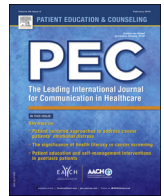




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Review article

Promoting patient participation in healthcare interactions through communication skills training: A systematic review

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ABSTRACT

Objective: To present literature on training patients in the use of effective communication skills.
Methods: Systematic searches were conducted in six databases. References were screened for inclusion through several phases. Extracted data included intervention study design, sample characteristics, content and structure of training programs, outcomes assessed, and findings reported.
Results: A total of 32 unique intervention studies were included. Most targeted primary care or cancer patients and used a randomized controlled study design. Interventions used a variety of training formats and modes of delivering educational material. Reported findings suggest that communication training is an effective approach to increase patients' total level of active participation in healthcare interactions and that some communication behaviors may be more amenable to training (e.g., expressing concerns). Trained patients do not have longer visits and tend to receive more information from their providers. Most studies have found no relationship between communication training and improved health, psychosocial wellbeing, or treatment-related outcomes.
Conclusions: Findings reinforce the importance and potential benefits of patient communication training.
Practice implications: Additional research is warranted to determine the most efficacious training programs with the strongest potential for dissemination.

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1. Introduction

The importance of effective communication in healthcare interactions cannot be overstated. With a movement away from paternalism in the delivery of care over the past several decades, there is ample literature demonstrating the critical role of tailoring communication to the specific values and preferences of patients and their family members [1,2]. The overwhelming majority of work in healthcare communication has centered on the providers' side of the clinical encounter, with research aimed at better understanding how providers' communication impacts patient outcomes [3] and interventions to improve providers' communication skills [4,5].

At the same time, training patients to be good communicators remains an essential, yet understudied area. Patient communication training is important for many reasons. Provider-patient encounters are interactive and reciprocal. As noted by Parker and colleagues [6], while the providers' role is critical, patients are responsible for contributing to the communication process that unfolds. In order to ensure that their perspective is accurately received, patients must be able to effectively communicate their needs, concerns, and preferences. Therefore, to achieve the best possible outcomes, both sides of the healthcare interaction must be engaged and competent communicators [7].

Patient communication training is also important due to the fact that patients encounter certain challenges in interacting with healthcare providers. For example, communication gaps may occur when providers focus on major disease benchmarks at the expense patients' day-to-day experience [8,9] or when providers fail to respond empathically to patients' expressions of emotion [10,11]. Research has also shown that ethnic and racial minorities receive suboptimal communication in visits as compared to white patients. For example, African Americans and Latinos rate their visits as less participatory, and physicians may be more likely to adopt a narrowly biomedical communication pattern when interacting with ethnic and racial minority patients [12]. Electronic health records and other technology can also pull providers' attention away from patients, potentially disrupting the working relationship and impeding effective communication [13,14].

Three behavioral categories are typically used to operationalize patients' level of communicative engagement or active participation in healthcare interactions [15]: (1) information seeking and verifying behaviors (e.g., asking questions); (2) assertive statements (e.g., articulating treatment preferences or stating opinions); and (3) expressing emotions or concerns. Empirical findings have linked patients' level of active participation with a variety of outcomes. For example, breast cancer patients who more frequently state their treatment preferences report higher satisfaction with their providers and experience improved psychological wellbeing [16,17]. In primary care, active participation is associated with treatment adherence [18]. Patients' level of active participation also influences provider behavior. Providers offer more information and make more supportive and partnership-building statements to patients who ask questions, express concerns, or otherwise communicate actively in visits [19,20]. Providers are also more likely to have an accurate perception of patients' beliefs when interacting with patients who participate more [21].

Despite known benefits of active participation, patients may lack the skills necessary to communicate effectively in healthcare interactions [22]. For example, patients may express emotional concerns using indirect cues that are more difficult for providers to recognize [10,23]. In addition, asking questions and providing information (e.g., sharing medical history) may come naturally to many patients, while advanced skills such as repeating back or summarizing information that is presented may be more difficult. At the same time, using such information verifying skills can be critical to patients' understanding of and ability to recall information presented by providers during healthcare interactions.

In light of these points, patient communication training is a potentially effective tool for promoting patient participation and helping patients to maximize their healthcare interactions. Previous reviews of patient communication training literature exist [7,24–26]. However, these papers are either outdated (e.g., [26]) or topical reviews (e.g., [7]). The purpose of the current systematic review was to present an overview of the status of patient communication training literature. Our goal was to examine the content and structure of existing training programs, the design of intervention studies, and evidence concerning the impact of training on patient behavior, communication process, and other important outcomes.

2. Methods

2.1. Literature search

We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for this review [27]. Systematic literature searches were conducted (September 28, 2015) in six databases for references written in English-only with no specified sex, publication type or date range filters. The databases searched were: MEDLINE (via PubMed), Embase, The Cochrane Library, Web of Science, PsycINFO (via OVID), and ERIC (Education Resource Information Center). For the following databases, both controlled vocabulary and text words were used in the development of the search strategies: PubMed, Embase, The Cochrane Library, and PsycINFO. Web of Science and ERIC do not employ controlled vocabularies so they were searched using keywords only. All search results were combined in a bibliographic management tool (EndNote) and duplicates were eliminated both electronically—using the capabilities in EndNote—and manually, to pick up any duplicates missed by the software. An update search was conducted (September 16, 2016) in the MEDLINE (PubMed) database to capture recent evidence since the original searches took place.

The final search strategy had four components, all of which were linked together with the AND operator: (1) professional-patient relations; (2) patient education, training, coaching, teaching; (3) communication, discussion, interaction; and (4) skills, behavior. Keyword and controlled vocabulary terms (where applicable) were included in the search across all six databases in an effort to be as comprehensive as possible. To reduce publication bias; grey literature sources were retrieved from the Embase; Web of Science; and ERIC databases and included in the reviewing phases of the project. For a complete list of MeSH (Medical Subject

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