

Brief Reports



A SCOPING REVIEW: COMMUNICATION BETWEEN EMERGENCY PHYSICIANS AND PATIENTS IN THE EMERGENCY DEPARTMENT

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Abstract—Background: Understanding the basic qualities of communication between emergency physicians and patients could improve communication in the emergency department. **Objective:** The objectives of this scoping review are to map the literature about the gaps in communication between emergency physicians and patients in the emergency department and make recommendations for further research. **Methods:** A scoping review of literature published since 1980 and written in English was undertaken using the following databases: Pubmed, Scopus, and SocINDEX. The articles were searched for using two-keyword combinations of the following keywords joined by “AND”: “communication,” “patient,” “emergency physician,” “emergency department/emergency room/accident,” and “emergency room.” Seventeen articles were included in the final review. **Results:** Five research issues were covered by the 17 papers: patient-centered communication, information sharing, bad news delivery, shared decision making, and physicians’ perspectives on communication. Emergency physicians have several communication characteristics: doctor-driven decision making, focusing on efficient information gathering, immature communication techniques, and obstacles to overcoming miscommunication. Patients also have several communication characteristics: active participation in medical encounters, expectation of physician as a reliable guide, understanding physicians’ difficulties, and factors that contribute to understanding. **Conclusions:** Several conclusions about emergency department communication between patients and emergency physicians were drawn. Additional research is required to consider diverse patient

needs in the emergency department. Furthermore, training programs for emergency physicians to improve the quality of communication should be developed and implemented in line with our research findings. © 2016 Elsevier Inc.

Keywords—communication; emergency physician; emergency department

INTRODUCTION

Effective communication is vital to physician–patient relationships in emergency departments (EDs), as it is in other clinical settings. In a primary clinic, it is possible for patients and doctors to have sufficient time to build the traditional type of long-term rapport. However, environmental factors in the ED are challenging: noise, lack of privacy, frequent interruptions, limited time, 24-h clinical care, staff shortages, few resources, unpredictability, overcrowding, and never-ending patient intakes (1–5). In addition, medical staff in the ED work with many complicated situations, such as death, violence, rape, acute illness, and accidents (6). These various environmental factors can affect interpersonal communication and patient satisfaction in the ED.

Previous studies have reported on patient satisfaction regarding communication in the ED. It was found that the quality of the patient–provider interpersonal communication in the ED influenced patient satisfaction

in a way that was unrelated to length of stay or triage acuity score (7,8). Junior physicians had slightly lower patient satisfaction scores compared with senior physicians and nurses (9,10). In addition, in one study on communication tool development to improve patient satisfaction, the authors reconfirmed poor physician–patient communication in the ED and the resultant deficiency in patient comprehension and satisfaction (11). Other than patient satisfaction, the patient-centeredness scores using conversation analysis in the ED were investigated in a previous report (12). Most of the studies were about interpersonal communication between patients and nurses only, or a mixed group of ED staff (7–14). Therefore, the specific features of physicians’ communication have been scarcely outlined.

Understanding the basic qualities of communication between providers and patients could improve the communication itself (12). As emergency physicians play a central role in medical communication in the ED, it is considered more important to know the patients’ perspectives on communication with physicians and the perspectives of physicians rather than patient satisfaction and communication with nurses. To the best of our knowledge, studies to date that investigate ED communication between patients and physicians have been limited in scope.

We aimed to review research regarding ED communication between patients and physicians. For that reason, a scoping review was selected rather than a systematic review. The objectives of this scoping review are to map the literature about gaps of communication between emergency physicians and patients in the ED, and make recommendations for further research.

METHODS

Study Design

A scoping review is a form of literature review that addresses broader topics where there are many different study designs (15). Scoping reviews are comprehensive in describing the range and nature of existing evidence and form part of the preliminary investigative process, which can then guide more focused lines of research (16). Therefore, in the present study, the scoping review was conducted to review the range of studies on ED communication between patients and physicians.

Search Strategy

Pubmed, Scopus, and SocINDEX (covering social science linked to medicine and other fields) databases were searched in April 2014 for articles with an available abstract that were published since 1980. In the

first stage, the articles were searched for using two-keyword combinations of the following words joined by “AND” by one author: “communication,” “patient,” “emergency physician,” “emergency department/emergency room/accident,” and “emergency room.” The search was limited to studies written in English and included original articles and brief reports. In total, 1,785 articles were found.

In the second stage, titles were screened inclusively to retain any articles featuring communication in EDs, and communication between emergency physicians and patients by one author. A total of 118 articles were used. In the third stage, 118 abstracts of the articles were reviewed by two authors based on the following criteria:

Inclusion criteria:

- Communication occurred in the ED
- Involved patients or family members or caregivers of the patients
- Emergency physicians: emergency medicine residents, and attending emergency physicians
- Articles presenting the results of emergency physicians, which are distinguishable from those of other ED staff

Exclusion criteria:

- Not a real patient: vignette case, standardized patient, and so forth
- Not an emergency physician: general practitioner, intern, residents, or attending physicians from other departments

After the content of the abstracts were reviewed, 25 preliminary articles were selected for more in-depth reviews. After full-text reviews by two authors, eight articles were excluded. The results of two of the articles were indistinguishable from those involving other ED staff; the other six articles were not about real communication between physicians and patients: two were about vignette cases, one was about medical informatics, one was a physician’s identification introduction by presentation, one was a physician’s response to a patient’s attachment style, and one measured patient understanding. Therefore, the final 17 articles were identified, which is sufficient for the review (Figure 1). Any disagreements in the third and final stage were resolved using discussions to achieve consensus.

The charting of the data was conducted by the two authors independently. The following data were extracted from each article: the year of publication, study population, study location, study design, and various research themes regarding ED communication (Table 1). In addition, a qualitative content analysis was conducted by the two authors collaboratively. The extracted issues

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