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Original Article

Caring Beyond Words: Effectiveness of a Blended Communication Training Program on Nurses' Competence in End-of-Life Care

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Abstract

Background: Effective communication is essential in palliative and end-of-life (EOL) care; however, many nurses report inadequate preparation for sensitive conversations, leading to poor patient and family outcomes.

Methodology: A quasi-experimental pre-test/post-test study was conducted in two tertiary hospitals in New Delhi, India (January–September 2025). Sixty registered nurses participated in a 3-day training program incorporating lectures, role-play, and high-fidelity simulation. Competence was assessed using the End-of-Life Communication Competence Scale (Cronbach's $\alpha = 0.88$), OSCE checklists, and self-reported confidence. Quantitative data were analyzed using paired t-tests and repeated-measures ANOVA, while qualitative data were thematically analyzed.

Results: Competence scores improved significantly from baseline (54.2 ± 6.1) to post-training (72.8 ± 5.9, $p < 0.001$, Cohen's $d = 1.56$) and remained high at one-month follow-up (70.3 ± 6.4, $p < 0.001$). OSCE scores (78.6 ± 7.2) confirmed skill acquisition.

Conclusion: Structured, blended training significantly enhances nurses' communication competence in EOL care with sustained effects.

Keywords: Caring, Palliative Care, Communication, Nursing, End-of-Life Care

INTRODUCTION

Palliative and end-of-life (EOL) care aims to relieve physical, psychosocial, and spiritual suffering while supporting patients and families in complex decision-making. [1,2] Effective communication is central to this process but remains a major barrier to quality care, often resulting in unmet needs, emotional distress, and dissatisfaction among patients and their families.[3,4]

Global health organizations have emphasized the importance of strengthening communication skills training, particularly in low- and middle-income countries (LMICs), where palliative care services are still developing.[5,6]

Despite this recognition, nurses frequently report inadequate preparation, lack of confidence, and anxiety when engaging in end-of-life discussions.[7,8]

These challenges can hinder effective

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communication and negatively impact patient care outcomes. Although simulation-based and structured communication training programs have shown effectiveness in improving competence in high-income countries, evidence from LMIC settings remains limited.[9,10]

In India, gaps in communication training, limited institutional support, and insufficient integration of palliative care education into nursing curricula continue to pose significant challenges.[11,12]

While national policies have highlighted the importance of palliative care, practical implementation remains inconsistent. Guided by Bandura's Self-Efficacy Theory and Communication Competence Theory, this study aims to evaluate the effectiveness of a structured communication training program in enhancing nurses' competence in end-of-life communication.[13,14]

Aim: To evaluate the effectiveness of a structured communication training program on nurses' EOL communication competence.

Objectives of the study

- To assess baseline and post-training communication competence
- To evaluate effectiveness of the training program
- To assess retention at one-month follow-up

Methodology

The methods and processes used to carry out the study are described in this section. It contains information about the setting, sample, data gathering methods, and research strategy.

Research Approach and Design

A quantitative research approach with a quasi-experimental, single-arm pre-test/post-test design was adopted to evaluate the effectiveness of a structured communication training program. A control group was not included due to ethical concerns regarding withholding beneficial training and resource constraints.

Study Settings

The study was conducted in two tertiary care hospitals in New Delhi, India, both equipped with established palliative care units managing patients requiring end-of-life (EOL) care.

Population and Sample Size

The study population comprised registered nurses working in palliative, oncology, and medical wards. A total of 60 nurses were recruited. The majority of participants were female (86.7%), with a mean clinical experience of 6.2 years (SD = 3.1).

Sampling Technique

A purposive sampling technique was used to select nurses who were regularly involved in end-of-life communication and patient care.

Inclusion and Exclusion Criteria

Inclusion Criteria:

- Registered nurses with at least one year of clinical experience
- Nurses working in palliative, oncology, or medical wards
- Willing to participate and provide informed consent

Exclusion Criteria:

- Nurses who had received advanced communication training within the past year
- Nurses on extended or long-term leave during the study period
- Those unwilling to participate

Data Collection Tools / Instruments

Primary Tool:

- End-of-Life Communication Competence Scale (score range: 25–100), assessing domains such as empathy, clarity, confidence, and cultural sensitivity

Secondary Tools:

- Objective Structured Clinical Examination (OSCE) checklist (12 items)
- Self-reported confidence scale using a 10-point visual analogue scale
- Open-ended questionnaire for qualitative feedback

Validity and Reliability of Tool

The End-of-Life Communication Competence Scale demonstrated high internal consistency (Cronbach's α = 0.88). The OSCE checklist showed strong inter-

rater reliability (ICC = 0.84). All tools were adapted from established and validated palliative care communication frameworks.

Data Collection Procedure

Data collection was carried out in three phases:

1. **Pre-test:** Baseline assessment of communication competence and confidence
2. **Intervention:** A **3**-day structured training program
   - Day 1: Didactic lectures on communication principles, ethics, and cultural sensitivity
   - Day 2: Role-play and small-group discussions
   - Day 3: High-fidelity simulation with standardized patients and debriefing
3. **Post-test and Follow-up:** Immediate post-training assessment and one-month follow-up evaluation

Training fidelity was ensured through facilitator manuals, standardized case scenarios, and observation checklists.

Ethical Consideration

After receiving official approval from the relevant authorities of the chosen institution, the study was carried out. Throughout the whole research procedure, ethical guidelines were closely adhered to. Before any data was collected, all participants gave their informed consent and were made aware of the study's objectives. Participants were free to leave the study at any time without incurring any fees, and participation was entirely voluntary. The participants' privacy and confidentiality were preserved by not revealing their identities. The information gathered was solely utilized for research.

Data Analysis Plan

Data were analyzed using SPSS version 26. Descriptive statistics were used to summarize demographic characteristics and outcome measures. Paired t-tests and repeated-measures ANOVA were used to assess differences across time points. Assumptions of normality (Shapiro–Wilk test) and sphericity (Mauchly's test) were evaluated. Effect sizes were calculated using Cohen's d and partial eta squared (η^2). Qualitative data were analyzed using Braun and Clarke's thematic analysis approach.

Duration of Study: The study was conducted over a period of nine months, from January to September 2025.

Results

To accomplish the study's goals, the gathered data was arranged, tallied, and examined using the proper statistical techniques.

Quantitative Findings

Attrition was minimal, with 58 (96.7%) completing the post-test and 57 (95.0%) completing the one-month follow-up.

Mean competence scores improved significantly across time points ($F(2,112) = 158.3$, $p < 0.001$, partial $\eta^2 = 0.74$):

- **Baseline:** 54.2 ± 6.1
- **Post-training:** 72.8 ± 5.9
- **One-month follow-up:** 70.3 ± 6.4

Pairwise comparisons (Bonferroni corrected) showed significant improvements from baseline to post-training ($p < 0.001$, Cohen's $d = 1.56$, 95% CI [15.2, 21.9]) and baseline to follow-up ($p < 0.001$, Cohen's $d = 1.27$, 95% CI [13.5, 19.0]). The small decline from post-test to follow-up was not statistically significant ($p = 0.08$).

These findings indicate a large and clinically meaningful improvement in communication competence following the intervention.

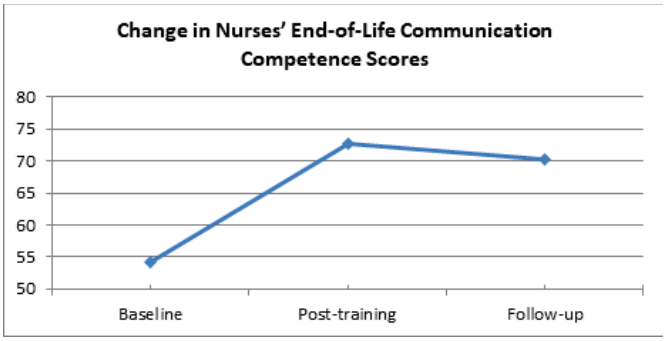

Figure 1. Change in mean EOL communication competence scores at baseline, post-training, and one-month follow-up.

Subdomain Improvements

Significant gains were observed across all domains, with the largest improvements in confidence and information clarity (Table 1).

Table 1. Subdomain Improvements in EOL Communication Competence (n = 60)

Domain	Baseline Mean ± SD	Post-test Mean ± SD	% Improvement	p-value	Cohen's d
Empathy	13.4 ± 2.2	16.2 ± 1.9	+21%	<0.001	1.33
Information Clarity	12.0 ± 2.0	15.0 ± 1.8	+25%	<0.001	1.53
Confidence	11.0 ± 1.9	14.3 ± 1.7	+30%	<0.001	1.74
Cultural Sensitivity	9.8 ± 1.5	11.3 ± 1.6	+15%	<0.01	0.99

OSCE Findings

On Day 3, OSCE performance confirmed skill acquisition, with a mean score of 78.6 ± 7.2 (range 65–92). Inter-rater reliability was high (ICC = 0.84), confirming scoring consistency between independent evaluators.

Discussion

Qualitative Findings

Three themes emerged:

1. **Enhanced self-efficacy –** Greater confidence in engaging families.
2. **Reduced communication anxiety –** Reduced fear of communicating incorrectly
3. **Need for reinforcement –** Desire for periodic refresher workshops.

Comparison with Existing Evidence

This study demonstrates that structured, blended communication training significantly improves nurses' competence in palliative and end-of-life (EOL) care, with sustained gains at one-month follow-up. These findings are consistent with international evidence showing that experiential methods such as simulation and role-play enhance empathy, confidence, and communication clarity. Similar results from randomized trials further support the effectiveness of structured training.

Theoretical Implications

The findings align with Bandura's Self-Efficacy Theory, indicating that practice-based learning enhances confidence and reduces anxiety. Improvements across empathy, clarity, and confidence also support Communication Competence Theory, highlighting the integration of knowledge, motivation, and skills.

Patient and Family Outcomes

Although not directly measured, improved communication competence is associated with better patient and family outcomes, including satisfaction, trust, and reduced decisional conflict (2,7,13). Enhanced empathy may support emotional adjustment and shared decision-making.

Contextual Implications for India and LMICs

This study addresses a key gap in LMICs, where structured communication training is limited. Cost-effective strategies such as role-play and case-based learning offer scalable alternatives to simulation, supporting wider implementation in resource-constrained settings.13,14,15

The large effect size observed in this study indicates a clinically meaningful and practically significant improvement in nurses' communication competence.

Limitations

This study has several limitations. The single-arm design without a control group limits causal inference. The sample was drawn from two hospitals,

which may affect generalizability. The follow-up period was limited to one month, restricting assessment of long-term retention. Additionally, self-reported measures may be subject to response bias.

Conclusion

The findings of this study provide strong evidence that a structured, blended communication training program significantly improves nurses' competence in palliative and end-of-life care, with sustained gains at one-month follow-up. Improvements in empathy, clarity, and confidence, along with OSCE-confirmed skill transfer, highlight the effectiveness of experiential learning approaches.

The findings emphasize the need to integrate communication training into nursing education and clinical practice to enhance patient and family-centered outcomes, including trust and shared decision-making. At the policy level, prioritizing communication competence within accreditation standards is essential. Further multi-center and longitudinal research is recommended, particularly in LMIC settings.

Recommendations

- Integrate structured communication training into undergraduate and postgraduate curricula
- Provide regular in-service training and refresher programs
- Promote cost-effective simulation strategies in resource-limited settings
- Incorporate OSCE-based assessment into clinical evaluation
- Encourage multi-center and longitudinal research

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Conflict of interest

The author declares no conflict of interest.

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