# NURSES' COMMUNICATION IN EMPOWERING PEOPLE WITH CHRONIC DISEASE: SCOPING REVIEW

Comunicação dos enfermeiros na capacitação da pessoa com doença crónica: *scoping review*

La comunicación de los enfermeros en el empoderamiento de las personas con enfermedad crónica: *scoping review*

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**ABSTRACT**

**Background:** a significant proportion of information provided in clinical settings is forgotten or retained incorrectly, compromising disease management. Health communication is therefore central to nursing practice in empowering adults with chronic disease and their family members/caregivers. **Objective:** to map the existing scientific evidence on communication techniques used by nurses in empowering adults with chronic disease and their family members/caregivers. **Methodology:** a scoping review was conducted in accordance with the Joanna Briggs Institute methodology and the PRISMA-ScR reporting guidelines, with searches performed in the MEDLINE and CINAHL databases. The protocol was registered in the Open Science Framework (OSF; DOI: 10.17605/OSF.IO/VNZFA). Study selection, data extraction and synthesis were carried out by two independent reviewers. **Results:** twelve studies were included, identifying communication techniques such as teach-back, partnership-building communication, chunk and check, solution-focused communication, and promotion of question use. Most studies did not clearly distinguish techniques directed at adults from those directed at family members/caregivers. **Conclusion:** this review mapped the communication techniques reported in the literature, highlighting gaps in their documentation and in the specification of target recipients. Further research should address their practical application and clarify target groups.

**Keywords:** nursing; chronic disease; health communication; scoping review

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**How to cite:**
Vila Pouca, A., Rodrigues, C., & Brás, M. I. (2026). Nurses' communication in empowering people with chronic disease: scoping review. *Revista de Investigação & Inovação em Saúde, 9*, 1-15. https://doi.org/10.37914/riis.v9.521

Received: 22/10/2025
Accepted: 15/06/2026

**RESUMO**

**Enquadramento:** uma proporção significativa da informação transmitida em contexto clínico é esquecida ou retida incorretamente, comprometendo a gestão da doença. A comunicação em saúde é central na prática de enfermagem para capacitar a pessoa com doença crónica e os seus familiares/cuidadores. **Objetivo:** mapear a evidência existente sobre as técnicas de comunicação utilizadas por enfermeiros na capacitação da pessoa adulta com doença crónica e seus familiares/cuidadores. **Metodologia:** *scoping review* realizada de acordo com as orientações do *Joanna Briggs Institute* e os itens de reporte do PRISMA-ScR, com pesquisa nas bases de dados MEDLINE e CINAHL. O protocolo foi registado na *Open Science Framework* (DOI: 10.17605/OSF.IO/VNZFA). A seleção, extração e síntese dos dados foram efetuadas por dois revisores independentes. **Resultados:** incluidos 12 artigos que identificaram técnicas de comunicação como *teach-back*, comunicação focada na construção de uma parceria, *chunk and check*, comunicação focada na solução e promoção do uso de questões. Os estudos raramente distinguem as técnicas dirigidas à pessoa adulta ou aos familiares/cuidadores. **Conclusão:** a revisão mapeou as técnicas de comunicação reportadas, evidenciando lacunas na documentação e clarificação dos destinatários. Recomenda-se que investigações futuras aprofundem a sua aplicação prática e clarifiquem grupos-alvo.

**Palavras-chave:** enfermagem; doença crónica; comunicação em saúde; revisão de escopo

**RESUMEN**

**Marco contextual:** una proporción significativa de la información transmitida en contextos clínicos se olvida o se retiene de manera incorrecta, comprometiendo la gestión de la enfermedad. La comunicación en salud es un elemento central de la práctica enfermera para capacitar a la persona adulta con enfermedad crónica y a sus familiares/cuidadores. **Objetivo:** mapear la evidencia científica existente sobre las técnicas de comunicación utilizadas por enfermeros en la capacitación de la persona adulta con enfermedad crónica y de sus familiares/cuidadores. **Metodología:** se realizó una scoping review de acuerdo con la metodología del Joanna Briggs Institute y las directrices de reporte PRISMA-ScR, con búsquedas en las bases de datos MEDLINE y CINAHL. El protocolo fue registrado en la Open Science Framework (OSF; DOI: 10.17605/OSF.IO/VNZFA). La selección, extracción y síntesis de los datos fueron realizadas por dos revisores independientes. **Resultados:** se incluyeron 12 estudios que identificaron técnicas de comunicación como teach-back, comunicación centrada en la construcción de una alianza, chunk and check, comunicación centrada en la solución y promoción del uso de preguntas. Los estudios rara vez distinguen las técnicas dirigidas específicamente a la persona adulta o a los familiares/cuidadores. **Conclusión:** la revisión permitió mapear las técnicas de comunicación descritas, evidenciando lagunas en su documentación y en la especificación de los destinatarios. Se recomienda que futuras investigaciones profundicen en su aplicación práctica y clarifiquen los grupos destinatarios.

**Palabras clave:** enfermería; enfermedad crónica; comunicación en salud; revisión de alcance

## INTRODUCTION

In the context of global population ageing, increasing multimorbidity, and the growing prevalence of chronic diseases, these conditions have become one of the major challenges facing healthcare systems and significantly affect individuals' quality of life. Chronic diseases are associated with substantial functional disability, premature mortality, and high healthcare resource utilisation, placing a considerable burden on individuals, families, caregivers, and society. According to the World Health Organization (WHO), non-communicable diseases constitute the leading cause of death worldwide, with cardiovascular, oncological, chronic respiratory, and metabolic diseases accounting for a substantial proportion of premature mortality and disability-adjusted life years (WHO, 2013). Likewise, findings from the Global Burden of Disease (GBD) study demonstrate a sustained increase in the global burden of chronic conditions, highlighting the need for integrated, person-centred models of care capable of addressing increasing clinical complexity (GBD 2021 Causes of Death Collaborators, 2024).

The concept of chronic disease encompasses a broad spectrum of health conditions, including persistent mental disorders, neurological, metabolic, cardiovascular, respiratory, and oncological diseases, which are frequently associated with prolonged trajectories of dependency, vulnerability, and continuous healthcare needs (WHO, 2023). Within this context, nursing faces an increasing demand for advanced and specialised competencies in caring for adults living with chronic disease, as well as their family members and caregivers. Consequently, nurses must develop advanced skills in welcoming, caring, providing comfort, communicating, educating, empowering, and supporting individuals living with chronic disease, thereby promoting adaptation to the illness trajectory, self-management, and continuity of care throughout the life course.

During clinical encounters, between 40% and 80% of the information provided is immediately forgotten, while almost half of the retained information is remembered inaccurately (Brega et al., 2015). Furthermore, only approximately 10% of individuals receiving health education fully understand the information conveyed to them (Oh et al., 2021). Although these findings do not establish a direct causal relationship, they highlight important challenges related to health communication and patients' understanding of clinical information.

Accordingly, healthcare professionals should adopt communication strategies that facilitate effective understanding of health information by verifying message comprehension, encouraging feedback, and tailoring communication to individuals' needs, regardless of their level of health literacy (Brega et al., 2015). Nevertheless, the study conducted by Nantsupawat et al. (2020) demonstrated that, despite recognising the importance of health literacy and effective communication techniques, nurses report limitations related to knowledge, education, and the systematic implementation of these strategies in clinical practice.

Empowerment (understood as the development of knowledge, skills, and confidence required for chronic disease self-management) and person-centred communication are fundamental components of high-quality healthcare. They influence individuals' experiences of care, facilitate adaptation throughout the health–illness transition, promote adherence to

therapeutic regimens, and ultimately improve health outcomes and quality of life (Downes & Foote, 2019; Spooner et al., 2016). Healthcare professionals who actively listen and adopt a person-centred communication approach, acknowledging individuals' needs, concerns, and health-related problems, may contribute to greater adherence to treatment recommendations and facilitate positive lifestyle changes (Campbell et al., 2018).

Health communication is a dynamic, multidimensional, and relational process involving the exchange, interpretation, and validation of information among healthcare professionals, patients, and their family members or caregivers. Within clinical settings, communication represents an intentional interpersonal competency aimed at establishing therapeutic relationships, promoting understanding, supporting shared decision-making, and empowering individuals to manage their health condition effectively (Arnold & Boggs, 2019; Riley, 2019). This process encompasses several interconnected elements, including the sender, the receiver, the message, communication channels, and feedback mechanisms, all of which are influenced by individual, cultural, emotional, and contextual factors.

Available evidence indicates that deficiencies in health communication are associated with poorer understanding of clinical information, lower treatment adherence, an increased risk of adverse events, and greater healthcare utilisation, ultimately compromising patient safety and increasing healthcare costs (Talevski et al., 2020).

Despite widespread recognition of the importance of nurses' communication in empowering adults living with chronic disease, the available evidence remains fragmented and heterogeneous. No consensus exists regarding the communication techniques employed, the underlying theoretical frameworks, the clinical settings in which these techniques are implemented, or the health outcomes assessed. Furthermore, substantial variability exists in how therapeutic communication and patient empowerment are conceptualised, making it difficult to synthesise knowledge within this field.

Against this background, a scoping review was undertaken following the methodological framework proposed by the Joanna Briggs Institute (JBI). Scoping reviews are particularly suitable for mapping key concepts, types of evidence, and knowledge gaps when the available literature is heterogeneous and dispersed. Accordingly, this review aimed to map the existing scientific evidence on health communication techniques used by nurses to empower adults living with chronic disease and their family members or caregivers across different healthcare settings.

Although previous reviews have examined communication between healthcare professionals and people living with chronic disease - for example, the review conducted by Iroegbu et al. (2024) - these studies have generally focused on the effects of communication or included multiple healthcare professions rather than specifically mapping the communication techniques employed by nurses. Therefore, this scoping review seeks to contribute to the current body of knowledge by identifying and systematically mapping the communication techniques described in the nursing literature, while also highlighting existing knowledge gaps in this field.

## METHODOLOGICAL REVIEW PROCEDURES

This scoping review was conducted in accordance with the methodological guidance for scoping reviews outlined in the *Joanna Briggs Institute Manual for Evidence Synthesis* (Peters et al., 2021) and reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018). The review protocol was registered on the Open Science Framework (OSF) (DOI: 10.17605/OSF.IO/VNZFA) to ensure methodological transparency, traceability of the review process, and to minimise duplication of research efforts.

### *Review question and objective*

The review question was developed using the Population–Concept–Context (PCC) framework recommended by the JBI. The population (P) comprised nurses; the concept (C) focused on health communication techniques used in the empowerment process; and the context (C) encompassed the various healthcare settings and levels of care in which nurses provide care to adults living with chronic disease.

Accordingly, the review question was: "Which health communication techniques have been described in the literature as being used by nurses to empower adults living with chronic disease?"

The objective of this scoping review was to map and describe the available scientific evidence regarding the health communication techniques used by nurses to empower adults living with chronic disease and their family members or caregivers, while identifying knowledge gaps within this field.

### *Inclusion criteria*

Regarding participants, studies involving adults (≥18 years) living with chronic disease, regardless of the type of chronic condition, as well as their family members or caregivers, were considered eligible. Studies exclusively involving paediatric populations were excluded.

With respect to the concept, studies addressing health communication techniques used by nurses to empower individuals living with chronic disease were included. Studies that did not investigate communication techniques related to nursing practice were excluded.

Studies conducted across all healthcare settings and levels of care in which nurses provide care to adults living with chronic disease—including primary healthcare, hospital care, community healthcare, long-term care, and home care settings—were eligible for inclusion, with no restrictions on publication date.

Regarding sources of evidence, qualitative and quantitative studies, randomised controlled trials, observational studies (cohort and case–control), descriptive studies, and systematic reviews were included. The inclusion of multiple methodological designs aimed to capture the breadth of available evidence and comprehensively map the knowledge concerning communication techniques used by nurses to empower adults living with chronic disease.

Duplicate publications, study protocols, conference abstracts, posters, oral presentations, letters to the editor, and editorials were excluded. Only studies published in languages understood by the review authors were considered.

***Search strategy***

The search strategy was developed in three stages according to the recommendations of the JBI.

In the first stage, an initial limited search was conducted in the MEDLINE Complete and CINAHL Complete databases (via EBSCO) to identify relevant studies and analyse the keywords and indexing terms used in titles and abstracts.

The identified Medical Subject Headings (MeSH) included *Nurses*, *Nursing*, *Health Communication*, *Health Education*, *Patient Education as Topic*, *Teach-Back Communication*, and *Chronic Disease*. Synonyms and related terminology were also considered and adapted to the indexing requirements of each database.

In the second stage, a comprehensive Boolean search strategy was developed by combining the identified descriptors using Boolean operators and adapting the syntax to each database. The final search was conducted on 29 March 2024.

In the third stage, the reference lists of all included studies were screened to identify additional potentially relevant studies.

***Selection of sources of evidence***

All retrieved records were exported to the Rayyan® platform, where duplicate records were automatically identified and removed.

The selection process was conducted in two stages: (1) screening of titles and abstracts, followed by (2) full-text assessment of potentially eligible studies.

Two independent reviewers performed all stages of the selection process. Any disagreements were resolved through discussion and consensus between the reviewers, and no third reviewer was required. Regular meetings were held throughout the review process to ensure consistency in the application of the eligibility criteria.

***Data extraction and analysis***

Data extraction was independently performed by two reviewers using a predefined data extraction form. Before data extraction, the form was discussed and pilot-tested to ensure consistency and a shared understanding of the variables to be extracted.

The extracted data included the author(s), year of publication, country of origin, study title, study objective, methodological design, main findings, conclusions, and the communication techniques identified.

***Ethical considerations***

This scoping review was based exclusively on secondary data obtained from publicly available sources and did not involve human participants or primary data collection. Consequently, approval from a research ethics committee was not required. Nevertheless, the review was conducted in accordance with the ethical principles applicable to literature reviews.

**RESULTS**

A total of 1,832 records were identified through the database searches. After duplicate records were removed, 1,467 studies remained for screening. The study selection process was documented using the PRISMA 2020 flow diagram (Page et al., 2021), in accordance with the PRISMA-ScR reporting guidelines (Tricco et al., 2018) (Figure 1). The flow diagram illustrates the identification, screening, eligibility assessment, and inclusion of the sources of evidence. Following the screening process, 12 studies met the

predefined eligibility criteria and were included in this scoping review.

The included studies were published between 1965 and 2021, demonstrating considerable temporal, geographical, and methodological diversity. Geographically, most studies were conducted in the United States of America (*n* = 6), followed by Norway (*n* = 1), Vietnam (*n* = 1), Spain (*n* = 1), Germany (*n* = 1), Sweden (*n* = 1), and South Korea (*n* = 1).

Regarding study design, the review included qualitative studies, quantitative studies, randomised controlled trials, and descriptive studies, reflecting the methodological heterogeneity that is characteristic of scoping reviews.

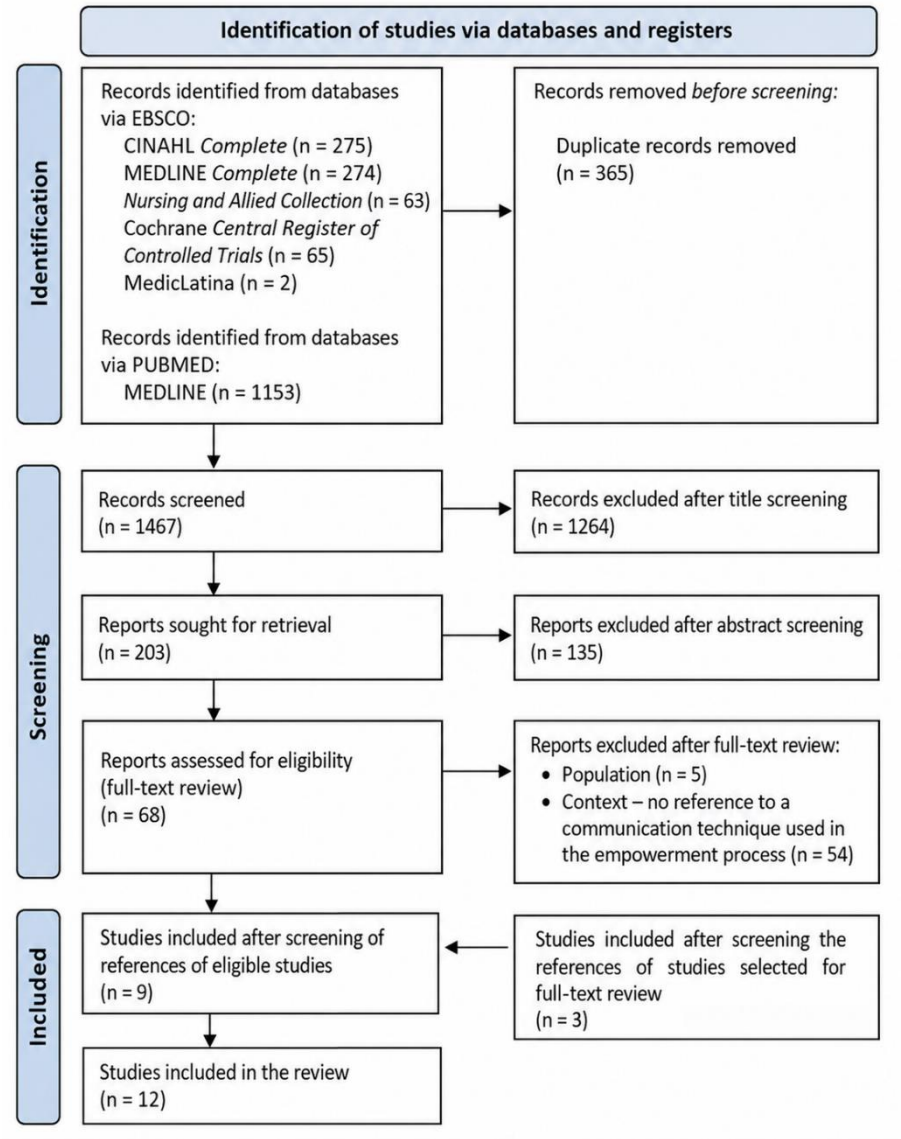


Figure 1

PRISMA 2020 flow diagram

The health communication techniques identified across the included studies were: teach-back (*n* = 10) (Bates et al., 2014; Bergjan & Schaepe, 2016; Drenckhahn, 1965; Eva et al., 2009; Gallefoss, 2004; Hyde & Kautz, 2014; Oh et al., 2021; Polster, 2015; Suter & Suter, 2008; White et al., 2013), partnership-



https://doi.org/10.37914/riis.v9.521

building communication (*n* = 5) (Bergjan & Schaepe, 2016; Drenckhahn, 1965; Gallefoss, 2004; Hyde & Kautz, 2014; Pham & Ziegert, 2016), chunk and check (*n* = 2) (Polster, 2015; Suter & Suter, 2008), solution-focused communication (*n* = 2) (Beyebach et al., 2018; Suter & Suter, 2008), and encouraging question-asking (*n* = 2) (Eva et al., 2009; Polster, 2015).

Table 1 summarises the main characteristics of the included studies in chronological order, including the authors, year of publication, country of origin, study title, objective, principal findings, conclusions, and the communication techniques identified.

Table 1

Characteristics of the included studies (presented in chronological order)

| | | |
|---|---|---|
| **E 1** | **Author, Year, Country** | Drenckhahn (1965), United States |
| | **Title** | Educational role of the nurse in chronic disease control |
| | **Objective** | To describe the empowering role of nurses in chronic disease management. |
| | **Main finding** | Not applicable. |
| | **Conclusions** | Nurses should adopt an empowering role. Educational interventions should be planned and structured, and communication should be clear and individualised to promote partnership-building and facilitate acceptance and understanding of the information provided.. |
| | **Communication techniques** | - Teach-back;<br>- Partnership-building communication |
| **E 2** | **Author, Year, Country** | Gallefoss (2004), Norway |
| | **Title** | The effects of patient education in COPD in a 1-year follow-up randomised, controlled trial |
| | **Objective** | To investigate the economic effects of patient education for individuals with COPD over a 12-month follow-up period. |
| | **Main finding** | Compared with the control group, 100% of participants in the intervention group were satisfied with their disease condition (vs. 78%); the use of short-acting inhalers and rescue medication decreased by more than 50%; outpatient visits, absenteeism, and hospitalisation days were reduced; overall healthcare costs were lower. |
| | **Conclusions** | Structured patient education reduced healthcare costs, the need for rescue medication, outpatient visits, and increased patient satisfaction. |
| | **Communication techniques** | - Teach-back;<br>- Partnership-building communication |
| **E 3** | **Author, Year, Country** | Suter e Suter (2008), United States |
| | **Title** | Timeless Principles of Learning: A Solid Foundation for Enhancing Chronic Disease Self-Management |
| | **Objective** | To describe learning principles that contribute to patient empowerment. |
| | **Main finding** | Not applicable. |
| | **Conclusions** | Incorporating learning principles into patient education enhances empowerment and supports successful chronic disease self-management. |
| | **Communication techniques** | - Teach-back<br>- Chunk and check<br>- Solution-focused communication |
| **E 4** | **Author, Year, Country** | Eva et al. (2009), Sweden |
| | **Title** | Communication and self-management education at nurse-led COPD clinics in primary health care |
| | **Objective** | To explore the structure of initial nursing consultations for people with COPD and the communication techniques used during empowerment. |

| | | |
|---|---|---|
| | **Main finding** | Education was predominantly information-based, promoting passive patient participation. Limited time was devoted to confirming understanding, using open-ended questions, encouraging patient questions, and involving patients in self-management. |
| | **Conclusions** | Nurses rarely individualised consultations or systematically applied communication strategies during patient education. |
| | **Communication techniques** | - Teach-back<br>- Encouraging question-asking |
| **E 5** | **Author, Year, Country** | White et al. (2013), United States |
| | **Title** | Is "teach-back" associated with knowledge retention and hospital readmission in hospitalized heart failure patients? |
| | **Objective** | To determine whether teach-back improves knowledge retention and reduces hospital readmissions among patients hospitalised with heart failure. |
| | **Main finding** | Patients answered 84.4% of teach-back questions correctly during hospitalisation and 77.1% during follow-up telephone calls. Correct responses were not associated with a significant reduction in all-cause readmissions. |
| | **Conclusions** | Teach-back improved knowledge retention but was not associated with reduced hospital readmissions. |
| | **Communication techniques** | - Teach-back |
| **E 6** | **Author, Year, Country** | Bates et al. (2014), United States |
| | **Title** | Applying STAAR Interventions in Incremental Bundles: Improving Post-CABG Surgical Patient Care |
| | **Objective** | To evaluate the impact of implementing STAAR interventions on 30-day readmissions and patient experience following coronary artery bypass graft surgery. |
| | **Main finding** | Thirty-day readmissions decreased from 25.8% before the intervention to 12% after implementation. Patients rated teach-back as effective or highly effective. |
| | **Conclusions** | Combining communication techniques with other care strategies may reduce readmissions and improve patients' care experiences. |
| | **Communication techniques** | - Teach-back |
| **E 7** | **Author, Year, Country** | Hyde e Kautz (2014), United States |
| | **Title** | Enhancing Health Promotion During Rehabilitation Through Information-Giving, Partnership-Building, and Teach-Back |
| | **Objective** | To provide practical recommendations for rehabilitation nurses on applying communication strategies to promote health. |
| | **Main finding** | Not applicable. |
| | **Conclusions** | Combining teach-back with additional communication strategies may improve weight management, physical activity, and chronic disease self-management. |
| | **Communication techniques** | - Teach-back<br>- Partnership-building communication |
| **E 8** | **Author, Year, Country** | Polster (2015), United States |
| | **Title** | Preventing readmissions with discharge education |
| | **Objective** | To present educational tools for patient empowerment. |
| | **Main finding** | Not applicable. |
| | **Conclusions** | Individualised communication and discharge planning prepare patients for successful self-management, reduce readmissions, and improve quality of life. |
| | **Communication techniques** | - Teach-back<br>- Chunk and check<br>- Encouraging question-asking |
| **E 9** | **Author, Year, Country** | Bergjan e Schaepe (2016), Germany |
| | **Title** | Educational strategies and challenges in peritoneal dialysis: a qualitative study of renal nurses' experiences |
| | **Objective** | To explore nurses' experiences, educational strategies, and challenges in educating individuals undergoing peritoneal dialysis. |

| | | |
|---|---|---|
| | **Main finding** | Nurses identified barriers faced by patients and emphasised that combining educational resources and communication strategies promotes self-management. |
| | **Conclusions** | The findings provide insights into effective educational approaches and raise awareness of the challenges experienced by nurses during patient education. |
| | **Communication techniques** | - Teach-back<br>- Partnership-building communication |
| **E 10** | **Author, Year, Country** | Pham e Ziegert (2016), Vietnam |
| | **Title** | Ways of promoting health to patients with diabetes and chronic kidney disease from a nursing perspective in Vietnam: A phenomenographic study |
| | **Objective** | To describe nurses' conceptions of health promotion among individuals with type 2 diabetes and/or end-stage kidney disease. |
| | **Main finding** | Nurses highlighted the importance of supportive relationships and integrating care within patients' social contexts to promote health. |
| | **Conclusions** | The barriers identified suggest the need for educational programmes aimed at improving nurses' competencies in empowerment strategies and communication techniques. |
| | **Communication techniques** | - Partnership-building communication |
| **E 11** | **Author, Year, Country** | Beyebach et al. (2018), Spain |
| | **Title** | Impact of nurses' solution-focused communication on the fluid adherence of adult patients on haemodialysis |
| | **Objective** | To evaluate whether solution-focused communication improves fluid adherence among adults undergoing haemodialysis. |
| | **Main finding** | A significant reduction in interdialytic weight gain was observed following the intervention. |
| | **Conclusions** | Solution-focused communication may improve adherence to fluid restrictions; however, further studies are required to confirm its long-term effectiveness. |
| | **Communication techniques** | - Solution-focused communication |
| **E 12** | **Author, Year, Country** | Oh et al. (2021), South Korea |
| | **Title** | Development of a discharge education program using the teach-back method for heart failure patients |
| | **Objective** | To develop a discharge education programme using the teach-back method for patients hospitalised with heart failure. |
| | **Main finding** | The educational content and delivery methods were considered appropriate. |
| | **Conclusions** | The programme is expected to improve heart failure self-management, and its development process may inform future research and clinical practice. |
| | **Communication techniques** | - Teach-back |

## DISCUSSION

This scoping review aimed to map the available scientific evidence on the health communication techniques used by nurses to empower adults living with chronic disease and their family members or caregivers. It provides a comprehensive overview of the health communication techniques described in the literature and the healthcare settings in which they have been applied. Consistent with the exploratory nature of scoping reviews, the findings do not permit conclusions regarding effectiveness, impact, or causality. Rather, they organise and synthesise the existing body of knowledge, identifying patterns, knowledge gaps, and priorities for future research. Compared with previously published reviews on communication and chronic disease self-management, particularly the mixed-methods review by Iroegbu et al. (2024), the present scoping review is distinguished by its specific focus on the communication techniques employed by nurses during the empowerment of adults living with chronic disease. Whereas previous reviews have examined health communication from a

broader perspective, encompassing multiple healthcare professionals, settings, and dimensions of self-management, this review systematically mapped and categorised the communication strategies adopted by nurses in clinical practice. In doing so, it contributes to a clearer conceptual and methodological understanding of this phenomenon within the nursing discipline.

Five health communication techniques were identified in the included studies: teach-back (Bates et al., 2014; Bergjan & Schaepe, 2016; Drenckhahn, 1965; Eva et al., 2009; Gallefoss, 2004; Hyde & Kautz, 2014; Oh et al., 2021; Polster, 2015; Suter & Suter, 2008; White et al., 2013), partnership-building communication (Bergjan & Schaepe, 2016; Drenckhahn, 1965; Gallefoss, 2004; Hyde & Kautz, 2014; Pham & Ziegert, 2016), chunk and check (Polster, 2015; Suter & Suter, 2008), solution-focused communication (Beyebach et al., 2018; Suter & Suter, 2008), and encouraging question-asking (Eva et al., 2009; Polster, 2015).

Teach-back was the most frequently identified communication technique across the included studies. It was consistently described as a strategy used by nurses to verify patients' understanding of the information provided and, in some cases, to assess the understanding of family members or caregivers. Drenckhahn (1965) and Gallefoss (2004) described teach-back within the context of health education, highlighting its role in confirming comprehension of clinical information. Subsequently, Suter and Suter (2008), Hyde and Kautz (2014), and Bergjan and Schaepe (2016) reinforced its application in chronic disease management, emphasising its integration into nurse-led educational interventions. Despite its widespread use, the included studies rarely described how teach-back was operationalised in practice, the training required for nurses, the organisational resources needed, or the contextual factors that facilitate or hinder its implementation. This represents an important knowledge gap identified by the present scoping review.

Partnership-building communication emerged as a communication technique aimed at fostering collaboration between nurses, adults living with chronic disease, and their family members or caregivers. This approach promotes shared decision-making while recognising the individual's experiences, values, and preferences. Drenckhahn (1965) and Gallefoss (2004) framed this strategy within the therapeutic relationship, whereas Hyde and Kautz (2014) and Bergjan and Schaepe (2016) associated it with chronic disease education delivered by nurses. Pham and Ziegert (2016) further highlighted its importance in encouraging the active involvement of both patients and family members. Nevertheless, the reviewed studies seldom described how partnership-building communication was implemented in clinical practice. The lack of detailed operational descriptions limits understanding of the communication processes involved and represents a conceptual weakness within the available evidence.

The chunk and check technique was described as the process of dividing complex information into smaller, manageable segments, interspersed with opportunities to verify understanding. This approach appears particularly relevant in situations involving complex or extensive health information. Suter and Suter (2008) and Polster (2015) described this strategy within structured health education interventions, emphasising its potential to improve comprehension.

However, the studies included in this review did not systematically explore organisational factors influencing its implementation, such as consultation time, nurses' workload, or institutional context. Consequently, the applicability of this technique in routine clinical practice remains insufficiently understood.

Solution-focused communication was identified as a communication technique centred on individuals' strengths, available resources, and achievable goals, supporting the identification of practical strategies for chronic disease self-management. Suter and Suter (2008) described this approach as part of a structured communication process, while Beyebach et al. (2018) examined its use in long-term follow-up care. Across the included studies, however, solution-focused communication was generally described in broad terms, with little distinction between its application to adults living with chronic disease and its use with family members or caregivers. This lack of specificity limits understanding of the adaptations required for different target groups and represents another important knowledge gap identified by this review.

Encouraging question-asking was identified as a communication technique designed to promote the active participation of adults living with chronic disease and their family members or caregivers throughout the communication process. This strategy involves nurses explicitly inviting individuals to ask questions, express concerns, and seek clarification regarding their health condition or treatment. Eva et al. (2009) described this approach as facilitating patient engagement and improving comprehension within educational encounters, whereas Polster (2015) considered it an important communication strategy for patient empowerment. Nevertheless, in the included studies, encouraging question-asking was frequently incorporated into broader educational approaches rather than being described as an independent communication technique, making its specific characteristics and implementation difficult to distinguish.

A key contribution of this scoping review is the identification of the limited differentiation in the available literature between communication techniques directed at adults living with chronic disease and those specifically tailored to family members or caregivers. Although Eva et al. (2009) acknowledged the role of family members in the empowerment process, communication strategies specifically adapted to this group were rarely described. This finding highlights a significant gap in the current evidence base and underscores the need for future research addressing the distinct communication needs of family members and caregivers.

The included studies were conducted across a variety of organisational settings, encompassing different levels of healthcare and healthcare systems. However, the cultural dimension of communication was only minimally addressed, limiting the transferability of the identified communication techniques to culturally diverse contexts. Likewise, organisational factors influencing the implementation of communication techniques received little attention. This lack of consideration of contextual and cultural determinants represents a consistent limitation within the available evidence and may restrict the applicability of these techniques across different healthcare environments.

The principal contribution of this scoping review lies in the systematic identification and mapping of five health communication techniques used by nurses in the context of chronic disease management. By clarifying the diversity of these techniques, the settings in which they have been implemented, and the major gaps in their description, this review extends the current body of knowledge. Unlike reviews primarily focused on evaluating intervention effectiveness, the present review provides a conceptual map of the existing evidence that may inform future research, nursing education, and the development of evidence-based resources to support clinical practice.

Several limitations inherent to this scoping review should be acknowledged. First, the methodological heterogeneity of the included studies limited direct comparisons across findings. Second, only studies published in languages understood by the review authors were included, which may have resulted in the exclusion of relevant evidence published in other languages. Furthermore, the absence of publication date restrictions led to the inclusion of older studies, such as Drenckhahn (1965). Although these studies provide valuable historical perspectives, their findings should be interpreted with caution given the considerable evolution of nursing practice and health communication over recent decades. Finally, the limited operational description of communication techniques in many of the included studies constrained the depth of analysis and reinforces the need for future research that more comprehensively describes how health communication techniques are implemented in nursing practice within the context of chronic disease management.

## CONCLUSION

This scoping review aimed to map the available scientific evidence on the health communication techniques used by nurses to empower adults living with chronic disease and their family members or caregivers across different healthcare settings. In accordance with the methodological framework proposed by the Joanna Briggs Institute (JBI), this review did not seek to evaluate the effectiveness of interventions but rather to organise, characterise, and synthesise the available evidence regarding the health communication techniques described in the literature. One of the main contributions of this review is the systematic mapping of these communication techniques and the identification of important gaps in the existing literature, particularly the limited description of their practical implementation, the competencies required by nurses to apply them effectively, and the organisational resources necessary to support their use in clinical practice. Furthermore, the findings revealed limited differentiation between communication techniques directed towards adults living with chronic disease and those specifically tailored to family members or caregivers, despite the recognised role of caregivers in the empowerment process.

The available evidence also indicates that health communication techniques are generally described either as isolated interventions or as components of broader educational programmes. However, the underlying theoretical frameworks, as well as the cultural and organisational factors influencing their implementation, are seldom reported. Likewise, few studies describe how these techniques should be adapted to different clinical and sociocultural contexts.

These limitations hinder the translation of evidence into clinical practice and reduce the comparability of findings across studies.

Several limitations should be acknowledged. The methodological and temporal heterogeneity of the included studies, together with the language restrictions applied during study selection, may have influenced the comprehensiveness of the evidence mapped in this review. Consequently, the findings should be interpreted with caution and do not support broad generalisations or conclusions regarding the effectiveness of the identified communication techniques.

By systematically mapping the existing evidence, this scoping review contributes to a clearer understanding of the health communication techniques used by nurses in chronic disease care and provides a conceptual foundation for future research. Further studies should provide more detailed descriptions of how these techniques are operationalised, explore their differential application to adults living with chronic disease and to family members or caregivers, and explicitly consider the cultural, organisational, and clinical contexts in which communication takes place. Qualitative studies, implementation research, and mixed-methods studies may be particularly valuable in advancing knowledge in this field.

Overall, this review contributes to the advancement of nursing knowledge by clarifying a key dimension of nursing practice and providing a comprehensive overview of the health communication techniques currently described in the literature. The findings provide a foundation for future research, educational initiatives, and evidence-informed nursing practice, while highlighting priorities for the development and implementation of effective communication strategies across diverse healthcare settings.

## CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest. This manuscript is an updated and adapted version of the first author's Master's dissertation.

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