

Healthcare provider-patient communication challenges: A scoping review protocol

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Abstract

Background: Given the necessity of effective communication of healthcare providers, especially doctors, and nurses, with patients and the existence of many challenges in providing effective healthcare services, the present study aimed to identify healthcare provider-patient communication challenges and the facilitating and inhibiting factors underlying such communication using a scoping review protocol.

Objective: Objectives: This scoping review protocol aims to systematically map existing evidence on HCP-patient communication challenges, with particular focus on identifying: (1) key barriers to effective communication, (2) facilitating factors that enhance interactions, and (3) critical gaps in current research. Methods: Materials & Methods: This study was conducted following the JBI method for scoping reviews, which focuses on studies that have addressed the relationship between healthcare providers (doctors, nurses, clinical specialists) and patients. The search strategy was applied in two PubMed and Embase databases including studies published since 2000 in English and Persian, without restrictions on the type of publication or study design. The participants in the studies were patients as well as healthcare providers and health professionals who had direct contact with patients. Results: Significance: The findings will provide valuable insights for healthcare policymakers, educators, and practitioners seeking to improve communication practices and enhance the quality of patient care. Conclusions: Ethics of data publication: As a scoping review seeks to merge information from publicly available publications, this study does not require ethical approval. The findings from this study may be relevant to health policymakers who are interested in planning to improve the quality of healthcare services.

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Original Manuscript

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Abstract

Background: Given the necessity of effective communication of healthcare providers, especially doctors, and nurses, with patients and the existence of many challenges in providing effective healthcare services, the present study aimed to identify healthcare provider-patient communication challenges and the facilitating and inhibiting factors underlying such communication using a scoping review protocol.

Materials & Methods: This study was conducted following the JBI method for scoping reviews, which focuses on studies that have addressed the relationship between healthcare providers (doctors, nurses, clinical specialists) and patients. The search strategy was applied in two PubMed and Embase databases including studies published since 2000 in English and Persian, without restrictions on the type of publication or study design. The participants in the studies were patients as well as healthcare providers and health professionals who had direct contact with patients.

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Key Words: Health care personnel, Health Personnel, patient, Communication ,interpersonal communication

Introduction

Patients need medical care due to physical pain, chronic diseases, mental disorders, or disability (1). Many

patients suffering from chronic or acute diseases are admitted to healthcare centers and facilities such as hospitals, clinics, nursing homes, and even maternity facilities and interact with various members of the healthcare team, such as doctors, nurses, and other staff (2). Patients visiting a healthcare unit expect to receive quality treatment and regain their health (3, 4). The existence of a suitable and well-managed healthcare setting is necessary for improving the positive experiences of patients during their stay (5). However, healthcare settings are generally complex, exhausting, and stressful environments with worn-out staff (5).

Regardless of the medical care standards and the physical setting of the hospital, medical staff management has a significant impact on the patient experience, because medical staff play an important role in providing quality care. Thus, it is essential to adopt a comprehensive strategy to strengthen medical and non-medical elements (6). Providing a neat and clean environment, with caring staff who possess the necessary communication skills, makes the patients feel safe, comfortable, and confident about the treatment they receive, fostering a positive experience in their minds (5).

The term “patient experience” captures a wide variety of patient encounters with the healthcare system for receiving care through health plans, as well as contact with hospital staff, such as doctors and nurses, medical offices, and other healthcare facilities. Experiences are perceptions that are developed in patients when they directly and personally observe their treatment. Continuous evaluation and ensuring the improvement of the quality of healthcare services depend on the evaluation of healthcare services. The patient experience is essential in evaluating the quality of healthcare and involves several elements that patients value most when seeking and receiving care, such as timely scheduling of appointments, easy access to information, and good communication with healthcare providers (10). Patients have positive or negative experiences in different healthcare sectors. A patient generally feels comfortable when he/she does not have to wait for a long time and receives timely appointments. Moreover, easy access to diagnostic information along with good communication with the medical staff is very important to the patient. Under the influence of positive experiences, the patient feels relaxed and less anxious. Other facilities, such as parking facilities, security, and a comfortable and neat environment, leave a positive impression on the patient (11).

Patients prefer to be treated as unique individuals, and their dignity is observed when receiving effective personalized treatment (4, 7, 19). Personalized care increases the health and well-being of the patient and reduces the pressure on the nurse, caregiver, and healthcare staff because there is a better understanding of the patient’s needs and how to meet these specific needs for each patient (4, 7, 19).

Over the years, patient-centeredness has played an essential role in healthcare (12). Patient-centered care involves behaviors such as creating partnerships, collaborative decision-making, and seeing the patient as a unique person with individual needs (13). Patient-centered care also requires the active participation of patients (14). Patient participation involves patient behaviors such as actively sharing health information, engaging in decision-making, and expressing opinions about treatment (15). Although in patient-centered healthcare, patients are increasingly expected to participate in their care, the socioeconomic status of patients affects their ability to engage in active participation (14). Allen (2020) showed that patients who have a lower socioeconomic status, compared to patients with a higher socioeconomic status, have a lower desire to actively participate in their interactions with the doctor (16). Thus, it seems that patient-centeredness and patient participation influence each other (16, 17). To provide patient-centered healthcare, it is essential to fully understand the patient experience. The degree of attention to and respect for the patient's unique preferences, desires, and values and responding to them in providing health-related services is very important in developing positive experiences of healthcare services received by the patient (18). The assessment of the experience of patients about the care and treatment they receive from healthcare professionals is of major importance and at the global level, it serves as a standard for evaluating the quality of services provided by healthcare systems (10). Effective communication between healthcare professionals and patients is critical to the success of medical evaluations, which are used as indicators of efficiency because of the importance of health as a necessity for all. Consequently, the existence of a good relationship and understanding between healthcare professionals and patients is necessary for the efficient flow of information in all parts of healthcare centers (10).

Effective communication is an important prerequisite for maintaining high-quality interpersonal relationships. For example, satisfactory doctor-patient communication helps the patient remember health information and adhere to the treatment, leading to effective interaction between the doctor and the patient. Ideally, this interaction should meet the patient's needs in three aspects: instrumental communication (e.g., giving information, asking questions, etc.), effective communication (e.g., counseling and empathy), and patient-centeredness (e.g., shared decision-making and building partnerships). However, access to and understanding of health information is a prerequisite for participation in shared decision-making (17). Receiving medical information can be a stressful event for patients. Emotional connection creates a positive emotional atmosphere and social support and can help reduce these negative feelings. This emotional connection can be developed through communicative behaviors, such as showing concern, engaging in social conversations, restating, and reassuring the patient. Thus, emotional communication has the potential to create a reliable doctor-

patient interaction (17).

Empathy, confidence, support, informed feedback, and attention to the patient's unmet needs are all components of an effective treatment relationship. This type of professional communication can increase the patient's happiness, shorten the length of stay in the hospital, and gradually improve the patient's health and well-being. The patient's recovery and the quality of their treatment are influenced by the interaction between a healthcare worker and the patient (8). Doctor-patient communication is one of the most essential activities for providing healthcare, which affects the process of patient care and patient satisfaction (20). Although technical skills are more important in medical education, in practice, communication plays an essential role (21).

The term doctor-patient interaction means that the doctor is more responsive from the patient's perspective (12). A standard communication structure for medical interviews is the Calgary-Cambridge Observation Guide, which is an effective model for applying communication skills in medical interviews in Western countries. In this collaborative model, the patient actively participates in the consultation, and the doctor and the patient are equally engaged in the communication. This communication model improves patient care and patient satisfaction. Patient participation depends on the influence of complex factors, including cultural and ethnic factors. The main point in medical education in universities is that they should first focus on strengthening key communication skills in doctors as well as patients. Cultural differences affect the position of doctors and patients in the doctor-patient interaction, but adopting collaborative models can be associated with increasing doctors' understanding of cultural differences and increasing patients' awareness of their role as partners in the doctor-patient interaction (21).

Communication skills are essential for successful medical practice and can greatly affect patient satisfaction, compliance, and outcomes. Both doctors and patients play an important role in communicating adequately with each other, which requires the simultaneous study of how both parties communicate in medical consultations. Doctor-patient communication almost always involves interaction between people in unequal positions. Since physicians are often the dominant members in this communication process, the quality of care depends largely on their communication style and skills. Thus, it is very important that doctors, while providing clear medical information, show emotional support to the patient and pay attention to the patient's concerns, questions, and preferences. Additionally, the quality of care also depends on the patient's communication style, because their communication can influence the communication behavior and beliefs of doctors. For instance, doctors provide more information when patients ask more questions, request something, or provide feedback. Similarly, patients who express their emotions better receive more support,

empathy, and reassurance from their doctors (17). A doctor can provide patient-centered communication by asking open-ended questions from the patient, not interrupting him/her, ensuring the patient's understanding, understanding the patient's perspective of the health problem, and engaging in active listening (22). Engaging in a reliable interpersonal relationship reduces the stressful atmosphere of the consultation and leads to a more accurate diagnosis and greater acceptance of the patient. Patients with a lower level of education value the emotional component of counseling more than patients with a higher level of education (17).

In addition to the doctor-patient communication, the nurse-patient relationship is also very important. Effective communication and interaction in the nurse-patient relationship in healthcare settings can increase the mental, physical, and functional state of the patient as well as the level of his/her acceptance and adaptation. Communication is a critical component of providing exceptional nursing care to patients. The ability of nursing staff to communicate effectively and win the patient's trust is essential to providing high-quality care, reducing stress, guilt, suffering, and disease symptoms, and improving patient safety (3, 4, 8, 23, 24). Nurses may gain the trust of their patients only through effective communication, which is a key component of nurse-patient relationships in healthcare settings. The nurse is responsible for communicating with the patient, which seems to be a key component in building trust between the nurse and the patient and better responding to the needs of each patient (23). Patients believe that the lack of professional knowledge and sufficient interpersonal skills of nurses creates harmful perceptions in them. On the contrary, nurses with positive attitudes and skills improve the healthcare setting, while nurses with cautious and introspective personalities may negatively affect the professional setting, especially effective communication (3, 4, 19). Nurse-patient relationship (NPR) has long been the focus of healthcare research (9). Building trust-based relationships is the goal of this effective communication strategy. The first impression a patient has of a nurse can have a great impact on the patient's readiness to trust that nurse (24). During the initial encounter, the communication and collaboration of the nurse with the patient are very important in creating trust that will last throughout the entire care relationship (19). According to the International Nurses Association (2019), more than 80% of direct patient care is provided by nurses, who constitute more than half of the global healthcare workforce. They are often the first people on the medical team to deal with patients, and sometimes they are the only healthcare provider the patient may ever meet. They provide care, support, and treatment to families and their communities, as well as patients, injured people, and those who are dying. Nurses also diagnose illnesses, administer medications, perform nursing interventions, and in addition to treatment interventions, provide emotional support to patients and perform a variety of other vital

tasks. As a result, nurses constitute an integral part of a country's capacity to address the most important health-related concerns (25). The nursing profession needs to comply with various laws and regulations to ensure the safety of patients. The ICN Code of Ethics for Nurses provides a guideline of social values and norms that nurses should follow (26). These ethical behaviors mainly indicate that nurses should treat every patient equally and ensure that no discrimination is practiced based on religion, race, gender, or socioeconomic status. Their primary goal is to ensure patient safety and improve their health outcomes. The main ethical principles in nursing are independence, benevolence, non-maleficence, and justice (27). A unique phenomenon for the entire world is the understanding of nurses' attitudes toward patients in healthcare settings. In most healthcare settings, the provision of nursing services is severely hampered due to the lack of effective patient-nurse communication (3). Negative personality traits of nurses, job burnout, inadequate skills, and negative attitudes of nurses toward nurse-patient relationships are all important obstacles to creating a positive nurse-patient relationship in the healthcare setting (4, 19). One of the factors affecting the negative attitudes of patients toward nurses is related to the manner and timing of the nurse's interaction with the patient, providing clinical recommendations regardless of the patient's pain, and having cruel and impolite behavior while providing care (4).

Nurses must be trained to handle a variety of situations. They should be able to keep their composure under pressure. From the patients' perspective, nurses should be patient, empathetic, compassionate, kind, and professional when working or responding to their needs (10). Patients do not feel cared for when nurses only ask them about health issues. Instead, they prefer to engage with, talk to, and actively listen to nurses and care providers. When patients have a good relationship with the nurse, they feel more self-respect and dignity (8).

Given the necessity of effective communication of healthcare providers, especially doctors, and nurses, with patients and the existence of many challenges in providing effective healthcare services, the present study aims to identify healthcare provider-patient communication challenges and the facilitating and inhibiting factors underlying such communication using a scoping review protocol.

Materials and Methods

Study design

This scoping review study was conducted according to the JBI scoping review methodology (Arksey & O'Malley, 2005) (28) and reported based on the PRISMA Extension for Scoping Reviews (PRISMA-ScR) (29). The steps detailed in the JBI manual are: (1) identifying the research question; (2) development of entry criteria; (3) defining the search strategy; (4) study selection; (5) data

extraction; and (6) reporting the results.

Research questions

The family-centered patient care approach was developed in recent years in the literature and medical education programs. According to this approach, patients and families are considered as healthcare providers' partners in the patient care process and collaborate with the healthcare professional team to develop care plans tailored to their needs. Effective communication is essential for healthcare provider team participation and the family-centered care approach (30).

This scoping review aimed to evaluate the nature and characteristics of studies that have addressed the communication and communication skills of healthcare providers (doctors, nurses, and clinical specialists) with patients. Accordingly, the following questions are addressed in this study:

1. What is the range, scope, and nature of the literature on healthcare provider-patient communication?
2. What are the characteristics of communication skills?
3. What are the barriers to healthcare provider-patient communication?
4. What are the facilitators of healthcare provider-patient communication?
5. What are the experiences of patients and healthcare providers about communication skills?
6. What are the outcomes of the healthcare provider-patient communication?

The main focus of this review is both quantitative and qualitative studies that can provide evidence relevant to the objectives of the present study.

Inclusion criteria

This review study focused on studies on communication between healthcare providers (physicians, nurses, clinical specialists) and patients. The participants in the studies were patients as well as healthcare providers and health professionals who had direct contact with patients. The search protocol was then limited to studies published in English from January 2000 to June 2023. The search strategy for the 23-year period was chosen according to many factors. The studies related to the concept of communication and communication skills, experiences of patients and healthcare providers, and obstacles and facilitators of communication have been published in this period. This review included studies that adopted qualitative and quantitative methodologies.

This review addressed studies that have focused on the relationship of healthcare providers (physicians, nurses, and clinical specialists) and patients. All participants in the studies were patients as well as healthcare providers and health professionals who had direct contact with patients (Table 1):

Table 1. The inclusion and exclusion criteria

Selection criteria	Inclusion criteria	Exclusion criteria
Language		
Year		
Study design		
Subject(s)		

Search strategy

In June 2023, PubMed and Embase databases were searched and the references were transferred to Mendeley reference manager software (Table 1). Besides, a list of retrieved relevant references was evaluated according to the objectives of the study. Two subject-matter experts reviewed all retrieved abstracts to ensure that the inclusion and exclusion criteria were met. Figure 1 shows the search and screening procedures following the PRISMA guidelines (29):

Table 1. The database search strategy

Search	Query	Results PubMed	Results Emase
Population	health care practitioner OR health care provider) OR health care worker OR health care personnel OR health care professional OR Nurs* OR doctor* OR physician OR dentist* OR clinical specialist* OR Health personnel OR Staff OR health Professional* OR patient OR client* OR patient family OR patient relative* OR medical team OR Patient Care Team OR (Multidisciplinary Care Team	902, 287	748,3 35
Concept	relations OR communication OR Health) Communication OR Interdisciplinary Communication OR Cross Disciplinary Communication OR communication skills OR Personal Communication OR interpersonal	89,3 61	65,92 8

	communication OR truth disclosure OR (Misinformation OR Social Communication		
Context	Clinic OR hospital OR emergency hospital OR) hospital environment OR medical clinic OR health care organization OR Hospital Medicine (OR paraclinical	310, 381	302,9 77
AND #2 AND #3 #1		228	139
Limited to language: English,Persia(PubMed)			
Limited to field records : Title:(PubMed & Embase) Limited to studies published between 2000-2023			

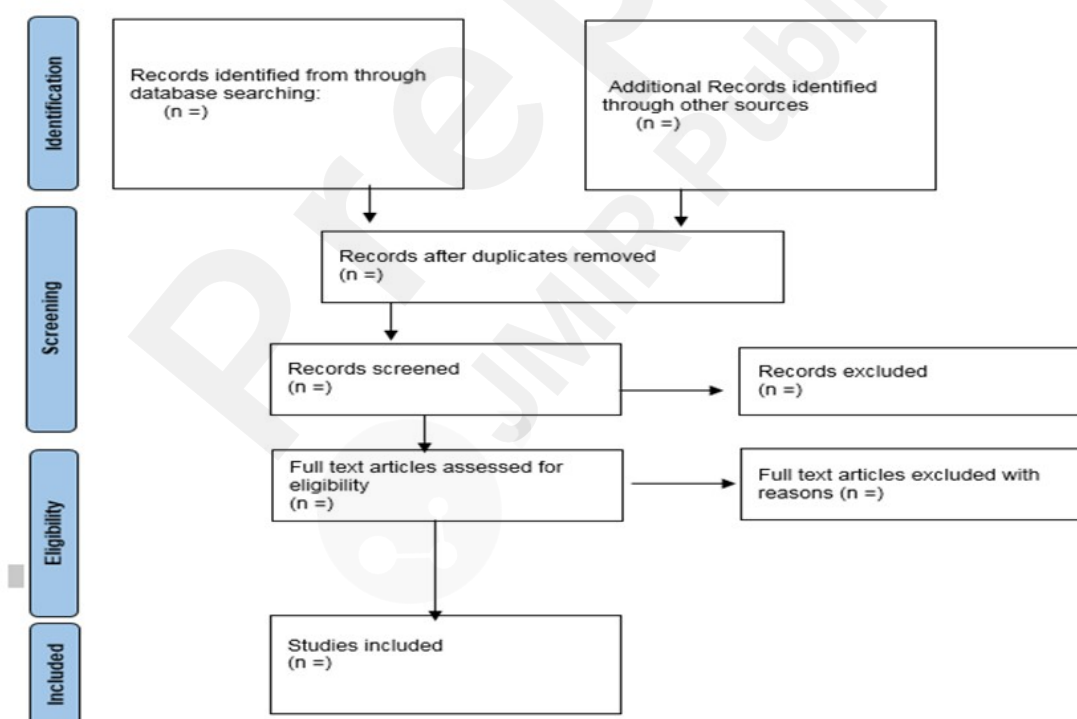


Figure 1. The study selection flowchart

Data extraction

Table 3 details the data for the selected studies including the author(s), publication year, study location, purpose, study design, sample size, and key findings (Table 3):

Table 3. Data extraction

Author(s)/year	Country	Location	Objectives	Research design	Sample

Reporting the results

The PRISMA flowchart shows the process of identification, selection, and exclusion of full-text studies. The findings were presented descriptively by detailing the research method and its relationship with the research objectives and questions, a summary of the extracted data, key concepts, and suggestions. Finally, an attempt was made to identify knowledge gaps. A description of common subjects and differences between quantitative and qualitative studies was also presented. The key findings were also presented in the form of graphs and tables.

Ethics of data publication

As a scoping review seeks to merge information from publicly available publications, this study does not require ethical approval. The findings from this study may be relevant to health policymakers who are interested in planning to improve the quality of healthcare services.

Conflicts of Interest

The authors declare no conflict of interest.

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Supplementary Files

Multimedia Appendixes

Untitled.

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Title page.

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