Executive Summary: Nurses Navigating Tough Talks Through Roundtable Discussions

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Palliative Pathway: Nurses Navigating Tough Talks Through Roundtable Discussions

Main Points

- Nurses often feel unprepared to initiate palliative and end-of-life conversations despite their frontline role, referred to throughout the project as "tough talks."
- The intervention was implemented in patient units with notably high mortality rates
- Implemented structured roundtable discussions using simulated palliative care and end-of-life case scenarios (Burgunder-Zdravkovski et al., 2020)
- Encouraged open discussions, reflections and peer learning in a safe environment
- Addressed barriers such as time constraints, emotional discomforts, lack of confidence, comfortability and capability
- Following implementation of this DNP project there was a significant improvement in nurse capability, comfortability and confidence in nurses initiating "tough talks"
- Pre- and post-intervention surveys revealed significant improvement in self-reported confidence, capability, and comfort among participants.

Background and Purpose

Effective communication around palliative care and end-of-life decisions remains a necessary skill for nurses (Coates, 2021), particularly in units where mortality rates are high. These conversations referred to as "tough talks," involve initiating dialogue about prognosis, goals of care, and patient and family preferences, which can be emotionally and ethically challenging. Nurses working in high-mortality units frequently encounter palliative care and end-of-life (EOL) situations, yet many lack the formal training to navigate these emotionally complex conversations with confidence (Donesky et al., 2020). Early identification and timely communication about palliative and EOL needs have been shown to improve patient-centered outcomes (Ferrell, 2019). *Palliative Pathways: Nurses Navigating Tough Talks Through Roundtable Discussions* is a Quality Improvement Doctor of Nursing Practice (DNP) project aimed to improve nurses' confidence, capability, and comfortability in initiating and navigating difficult

conversations with patients and families. By implementing structured roundtable discussions using case-based simulation scenarios (Burgunder et al., 2020), this project aimed to create a safe, reflective space for nurses to enhance their communication skills, share experiences, and receive peer and facilitator support. The initiative supports the timely identification of palliative needs and promotes holistic, patient-centered care, ultimately improving care quality and outcomes during critical moments in the patient journey.

Methodology

This project employed a quasi-experimental pre/post-intervention quality improvement design to evaluate the impact of peer-led roundtable discussions on nurses' confidence and perceived ability to navigate and initiate palliative care and end-of-life conversations. The sample included voluntary registered nurses from high-mortality inpatient units within a large general medical/surgical facility within a major academic medical center. Over 12 weeks, the intervention consisted of both virtual and in-person roundtable discussions that utilized case-based simulated scenarios designed to reflect real-life challenges nurses face when initiating difficult conversations.

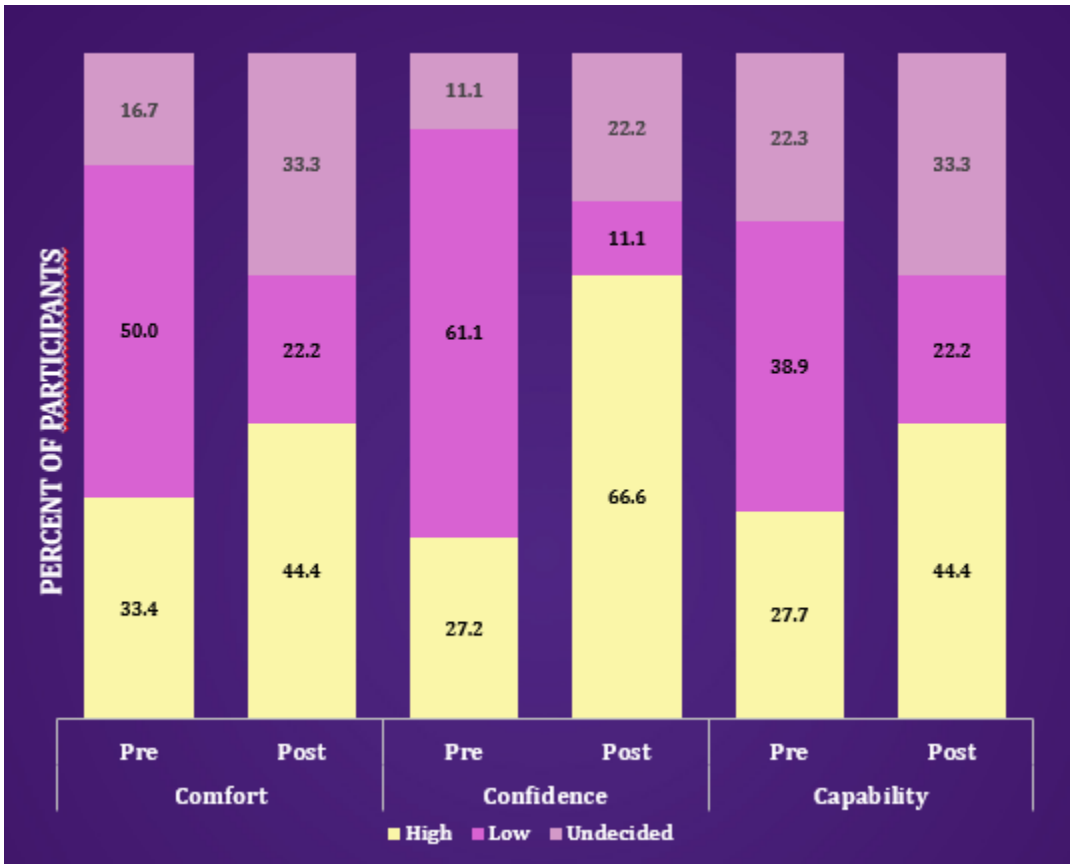
Data were collected through anonymous pre- and post-intervention surveys, which incorporated Likert scale questions to measure nurses' self-reported confidence, perceived capability, and comfort level in initiating "tough talks." Eighteen nurses participated in the pre-survey; however, due to scheduling conflicts and changes in availability, only nine nurses completed the post-survey. The collected data were analyzed by comparing pre-and post-survey responses to assess any changes in nurse confidence and communication preparedness following the intervention.

Results

Post-intervention data showed a clear improvement in nurses' comfort, confidence, and capability when navigating and initiating "tough talks." The most notable change was in nurse's confidence, which more than doubled from 27.2% reporting low confidence before the intervention to 66.6% afterward (**Figure 1**). Across all domains, fewer nurses reported feeling uncertain or unprepared following the

roundtable discussions. One participant described a meaningful experience where she confidently initiated goals-of care conversations with a patient who expressed a wish for comfort-focused care. Although the patient's family was initially resistant, they ultimately supported the patient's decision, allowing him to peacefully transition with loved ones at his bedside. This story exemplifies the real-world impact of improving nurses' communication skills, highlighting how these tools can promote dignity and support patient-centered care at the end of life.

Figure 1



Strengths & Limitations

The roundtable discussions were delivered in small intimate and interactive settings using real-life, case-based scenarios, encouraging team engagement in a supportive learning environment. The intervention was adaptable to nurses with varying levels of experience and promoted open, reflective dialogue on difficult conversations. Despite these strengths, several limitations should be acknowledged.

The sample size was small, with only 18 nurses completing the pre-intervention surveys and just nine completing the post-survey, limiting the validity of the comparative analysis and the generalizability of results. The quasi-experimental design lacked a control group, making it difficult to isolate the intervention as the sole driver of observed improvements. Additionally, anonymous survey responses prevented the use of paired analyses to track individual changes over time. Lastly, self-reported data may introduce response bias. Despite these limitations, the project provides meaningful insight into how communication-focused interventions can empower nurses, strengthen confidence in navigating palliative and end-of-life conversations, and enhance patient care outcomes.

Implications

This project highlights the value of structured roundtable discussions as an effective strategy to enhance nurses' communication skills in palliative and end-of-life care. Increased confidence among nurses facilitates earlier, more meaningful conversations that help align care with patients' values and goals. Empowered nurses are better equipped to advocate for patient-centered decision-making, even in emotionally charged situations, fostering dignity and respect at the end of life. Enhanced communication may also reduce unnecessary interventions and prevent avoidable hospital readmissions, which can positively influence healthcare costs. Overall, this initiative aligns with the Quadruple Aim by improving the patient experience, promoting cost-effective care, and supporting nurse well-being and professional fulfillment.

Conclusion

Nurses play a vital role in ensuring compassionate and dignified end-of-life (EOL) care, often serving as the front-line during patients' most vulnerable moments. This doctoral project successfully addressed a critical gap in nursing practice by equipping bedside registered nurses with structured communication tools and emotional support to navigate difficult palliative and EOL discussions. Through targeted roundtable sessions and the implementation of practical resources, nurses demonstrated measurable improvements in self-reported confidence, comfort,

and capability. Notably, confidence more than doubled post-intervention, directly translating into more meaningful, patient-centered conversations—as evidenced by real-world outcomes shared by participants.

Despite limitations such as a small sample size, unpaired surveys, and scheduling challenges, data integrity was preserved, and all survey responses were fully analyzed. The tools developed are now approved for unit-wide distribution and are pending inclusion in future hospital nurse orientations, signaling institutional support and commitment to sustainability. This project affirms that even modest interventions like peer-led discussions can have a powerful and lasting impact on both healthcare teams and patients.

By investing in nurses' communication training, healthcare organizations can transform challenging conversations into opportunities for healing, peace, and alignment with patients' values. Ultimately, this initiative reinforces the importance of nurse advocacy and supports a cultural shift that prioritizes dignity, emotional presence, and patient-driven care during life's most fragile transitions.

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