

ORIGINAL ARTICLE

# Communication between patients and doctors in the emergency department

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## ABSTRACT

**Background:** Active listening of caregivers to the patients and involving them in decisions about their condition can significantly enhance the treatment outcome and patient experience.

**Objectives:** To investigate patients' experience regarding the quality of communication with their doctors in the emergency department (ED).

**Method:** This was a cross-sectional, observational, survey-based study. Data were collected from adult patients attending the King Faisal Specialist Hospital ED before their final disposition (admission or discharge) using a self-administered 14-item questionnaire.

**Results:** A total of 558 patients took part in this study. More than 90% of the participants state that the doctors listened to them carefully were generally respectful, answered all of their questions and concerns, and the doctors had a reassuring attitude and way of talking. While the patients were encouraged to express what bothered them, they could understand what the doctor explained about their condition. Around 80% reported that the doctor explained to them the positive and negative aspects of their treatment plan, they were involved in the decision of the treatment plan, and they felt that they have been understood. Out of 28 points, the mean  $\pm$  standard deviation communication score was  $25.7 \pm 4.5$  points.

**Conclusion:** The vast majority of participants reported positive experiences regarding communication in the ED. However, some areas for improvement were identified such as the importance of explaining the positive and negative aspects of the treatment plans to the patients and involving them in the decision of their treatment plans.

**Keywords:** Emergency medicine, clinician-patient communication, patient involvement, patient-centered care, quality of care.

## Introduction

The emergency department (ED) represents a complex healthcare service setting where sophisticated technology is used to provide healthcare that was previously provided in hospital wards [1]. This cannot be achieved without effective communication between caregivers and their patients. The communication skills of caregivers represent a vital asset in providing quality "patient-centered care" in the emergency room [2]. Active listening to the patients, respecting their complaints, giving them comprehensive yet simple information, and involving them in decisions about their condition and treatment plan can significantly enhance the treatment outcome and patient experience [3].

The relationship between patients and physicians has cognitive as well as emotional aspects. The cognitive aspect involves patient education, management of patient expectations, data collection, and properly informing

the patients on their condition and the treatment plan, while the emotional aspect includes empathy, respect, acceptance, and honesty. Other types of patient-physician communication include the disease-centered model, patient-centered model, and physician-centered model. These models focus on the role of each factor and base the communication on a specific factor (the

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Received: 17 April 2022 | Accepted: 14 July 2022



physician, the patient, or the disease itself) [4]. Szasz and Hollender [5] suggested another communication model, called the “two-way partnership model,” where patients and physicians have the same level of responsibility regarding autonomy and decision-making. Finally, the conventional model, which was suggested by the Veatch Council, is based on consultation, equality, and friendship between the patients and physicians [6].

It is well known that effective physician-patient communication can provide the patient with motivation, assurance, encouragement, and even be an incentive for them. Furthermore, it helps patients manage their emotions, perceptions, needs, and expectations. This, in turn, helps patients to correctly interpret medical information and adhere to the suggested treatment plan and helps physicians collect essential information for the diagnosis [7].

The experience of patients in ED has been an expanding area of research. Inadequate communication, lack of privacy, uncomfortable environment, and poor pain control were among the issues in ED environments described in the literature [8]. Another issue is crowding, where a large number of patients are on the waiting list with delays in assessing and treating others [9]. Furthermore, in ED, physicians and patients can't build long-term rapport or effectively communicate due to the frequent interruptions, noise, limited resources, staff shortages, long waiting times, time limitations, and the bigger number of patients [10]. These issues hurt the patient experience as well as the quality of healthcare the patients receive in the ED [8].

The nature of situations that ED physicians work with (violence, death, accidents, and acute illnesses) may affect their empathy and interpersonal communication skills. Additionally, given the seriousness of the situation and time sensitivity, emergency physicians believe that it is very time-consuming to focus on building rapport and would rather use this time to focus on ordering tests, initiating treatment, and avoiding clinical errors. The main complaints of ED patients regarding communication are inadequate communication and poor attitudes [10].

The Society of Academic Emergency Medicine identified five essential steps for communication in the ED. These steps are rapport establishment, collecting information, informing patients, empathizing with patients, and providing comfort. Kumar et al. [2] suggested another approach for communication in the ED called “short bursts of frequent communications,” where the care provider will make eye contact and establish rapport, ask the patients what they need to know in an empathetic manner, gather necessary information on the events and inform the patients as well as their families on the done procedures and the plan of assessment and management.

In terms of communication, physicians typically focus on the practical aspects, efficiency, and time. On the other side, patients need empathy, psychological comfort, and appropriate feedback from emergency physicians. The specific features of patient-physician communication in the ED have not been sufficiently outlined as most of

the studies focus on the interpersonal communication between ED staff or the patients and nurses [10].

This cross-sectional observational survey-based study was conducted to assess patients' experience and feedback regarding the quality of communication with healthcare providers in the ED.

## Subjects and Methods

This was a cross-sectional, observational, and survey-based study. The study was held between March 2022 and June 2022. The study was conducted in the King Faisal Specialist Hospital and Research Center (KFSH and RC) ED, a tertiary care hospital with more than 72,000 annual ED visits.

Data were collected from adult patients (aged 14 years old and more) of both genders (including pregnant women), who were attending the KFSH ED and were able to make their own decisions without being affected by any illness or drugs. Patients with altered mental status, triage categories 4 and 5, and triage away patients were not included in the study. There were no restrictions regarding race, ethnicity, or language.

Data were collected using a self-administered 14-item questionnaire that was designed to assess patients' experience regarding the quality of communication with healthcare providers in the emergency room. The questionnaire was based on the scale assessing doctor-patient communication with minor modifications [11]. The questionnaire was distributed to the patients who were in their designated rooms before the final disposition (admission or discharge). Patients were allowed enough time (approximately 10 minutes) to fill out the questionnaires privately and confidentially. The questionnaires were then collected and stored in a closed drawer for the rest of the shift.

It was planned to include 500 ED-visiting patients in this study, while actually, 558 patients took part in the study. Patients' answers to each of the 14 questions were given scores where a “Yes” answer was given two points, “Maybe” was given one point, and “No” was given zero points. The total score was calculated for each patient by summing the individual scores for each question to give a total score out of 28 points representing patients' experience regarding communication in the ED. Descriptive statistical analysis was conducted to present the data where categorical variables were presented as count and percent. Statistical analysis was done using Statistical Package for the Social Sciences version 28.

The study was approved by the research committee, the institutional review board. The data collectors were well-trained to provide a brief about the study, answer all the questions patients might have, and take verbal consent from the patients and their relatives before filling out the questionnaire. In the current study, there was no need to access patients' medical records as patients' opinions and feedback were collected directly from the patients using the designed paper questionnaire. Confidentiality of the collected data was maintained throughout and after the study duration. The study did not include any investigations or procedures.

## Results

A total of 558 patients visiting the ED in KFSH and RC took part in this study.

Participants' feedback regarding the communication with doctors in ED is shown in Table 1.

Out of 28 points, the mean  $\pm$  standard deviation communication score was  $25.7 \pm 4.5$  (95% CI = 25.3 - 26.1) points. Out of 558 patients, 337 patients (60%) gave a full score (28/28 points) for the communication with healthcare providers in the ED.

Only 39 patients (around 7%) mentioned that they would not prefer to come back to the same doctor again and the reasons were explored and are provided in Table 2.

## Discussion

This study aimed to assess the level of communication between patients and their healthcare providers in the ED from the patient's perspective. To identify the areas for improvement and enhance the quality and outcome of provided medical care.

Results of the current study revealed that the majority of respondents (around 98%) reported that their emergency physician was respectful and attentive, they listened carefully, and they were allowed to speak about the reason for their visit without interruption. This was in agreement with the results of the study conducted by McCarthy et al. [12], where all patients (100%) mentioned that the ED teams were respectful, empathetic, concerned about the

**Table 1.** Participants' answers to the 14-item questionnaire (n = 558).

Question	Yes		No		May be	
	Count	%	Count	%	Count	%
1. Did the doctor listen to you carefully during the medical consultation?	547	98.0	11	2.0	-	-
2. Did the doctor allow you to talk about the reason for your visit today without interruption?	548	98.2	10	1.8	-	-
3. Did the doctor encourage you to express what bothers you?	521	93.4	37	6.6	-	-
4. Have you been examined by a doctor? <sup>a</sup>	530	95.7	24	4.3	-	-
5. Do you feel that you have been understood (understanding your problem/ the reason for the visit)?	454	81.4	23	4.1	81	14.5
6. Was what the doctor explained about the condition clear/ understood by you?	521	93.4	37	6.6	-	-
7. Do you feel that you have been given all the information important to your condition?	498	89.2	60	10.8	-	-
8. Did the doctor explain to you the positive or negative aspects of the treatment plan?	459	82.3	99	17.7	-	-
9. Were you involved by the doctor in the decision of the treatment plan?	444	79.6	114	20.4	-	-
10. In your opinion, did the doctor have a reassuring attitude and way of talking?	524	93.9	34	6.1	-	-
11. Was the doctor generally respectful?	547	98.0	11	2.0	-	-
12. Was it confirmed by the doctor that you understood the treatment plan and the procedures that you will be undergoing well?	496	88.9	62	11.1	-	-
13. If you could go back to the same doctor, would you come back?	519	93.0	39	7.0	-	-
14. Has the doctor answered all your questions and concerns?	525	94.1	33	5.9	-	-

<sup>a</sup> Four patients with missing data, n = 554.

**Table 2.** Patients' reasons for not being willing to come back to the same doctor again (n = 39).

Question	No		May be		Yes	
	Count	%	Count	%	Count	%
Were you involved by the doctor in the decision of the treatment plan?	26	66.7			13	33.3
Do you feel that you have been given all the information important to your condition?	23	59.0			16	41.0
Did the doctor explain to you the positive or negative aspects of the treatment plan?	22	56.4			17	43.6
Was it confirmed by the doctor that you understood the treatment plan and the procedures that you will be undergoing well?	22	56.4			17	43.6
Was what the doctor explained about the condition clear/ understood by you?	20	51.3			19	48.7
Has the doctor answered all your questions and concerns?	20	51.3			19	48.7
In your opinion, did the doctor have a reassuring attitude and way of talking?	19	48.7			29	51.3
Did the doctor encourage you to express what bothers you?	17	43.6			22	56.4
Do you feel that you have been understood (understanding your problem/ the reason for the visit)?	10	25.6	12	30.8	17	43.6
Have you been examined by a doctor?	9	23.7			29	76.3
Did the doctor listen to you carefully during the medical consultation?	9	23.1			30	76.9
Did the doctor allow you to talk about the reason for your visit today without interruption	6	15.4			33	84.6
Was the doctor generally respectful?	3	7.7			36	92.3

patients' well-being, and gave them time to talk about their issues without interrupting them.

Previous studies by Pun et al. [13] and Levinson et al. [14] revealed that emergency physicians should briefly introduce themselves to their patients and ask about their complaints in a peaceful tone. After that, physicians should listen carefully, and respectfully, and they should allow their patients to clearly express their feelings and thoughts to enhance the quality of physician-patient interaction. This was the case in the present study where almost 94% of the patients mentioned that they were encouraged to express their issues, they could understand the physician's explanation of their condition and that their ED doctor addressed all their questions and concerns.

Around 90% of the patients mentioned that their ED physician had given them vital information on their conditions and confirmed that they understood the treatment plan and the procedures well. This was a higher percentage than the reported findings of a study conducted by de Steenwinkel et al. [15] where 36% of the participants needed more medical information and 48% of the subjects reported needing more practical information from their ED physicians. Patients reported that they needed more information on medications, as well as invasive and non-invasive procedures.

Around 80% of the patients in the present study reported that they felt that they have been understood by their physician and that they were involved in the decision of the treatment plan. This was consistent with the results of the study conducted by Qureshi et al. [16] where 84.7% of the patients agreed that ER physicians could understand their concerns.

In the present study, 60% of the patients gave a full score (28/28 points) for the communication with healthcare providers in the ED. This was a slightly higher percentage than that reported by Qureshi et al. [16] where 51% of the patients scored their visit as 10/10.

## Conclusion

The current study revealed that almost all participants reported positive experiences regarding the quality of communication with healthcare providers in the ED. However, some communication aspects can be considered for further improvement such as patient activation through empowering the patient to be a part of the medical decision-making process. In addition, it will be of great value to provide a better explanation of the positive and negative aspects of the patients' treatment plans. Based on the results of the current study, it is recommended to conduct tailored training programs for ED healthcare providers to further enhance their communication skills and provide practical guidance on the successful communication models to be followed to enhance the quality of provided care and ensure better outcomes.

## List of Abbreviations

ED	Emergency department
KFSH and RC	King Faisal Specialist Hospital and Research Center

## Conflict of interest

The authors declare that there is no conflict of interest regarding the publication of this article.

## Funding

None.

## Consent to participate

Informed consent was obtained from all participants.

## Ethical approval

Ethical approval was obtained from the research committee, the institutional review board (IRB). Study number (RAC number) 2221025 approved on the 10th of February 2022 by research ethical committee at KFSHRC.

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