

# Tips for nurses on communication with patients, carers, and families

Communication with patients, carers, and families in palliative care includes supporting people through caring tasks and the development of a therapeutic relationship to build trust and a sense of solidarity and empowerment. The following tips are to get you started. Visit [CareSearch Nurses Hub](#) for more.

## Knowing when a discussion is needed

Triggers indicating the need for discussion include:

- When a life-limiting advanced progressive illness is diagnosed.
- When a treatment decision needs to be made.
- When there is a change in the person's condition, or when the person, carers, or a health professional perceive a change.
- When family or carers are distressed or overwhelmed.
- Requests or expectations that are inconsistent with clinical judgement.

## Building relationships to understand and exchange information

- Actively listen and allow the person to express themselves; this may involve periods of silence.
- Ask open-ended questions, for example:
  - *'What troubles you the most?'*
  - *'With what you know about your illness, what's most important to you?'*
- Paraphrase and summarise to check that you have understood correctly:
  - *'What I hear you saying is that you have been experiencing ... which has been making you feel ... Have I understood that correctly?'*

## Emotions and uncertainty

- Ask what information the person and their support network want to receive:
  - *'Do you want to know the details of the [diagnosis] [care plans]?'*
  - *'Would you prefer that I talk with someone in your family?'*
- Ask about the impact of any symptoms and what other factors influence this impact them:
  - *'How have you been coping with these experiences?'*
  - *'I can see you are really concerned about ... Can you tell me more about that?'*
  - *'What are you (most) worried about?'*
  - *'Is it ok for us to talk about what this means for you?'*

- Ask whether there are any other practical issues that might influence the choice of treatment, including cultural, spiritual, and geographical factors.
- Ask the person about their current and intended place of care.
  - *'Can you please help me to understand what I need to know about your beliefs and practice to take the best care of you?'*
  - *'Is there someone else you would like me to involve or speak to?'*

### Acknowledging and involving patients, carers, and family when delivering care

During care you should be aware of both verbal and non-verbal signals that you are communicating.

#### Verbal communication tips

- Introduce yourself and others in the room there to help and explain what team members are going to do.
- Ask permission before you begin and invite the person to ask questions.
- Ask about and acknowledge their needs and goals, and any concerns.
- Acknowledge the role of carer(s).
- Speak with a caring voice tone and avoid speak too loudly or quickly.
- Use teach-back method: Give information in small chunks and ask them to tell you what they have understood. Clarify as needed.

#### Non-verbal communication tips

- Respect the person's privacy and dignity e.g. draw a curtain, close the door as appropriate.
- Give the person your full attention and use eye contact where appropriate.
- Nod your head to show you are listening and do not interrupt the person.
- When talking with the person, if possible, position yourself at their level.
- A person's health literacy level should guide communication. Assume low health literacy, use plain language, and avoid clinical jargon and acronyms.
- Document what is discussed and said so that all providers of care are informed.

#### Useful tools

- SPICT and SPICT4ALL for recognising deterioration.
- SPIKES for delivering bad news.
- The NURSE mnemonic for responding to emotional cues.

Visit the [CareSearch Nurses Hub](#)



For references see CareSearch. [Communication with patients, carers, and family \[Internet\]](#). Adelaide SA: CareSearch, Flinders University; [updated 2022 Oct 13; cited 2025 Oct 24].