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Communication accommodation theory in oncology nursing: a framework for patient-centred care in cancer

Abstract

Effective communication is vital for high-quality oncology nursing. This communication is necessary in influencing patients' understanding, emotional well-being, treatment adherence, and overall patient experience. Oncology nurses occupy a unique position within multidisciplinary cancer care through their interactions with patients and families across the patient journey (e.g., diagnosis, treatment, survivorship, and palliative care). Communication Accommodation Theory (CAT) offers a practical framework for understanding how nurses can tailor communication to patients' cognitive, emotional, cultural, and informational needs. This article explores the relevance of CAT to oncology nursing and highlights practical communication strategies and recommendations that can be applied to strengthen therapeutic relationships, improve patient-centred care, and support nursing education and leadership. Integrating accommodative communication approaches into oncology practice represents an important opportunity to enhance communication quality while promoting compassionate, equitable, and person-centred cancer care.

Keywords: communication accommodation theory, nursing, cancer, oncology, patient-centred care

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Introduction

Communication is widely recognized as one of the pillars of high-quality cancer care.[1] This paper follows our *Journal of Language and Social Psychology* manuscript currently under review where Apostolovski & Giles[2] examine CAT and cancer communication across clinicians and patients.[2] Similarly, and while extending the recent work of Giles and Jin, which emphasized the need to consider the unique communication demands of different nursing specialties and clinical contexts, this article explores the application of CAT to *oncology* nursing to support patient-centred cancer care.[3] Beyond conveying clinical information, communication influences how patients understand their diagnosis, cope with uncertainty or ambiguity, participate in treatment decisions, and adapt throughout the cancer continuum. Poor communication has been associated with increased anxiety, low treatment adherence, and reduced patient satisfaction, whereas effective communication improves psychosocial outcomes, quality of life and strengthens therapeutic relationships between patients and providers.[4]

Oncology nurses are uniquely positioned to influence these experiences. Nurses spend a considerable amount of time with patients and families, providing education, coordinating care, managing symptoms, clarifying complex information, and offering emotional support throughout the patient journey (e.g., diagnosis, treatment, survivorship, and palliative care). Consequently, communication is not simply an interpersonal skill, but a core clinical, and intergroup competency that directly affects patient-centred outcomes.[4,5]

Communication Accommodation Theory (CAT) provides an evidence-based framework for understanding how nurses adapt communication to individual patient needs. This theory was originally developed to explain how people adjust their verbal, non-verbal, and other behaviors during social interaction. CAT has become one of the most widely applied communication theories generally, let alone in healthcare.[6] Rather than applying a single communication style to every patient, CAT emphasizes adapting language, pacing, emotional expression, and interpersonal behaviors according to patients' health literacy, emotional state, cultural background, and communication preferences. CAT is one of the most advanced, theories of interpersonal alignment and synchrony. Since its development, it has been examined across languages, cultures, social groups, academic disciples (social and biological), and in applied settings and institutions.[7]

Recent oncology research further supports the importance of accommodative communication. Studies examining communication surrounding ductal carcinoma in situ (DCIS), a benign breast condition (also known as stage 0 breast cancer) demonstrate that patients consistently prefer clear language, opportunities to ask questions, visual explanations, and individualized discussions rather than technical terminology alone.[8,9] These findings reinforce the principle that communication is most effective when tailored to each patient's needs.

Oncology nursing communication accommodation

Cancer care presents communication challenges because patients' informational and emotional needs change continuously throughout the disease trajectory. CAT proposes that nurses should continually assess these changing needs and modify communication accordingly rather than relying on standardized educational approaches.[3]

Accommodation begins by reducing informational distance. Nurses can replace technical terminology with plain language, present information in manageable segments, encourage questions, and verify understanding using teach-back techniques. Patients frequently remember only a small proportion of information discussed during initial consultations, making repeated explanations and reinforcement particularly important.[1,2] Research consistently demonstrates that individualized communication improves understanding and reduces uncertainty among patients with cancer.[4,6]

Equally important is *emotional* accommodation.[4] Effective communication extends beyond delivering accurate information. This requires recognizing patients' emotional responses and responding with empathy, validation, and active listening. Purposeful pauses, attentive silence, appropriate eye contact, and allowing patients time to process difficult information strengthen therapeutic relationships and foster trust.[4,5,10]

Accommodation also requires cultural responsiveness. Patients differ in health literacy, language proficiency, cultural beliefs, family roles, and preferred approaches to decision-making. CAT encourages nurses to recognize these differences and adapt communication respectfully while maintaining clinical accuracy. Such flexibility promotes equity, improves patient engagement, and strengthens therapeutic relationships across culturally diverse populations.[7,9,10,11]

Family-centred communication represents another important application of CAT.[10] Family members frequently participate in treatment decisions, symptom management, and emotional support. Oncology nurses therefore communicate simultaneously with multiple individuals who may have different informational and emotional needs. By encouraging questions, acknowledging differing perspectives, and adapting explanations to each audience, nurses promote shared understanding while respecting patient autonomy.[4,6]

Importantly, CAT emphasizes that communication competence extends beyond mastering individual communication techniques. Effective oncology nurses continually evaluate whether their communication meets patients' changing needs and modify their approach accordingly

Practical applications for oncology nurses

CAT can be readily incorporated into everyday oncology practice by implementing the following: using plain language instead of unnecessary medical jargon; assessing health literacy before providing education; encouraging questions and confirming understanding through teach-back; adapting communication pace to patients' emotional readiness; using silence intentionally following difficult conversations; recognizing cultural and family influences on communication preferences; validating emotions while maintaining honesty and realistic expectations; and reinforcing information over multiple clinical encounters rather than relying on a single discussion.[1,6]

Implications for nursing education, leadership, and management

Communication is increasingly recognized as a quality and safety priority within oncology care. Although communication training is included in most nursing curricula, education often focuses on communication techniques rather than helping nurses understand how communication should be adapted across different patients and clinical situations. CAT complements existing educational approaches by providing a framework for developing communication competence through continual assessment, reflection, and adaptation.

CAT can be incorporated into nursing undergraduate education, graduate programs, simulation exercises, standardized patient encounters, and continuing professional development. Rather than assessing only whether students communicate accurate information, educators can evaluate how effectively learners adapt communication to patients' emotional needs, health literacy, and cultural backgrounds.

Nurse leaders and management also play an important role in fostering accommodative communication within oncology settings. The CAT strategies (e.g., approximation, emotional expression, interpretability, interpersonal control, and discourse management) can be incorporated into orientation programs, mentorship, performance evaluation, and quality improvement initiatives focused on patient experience, shared decision-making, and health literacy.[5]

Emerging technologies further highlight the relevance of CAT and valuable sources already exist of pragmatic interventions across social and professional domains, including the health domain.[11,12] Furthermore, artificial intelligence (AI) is increasingly supporting clinical documentation, patient education, and conversational healthcare applications.[13] However, evidence suggests that patients continue to value empathy, personalization, responsiveness, and trust when interacting with healthcare systems. Consequently, AI should be used as a tool to complement clinical knowledge, and not replace the therapeutic communication provided by oncology nurses.

Conclusion and future directions

Communication remains one of the most influential determinants of patients' experiences throughout cancer care. CAT provides oncology nurses with an evidence-informed framework for adapting communication to patients' cognitive, emotional, cultural, and informational needs. By integrating accommodative communication into clinical practice, nursing education, leadership, and quality improvement, oncology nurses can strengthen therapeutic relationships, improve patient understanding, enhance shared decision-making, and promote compassionate, equitable, and person-centred cancer care. As recognized in specialized oncology nursing standards, communication competence should be viewed as a core component of high-quality oncology nursing practice.

Future research in this area should further explore the relationship between nursing, CAT, and cancer care. There is also a need to evaluate CAT-based interventions, for example, incorporating CAT into nursing education and then examining how this influences communication with patients in clinical practice. Moreover, it would be valuable to investigate whether CAT training *improves* patient outcomes, ideally by comparing it with a carefully chosen control group that does not receive it, where feasible. Expanding on this emerging body of work, further research is needed to examine how CAT can inform nursing practice, education, and interventions that enhance patient-centred communication and ultimately improve the quality of care.

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Conflicts of interest

The authors declares that there are no conflicts of interest.

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