2.5: Nurse–Patient–Family Communication

The most important thing in communication is hearing what isn’t said. -Peter Drucker

Learning Objectives

- Identify several ways nurses can engage in more effective communication with patients and families.
- Describe some basic communication skills nurses can use to enhance communication.
- Identify several follow-up responses to use with patients.

As mentioned several times throughout this book, the importance of good communication between the nurse and patient/family cannot be overstated. Communication has been found to be a central part of the nurse-patient relationship and is based on the formation of trust and personal attitudes (Lowey, 2008). Most students, and even novice nurses, think that if they are not performing an actual skill for a patient, they are not performing effective and important nursing care. However, there is so much good that nurses can do by simply communicating with patients. Communication does not refer to the general pleasantries that people engage in as a formality. Casual conversation might be useful to get to know a person; however, is not what denotes effective nurse-patient communication. There are several ways that that nurses can engage in more effective communication with patients and families. Some of these will be described in this chapter, as well as some basic tools that can be used by nursing students and novice nurses as ways to help train them to engage in more effective communication with patients and families. Since communication is one of the skills that nursing students feel the least comfortable with, we will explore some possible follow-up responses that can used with patients.

While the same response may not be appropriate for every patient, there are some effective responses nurses can use to clarify meaning or elicit further information from patients. This is particularly important because patient communication can often be unclear.
Sometimes, the more subtle statements that patients make require active listening and good communication on the part of the nurse in order to really understand the needs or concerns of the patient.

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**Be Yourself**

Chances are that most of the nurse or clinician students who are reading this book are nice people. Anyone who willingly enters into a profession like nursing or healthcare is probably a caring person. However, the student may not always be themselves when interacting with patients. This persona is used as a way to keep the “invisible boundary” between themselves and patients as they have been trained. This professionalism is necessary and required; however, there is a way to be yourself while maintaining professional boundaries.

This can be a difficult thing for students and novice nurses to understand. How can I be myself and still maintain a professional demeanor and boundary? It is something that takes trial and error and also some comfort with oneself and with the profession. If a patient asks you an innocent question such as “Do you have any children?” or “Have you lived around town all your life?” There is no adverse reason for not answering, unless the nurse is uncomfortable in the situation. Most nurses engage in honest, casual conversations with patients and families, and it helps patients to get to know the nurse and vice versa. It also helps put patients more at ease with you. The special nurse-patient connection formed as a result is important in fostering trust, which encourages the patient to follow through on the various things you will teach them as part of good nursing care. Patients may be sick but they are not unintelligent and they can sense if the nurse is not being himself or herself. In end-of-life care, an effective nurse-patient relationship is very important and can be successfully fostered as a result of simply being oneself.

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**Be Honest**

Good nursing care also involves being honest with the patient and family. If the nurse is asked a question that they do not know, a good response would be to honestly tell the patient that you do not know but will get the correct answer for them — and be sure to follow through and actually do that. Patients who have spent a lot of time in the health care system have encountered many individuals along the way, as well as a wide variety in the levels of care provided. It is never acceptable to lie to a patient when asked a question related to their health that is within your scope of practice to disclose. This is important for the novice nurse to understand. Nurses are rarely the clinicians to “break the news” or give prognostic information to a patient for the first time. That is the role of the provider, and if a patient asks you about this, you need to defer them to the provider. You should not ignore their questions, because any question the patient has is valid to them. The nurse needs to follow-up and find the correct person to provide that information to the patient.

If a patient who already has been told prognostic information makes a statement to the nurse such as “So I’m dying, aren’t I?” This is an opportunity to be honest with the patient and establish effective nurse-patient communication. Since they have already been told their prognosis, and the nurse has first confirmed this to be true, the patient can be responded to in an honest way such as “I know that the doctor has told you a lot of difficult information recently, and I am really sorry to hear about that.” This is a good initial response to their question, without seeming insensitive by simply repeating the prognosis. Then, listen to their response and take it from there. This is where the novice nurse may find it difficult to know how to respond. By being honest and oneself, the nurse is halfway there, despite not knowing exactly what to say. Nurses should never respond in a cliché matter-of-fact way when it comes to death and dying.
Statements such as “Well, we are all dying slowly each day anyway” minimalize the concerns of the patient. Nurses want to show patients that they are fully engaged with them and are genuinely interested in their concerns.

Be Genuine

So far we have talked about being yourself and being honest; two important qualities to foster effective nurse-patient communication. What is the difference between being honest and being genuine? Being genuine is somewhat related to being oneself, as long as you are not an overly sarcastic person, which might hinder an effective nurse-patient relationship. To be genuine is to be actual, real or true; sincere and honest (Merriam-Webster, 2014). To be authentic is to be real, to show devotion is to show that you honestly care about the person, and to be sincere is to be free from dishonesty. The nurse should possess all these qualities in their interaction with patients, because if the patient believes the nurse is authentic, devoted, and sincere, they will be more apt to engage with the nurse.

Show That You Care

The best ways to show patients that you care is to be polite, be respectful and follow through. Nurses should use some level of formality when addressing patients. Since many patients will likely be from an older generation, they are accustomed to being addressed by their last name, such as Mrs. Smith. From the initial contact with the patient, the nurse should always address them this way unless asked to do otherwise. If the patient invites the nurse to call them by their first name, then it is acceptable to do so.

Make eye contact with patients as a way of showing that you care. If the nurse’s face is focused on the computer or medical record more than the patient, it does not show them that you care. Maintain good eye contact, smile, and show that you are happy to be their nurse. This is sometimes difficult to do; nurses are people too, and can have bad days or issues that make them feel unhappy. It is important for the nurse to put those aside while in the presence of the patient. Be mindful of nonverbal communication. A lot can be said by nonverbal cues, such as body language. Having an open disposition can help show patients that the nurse cares. If possible, try to be at eye level with the patient, rather than standing over them. That helps to level the power between you and make the patient feel more like an equal in engagement. It also doesn’t hurt to use physical touch; shake the person’s hand when you meet them or touch them lightly on the arm or shoulder.

Follow Through

Lastly, be sure to follow through with anything that needs to be done after your contact with the patient. During your next encounter with the patient, provide the answer or the item that the patient requested, and this will help to show the patient that they are cared about. This is especially important because it shows that the nurse listened to their concerns or questions and remembered to act on them.

The Family

All of the aforementioned skills can also help the nurse engage more effectively with the family members. It is important to not leave the family members out of the conversation. Include them in your greeting and your “small talk,” and
maintain eye contact with them as well as the patient. A patient who feels that their family is being listened to and respected will be a more effective partner in communication. And a family who sees that their loved one is being listened to and respected will be more likely to communicate with the nurse.

**Common Follow-up Responses**

Effective communication between the patient and the nurse requires some skills on the part of the nurse. These skills are infrequently talked about in nursing school and even more infrequently practiced. But they are as essential as being able to maintain a sterile field, decipher lab values, or read an electrocardiogram. When communicating with a patient or family, the nurse should be mindful of how they respond to the patient or family. Every patient or family interaction is different and there is no “one size fits all” approach that can be used. However, there are some ways that nurses can respond to patients that can show the patient that their concerns are valid and are being heard. Table 10.1 contains some key phrases that the novice nurse should learn to take the place of certain other phrases that do not foster effective nurse-patient communication. As you can see, the original response denotes negativity whereas the suggested response seems more open to the patient’s concerns.

Table 10.1 Suggested General Responses

<table>
<thead>
<tr>
<th>Original Response</th>
<th>Suggested Response</th>
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<tbody>
<tr>
<td>I don’t know.</td>
<td>I don’t know, but I will find out for you.</td>
</tr>
<tr>
<td>I can’t do that.</td>
<td>Here is what I can do for you.</td>
</tr>
<tr>
<td>That’s too bad.</td>
<td>I’m sorry that this is happening to you.</td>
</tr>
<tr>
<td>I can’t tell you that information.</td>
<td>I will find out who can help get that information for you.</td>
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<tr>
<td>Why don’t you relax?</td>
<td>I understand why you are so upset and I’m sorry.</td>
</tr>
<tr>
<td>I wish there was something I could do.</td>
<td>What can I do for you? How can I help you?</td>
</tr>
<tr>
<td>I’m too busy right now.</td>
<td>I will be there to help you in a moment.</td>
</tr>
<tr>
<td>No problem.</td>
<td>I am glad I could help.</td>
</tr>
<tr>
<td>Don’t worry about it.</td>
<td>I understand your concerns; what can I do to help?</td>
</tr>
<tr>
<td>It’s good for you.</td>
<td>This is important because it will help you get better.</td>
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These are just a few examples showing how adding a few different words can make a big difference in the way the nurse responds to the patient. Most of the suggested responses show an underlying focus on the patient. Instead of the response being about what the nurse cannot do for the patient, it’s about what the nurse can do. This helps improve any potential anxiety, fear, or anger that the patient may be having and instead makes the patient feel that their concerns or statements have been heard and are important. In the current healthcare system, this is one of the frequent complaints that patients express on post-discharge satisfaction surveys. That is why so many changes in clinical practices...
surrounding communication have been instituted in the last decade. Nearly every hospital room now has some type of dry erase board or method for the patient to refer to that communicates who their nurse is, what day it is, what tests they may be having that day and so on. Something like this seems so simple, and yet it can make a great difference in the overall experience of the patient. Being mindful of how the nurse responds to a patient or family member can also impact the experience of the patient. Communication among the nurse, patient, and family is such an important part of the care delivered by nurses with all patients, but it is especially important for those who are nearing the end of life.

**What You Should Know**

- To develop a strong nurse-patient relationship, some of the most important factors required for good communication are to be yourself, be honest, be genuine, show that you care, and follow through. Do not forget the importance of including the family in communicating with the patient.
- Remember to focus your responses to the patient about what you *can* do versus what you are not able to do for them.

**References**