

■ CNE Article

# Palliative Care Communication in Oncology Nursing

Joy Goldsmith, PhD, Betty Ferrell, PhD, MA, FAAN, FPCN, Elaine Wittenberg-Lyles, PhD, and Sandra L. Ragan, PhD



© iStockphoto.com/Stigur Karlsson

Oncology nurses consistently exhibit distress when communicating about end-of-life topics with patients and families. Poor communication experiences and processes correlate with emotional distress, moral distress, and work-related stress. The National Consensus Project (NCP) for Quality Palliative Care developed clinical practice guidelines to establish quality standards for the practice of palliative care. NCP's guidelines are expressly intended as an interdisciplinary document and are representative of the inherent interdisciplinary nature of palliative care. Communication's value to palliative and oncology nursing is unique because those two specialties include a high frequency of challenging interactions for patients, families, and healthcare professionals. The COMFORT communication curriculum, a holistic model for narrative clinical communication in practice developed for use in early palliative care, is posed as a resource for oncology nurses with a series of practice case examples presented against the backdrop of NCP's eight domains of quality palliative care.

Joy Goldsmith, PhD, is an associate professor in the Department of Communication at Young Harris College in Georgia; Betty Ferrell, PhD, MA, FAAN, FPCN, is a professor in Nursing Research and Education at City of Hope National Medical Center in Duarte, CA; Elaine Wittenberg-Lyles, PhD, is an associate professor in the Markey Cancer Center and in the Department of Communication at the University of Kentucky in Lexington; and Sandra L. Ragan, PhD, is professor emeritus in the Department of Communication at the University of Oklahoma in Norman. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the authors, planners, independent peer reviewers, or editorial staff. Goldsmith can be reached at [jgoldsmith@yhcc.edu](mailto:jgoldsmith@yhcc.edu), with copy to editor at [CJONEditor@ons.org](mailto:CJONEditor@ons.org). (Submitted May 2012. Revision submitted July 2012. Accepted for publication September 12, 2012.)

Digital Object Identifier:10.1188/13.CJON.163-167

Palliative care prioritizes patient pain and symptom management, emphasizes communication with patients and their families, and establishes coordination of care. Given the prevalence of cancer and the high need to manage symptoms of this often advanced illness, researchers have proposed that palliative care should be integrated into standard oncology care (Periyakoil & Von Gunten, 2007; Smith et al., 2012). With emerging research showing the benefits and feasibility of combining palliative care and oncology (Smith et al., 2012), questions remain about how to successfully integrate both services. One step toward integrating palliative care and oncology is to provide clinicians with communication training to meet patient and family needs. The COMFORT communication curriculum has been presented for nurse communication training in early palliative care (Goldsmith & Wittenberg-Lyles, in press; Wittenberg-Lyles, Goldsmith, Ferrell, & Ragan, 2013; Wittenberg-Lyles, Goldsmith, & Ragan, 2010; Wittenberg-Lyles, Goldsmith, Richardson, Hallett, & Clark, 2013). COMFORT is an acronym for seven holistic principles of palliative care communication including narrative clinical practice (Communication), health and cultural literacy (Orientation and opportunity), presence in practice (Mindful presence), the role of family caregivers (Family), transitions in care (Openings), patient and family

needs (Relating), and teamwork (Team). The COMFORT model also is now a component of the End-of-Life Nursing Education Consortium communication module and is available at [www.clinicalcc.com](http://www.clinicalcc.com). For more details of the COMFORT model, see Wittenberg-Lyles, Goldsmith, and Ferrell (2013).

Clinical guidelines establishing quality standards for palliative care practice were developed through the National Consensus Project for Quality Palliative Care ([NCP], 2009). The NCP guidelines define each domain, but ultimately establish the necessary elements of quality palliative care (see Figure 1). The NCP guidelines direct the interdisciplinary team, but also hold special significance to nurses as the providers most often interacting with patients and families across all settings of care. To demonstrate the pertinence of COMFORT to quality palliative care, this article highlights corresponding NCP domains and fictive practice examples with specific communication tools. COMFORT and the NCP guidelines illustrate how essential palliative care communication is to every aspect of quality oncology care.

## Communicating

A basic axiom of COMFORT is that every message a person creates consists of task content (educating, advocating, and