Although quality communication has been identified as a necessary component to cancer care, communication skills training programs have yet to focus on the unique role of nurses. This study explored communication barriers as reported by seven nurse managers to better identify communication skills needed for oncology nurses to practice patient-centered care. Thematic analysis of transcripts was used to identify barriers to patient and family communication and desirable patient-centered nursing communication skills. Overall, the nurse managers reported that nurses experience patient and family communication difficulties as a result of inconsistent messages to patients and family from other healthcare staff. Physician assumptions about nursing left nurses feeling uncomfortable asking for clarification, creating a barrier to team communication processes. Patient-centered communication and care cannot be actualized for nurses unless team roles are clarified and nurses receive training in how to communicate with physicians, patients, and family. Therefore, the authors of this article created the COMFORT communication training protocol, and key concepts and resources for nurse communication training through COMFORT are detailed in this article.

Background

Nurses experience difficulties in conversations that involve bad news, spiritual or religious concerns, and palliative care issues with patients and family members from different cultures (Helft, Chamness, Terry, & Uhrich, 2011; Malloy, Virani, Kelly, & Munevar, 2010; Noble & Jones, 2010). Oncology nurses report low skill level when helping a patient deal with the economic impact of cancer and intervening with family members in denial (Sivesind et al., 2003). They report discomfort discussing sexual health with patients (Julien, Thom, & Kline, 2010) and a lack of knowledge about survivorship issues (Irwin, Klemp, Glennon, & Frazier, 2011). Low self-awareness of verbal and nonverbal communication, fear of death, and poor task orientation may decrease communication effectiveness for oncology nurses (Tay, Hegney, & Ang, 2010). Oncology nurses also report having great difficulty with requests for euthanasia, patient loss, and confronting a colleague about undesirable behavior (Sivesind et al., 2003).