaints*	5,64 (1,52)	6,44 (1,01)	,004

No differences were found for MBI items

Correlation analysis between variables pre/post training

A pre-post positive correlation was found between **resilience** level and **lack of accomplishment** (r=0,664; p<0,000)

Kruskal-Wallis: MBI- Lack of accomplishment and Resilience

resilience	Pre-training		Post-training	
	N(%)	Mean Rank	N(%)	Mean Rank
HIGH	25 (58.1%)	26.72	16 (37.2%)	29.81
MODERATE	16 (37.2%)	17.06	25 (58.1%)	18.08
LOW	2 (4.7%)	2.50	2 (4.7%)	8.5
significance		p=0.004		p=0.004

Resilience

"You're amazing, Hargrave—fair weather or foul, good times or bad, boom or recession, you're always the same."

FEED BACK OF PARTICIPANTS

Positive aspects:

"I note the importance of this training to our practice;
I have found it very interesting"

"I liked it and I will apply in my work and in my life quite a bit"

"It does help when you apply it at work, I think it greatly improves the style of working"

"Practical tools for use on the daily work"

"These are techniques that I find very useful and I think I will put into practice gradually. Beginning with easy things ... "

"I would expand the entire training (content) because I found very useful, fun and interesting

"Great professionals and good communicators"
"I would like to repeat these sessions again with more examples and practical cases"

Discussion (1)

Main finding

- Professionals are doing quite well their jobs, and have certain degree **of self-perceived competence.**
- **A large experience** working with ASCI patients may explain these stable and positive pre-post results.
- **Low burnout** levels may be explained by team support and cohesion, as professionals reported in focus group.

Discussion

- The more experienced the professionals are the less burnout level (Melita Rodríguez et a., 2008)
- Protective burnout factors: team cohesion, organizational commitment (Li et al, 2014)
- Job satisfaction, which has been revealed as high in our sample, is commonly related to higher degree of commitment, motivation towards work, and lower degree of job-related stress and burnout (Bonenberger et al., 2014; Myhren et al., 2013).

Discussion (2)

Main finding

- In overall there is a lack of significant differences pre-post training.

Discussion

- Staff who enter the training with a high level of self-perceived competence might not be expected to benefit from MI and don't consider to change their behaviour (Rohsenow et al., 2004)
- The average effect size of MI may be attributable to differences in clinician skill in delivering MI.
- Efficacy of MI may have to do with the MI-inconsistent therapist responses (Miller & Mount, 2001; Baer et al., 2012)
- The lack of fidelity measures about MI delivery may explain the lack of MI efficy (Hettema et al., 2205)

Discussion (3)

Main finding

- Women had higher pre-intervention scores compared to men in Emotional Exhaustion and in “Ability to stand in patients’ shoes”

- A higher predisposition among professionals to ask patients about any other stressful events in their lives, not necessarily related to the injury was found after the training

Discussion

- EE use to be higher in female and DP in male professionals (Ramírez Perez et al., 2011). Compassionate care use to be higher also in women.
- As these differences disappeared after the training. Perhaps, the training has helped to improve stress management skills and coping with difficult situations among professionals, blending differences linked to gender

- An MI training increase MI consistent counselor responses (Miller& Mount, 2001)

Limitations

- Professionals could overestimate their empathy
- Lack of specific measures to assess the professionals' real performance when facing patients and how they integrate the MI skills into their daily practice
- a longer-term training and supervised practice could yield better results

Conclusions

- The training was very well accepted and a high participation was obtained.
- The sample did not show burnout and their job satisfaction was quite high
- Health staff had a high level of self-perceived empathy and resilience.
- Those variables remained stables after the training
- The training might have been useful to affirm health staff and generate “team building”
- More research is needed combining self-rating measures with observational measures

For your attention!!