

ORIGINAL ARTICLE

Patient-healthcare worker communication in emergency departments: patient perspectives

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ABSTRACT

Background: Effective communication between healthcare practitioners and patients in the emergency department (ED) is crucial for patient satisfaction and quality of care. This study explored patients' perspectives on communication with nurses and physicians in the ED.

Methods: A cross-sectional study was conducted using a sample of 159 patients to assess the type of information relayed by nurses and doctors. The interview data were analyzed to examine nursing staff communication, physician communication, and communication difficulties.

Results: Nurses were found to be less likely to inform patients about their results or disposition. While 81.2% of physicians introduced themselves to patients, only 51.6% stated their status level. Approximately 68.6% of subjects were offered analgesia or treatment, and 60% reported no communication difficulties with medical staff. Empathy was demonstrated by 54.2% of healthcare practitioners, and nearly 80% of patient encounters were conducted in understandable language.

Conclusion: The study highlights the importance of effective communication in the ED, including empathy, information provision, and language barriers. To improve patient satisfaction and healthcare quality, medical organizations should develop comprehensive work plans, provide communication skills workshops, and enhance the ED work environment. Future research should focus on the perspectives of medical staff and explore communication in larger samples and various contexts.

Keywords: Emergency department, patient communication, healthcare practitioners, patient satisfaction, physician-nurse interaction.

Background

Communication is crucial in patient care and an invaluable asset for healthcare providers. Effective communication throughout a patient's journey is vital in emergency departments (EDs), where the fast-paced, high-turnover environment and emergent patient situations make it significantly challenging [1,2]. Various factors can impact interactions between patients and healthcare workers in the ED. One significant factor is the difficult circumstances healthcare workers face in the unpredictable and crowded environment, as they routinely encounter traumatic situations, death, sexual assault, and acutely ill patients [2]. Effective communication has been found to improve healthcare outcomes, leading to better patient compliance and reduced litigation [3]. The

existing literature features limited studies examining communication in EDs and even fewer exploring this topic in our region. Therefore, it is crucial to obtain an overview of healthcare-patient interactions. This study investigates communication in the ED between patients

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and medical staff, specifically nurses and physicians. Analyzing how communication occurs will help enhance patient experiences in the ED and create opportunities for future research.

Subjects and Methods

The study was conducted in the ED of an academic-tertiary hospital in Saudi Arabia. We used interviews to investigate the communication experiences of random patients visiting the ED with various conditions and acuity levels. We employed convenience sampling to select subjects; any patient in the ED was a potential candidate. After approaching the patients, we obtained their verbal consent. The subjects included in this study were either patients or patients' caretakers if the patient was non-verbal. All subjects were aged 18 or older, and the patients were in a stable clinical state. We excluded patients who refused to participate and those who had no caretakers while non-verbal.

The research team prepared the interview questions for data collection. We translated the questions into Arabic and asked them directly (Appendix). We designed the questions to address topics essential for patient care, aiming to examine healthcare practitioners' communication with patients. The topics included nursing staff communication, which covered staff introduction, informing patients about investigations, results, and treatments provided; physician communication, encompassing staff introduction and updating patients with vital elements in their care, such as the initial workup, workup results, diagnosis, and treatment plan; and subjects' impressions of the service provided, focusing on communication difficulties, healthcare practitioners' empathy, and the use of medical jargon.

We provide the complete set of interview questions in Figure 1. Considering the ED's continuous workflow, we collected data randomly throughout the day (morning, evening, and night). The Institutional Review Board approved the study design (Approval NRC21R/255/04).

Results

In this study, we approached 159 patients to assess the type of information nurses and doctors conveyed to them. Two patients (1.3%) declined to participate in the study. We conducted interviews during different times of the day: 54.1% ($n = 86$) during the evening shift, 18.2% ($n = 29$) during the morning shift, and 27.7% ($n = 44$) during the night shift. Of the patients, 69.2% ($n = 110$) answered the questions themselves, while caretakers responded to the remainder.

Regarding nursing staff communication, 33.3% ($n = 52$) of nurses introduced themselves to patients (Figure 2). Patients reported that 79.6% ($n = 125$) of nurses informed them about the required investigations. The results also indicated that 38.2% ($n = 60$) of subjects received information about the investigation results, 51.6% ($n = 81$) were informed about the treatment provided, and 31.8% ($n = 50$) knew about the disposition.

Regarding communication between patients and physicians, doctors introduced themselves 82.1% of the

time ($n = 128$; Figure 3) and stated their level in 51.6% ($n = 81$) of cases. Figure 4 provides a breakdown of physicians who stated their level as a consultant, residents, or interns. Doctors informed patients about their specialties in 73.7% ($n = 115$) of cases and offered treatment or analgesics 68.6% of the time ($n = 107$). Regarding updating patients on their working diagnosis, 68.6% ($n = 107$) informed patients, 21.8% ($n = 34$) mentioned nothing, and 9.6% ($n = 15$) stated that no working diagnosis had been reached. Additionally, 81.8% ($n = 126$) of physicians clarified the types of investigations required, 69.2% ($n = 108$) discussed treatment options, 63.7% ($n = 100$) explained investigation results to patients, 70.5% ($n = 110$) obtained consent before any intervention, and 65% ($n = 102$) explained the disposition to their patients.

Concerning communication difficulties with healthcare practitioners (both nurses and doctors), the majority of subjects (59.2%, $n = 93$) reported no difficulties faced, while 12.1% ($n = 19$) experienced little difficulty and 12.7% ($n = 20$) had moderate difficulty. However, 15.9% ($n = 25$) of subjects encountered significant difficulty communicating with healthcare practitioners, as illustrated in Figure 5.

Patients' concerns were addressed 63.5% of the time ($n = 99$), while in 21.2% ($n = 33$) of cases, only some of their requests were met. Both little and no requests were met in 7.7% ($n = 12$) of instances each. Patients observed that 54.2% ($n = 86$) of medical staff displayed great empathy, while 25.5% ($n = 40$) exhibited some empathy. Only 13.4% ($n = 21$) and 6.4% ($n = 10$) of medical staff expressed little or no empathy, respectively. Regarding medical jargon use, 80.3% of medical staff used language that was entirely understandable for the public, 14.6% employed little jargon, 1.9% used some complex words, and 3.2% incorporated a substantial amount of medical jargon in their explanations.

Discussion

This study explored patients' perspectives on communication with healthcare practitioners in the ED, focusing on nurses and physicians to understand patients' experiences. The inclusion of both nurses and physicians in research is crucial for comprehending communication dynamics and improving patient care [4,5].

The results indicated that nurses were less likely to inform patients about their results or disposition, providing baseline data. Pun et al. [5] suggested that nurses might not provide such information to patients because they may not have adequate answers to patients' questions or believe that physicians have already informed them.

Although many physicians introduced themselves to patients (81.2%), fewer doctors clearly stated their level (51.6%). This finding is supported by Rhodes et al. [6], where 65% of physicians disclosed their names, and only 8% specified their level in recorded interviews examining communication in healthcare settings.

Regarding analgesia, not all patients were offered or received it, even though pain is a primary reason for ED visits [7]. We found that 68.6% of subjects were offered analgesia or treatment, similar to another study

Shift	<ul style="list-style-type: none"> • Morning • Evening • Night
Length of stay	<ul style="list-style-type: none"> • Less than 4 hours • 4-8 hours • 8-12 • More than 12 hours
Specialty caring for the patient	<ul style="list-style-type: none"> • Emergency • Other
Who is providing the information	<ul style="list-style-type: none"> • Patient • Care taker
Nursing staff	
Did the nurse introduced him/her self	<ul style="list-style-type: none"> • Yes • No
Inform the patient regarding	
Investigation required?	<ul style="list-style-type: none"> • Yes • No
The result of the investigation	<ul style="list-style-type: none"> • Yes • No
The treatment provided	<ul style="list-style-type: none"> • Yes • No
The disposition	<ul style="list-style-type: none"> • Yes • No
Doctors	
Did the doctor introduced him/her self	<ul style="list-style-type: none"> • Yes • No
Did the doctor specify his/her level	<ul style="list-style-type: none"> • Consultant • Resident • Intern • Did not specify
Did the doctor specify his/her specialty	<ul style="list-style-type: none"> • Yes • No
Was the patient offered analgesia	<ul style="list-style-type: none"> • Yes • No
Did the doctor inform the patient regarding	
The working diagnosis	<ul style="list-style-type: none"> • Yes • No
The investigation required	<ul style="list-style-type: none"> • Yes • No
The treatment provided	<ul style="list-style-type: none"> • Yes • No
Benefits or risk of the treatment or investigation	<ul style="list-style-type: none"> • Yes • No
Was the patient consented prior to treatment or investigation	<ul style="list-style-type: none"> • Yes • No
The diagnosis	<ul style="list-style-type: none"> • Yes • No
The disposition	<ul style="list-style-type: none"> • Yes • No
Healthcare worker	
How difficult was the communication	<ul style="list-style-type: none"> • A lot • Moderate • Little • No
Were the patient's requirement met	<ul style="list-style-type: none"> • A lot • Sometimes • A few times • No
Did the Healthcare worker show empathy	<ul style="list-style-type: none"> • A lot • Sometimes • A few times • No
Did the healthcare worker use jargon	<ul style="list-style-type: none"> • A lot • Sometimes • A few times • No

Figure 1. The interview questions.

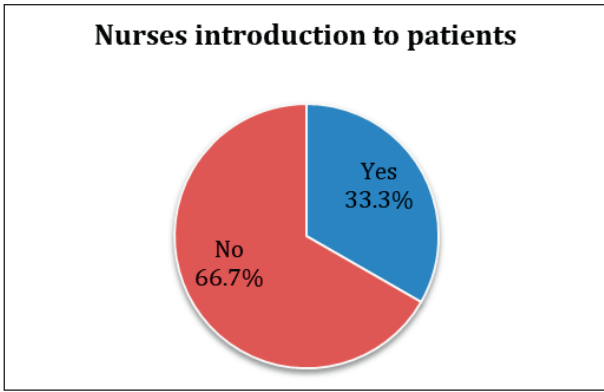


Figure 2. Percentage of nursing staff that introduced themselves.

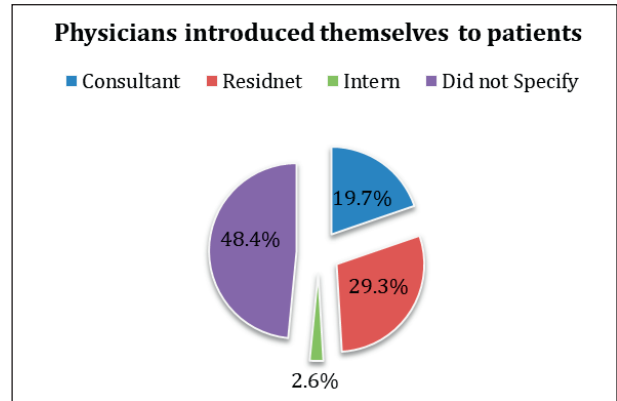


Figure 4. Breakdown of physicians who stated their level (percentage).

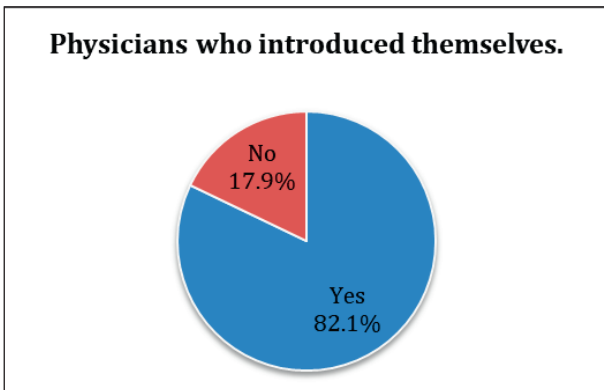


Figure 3. Percentage of physicians that introduced themselves.

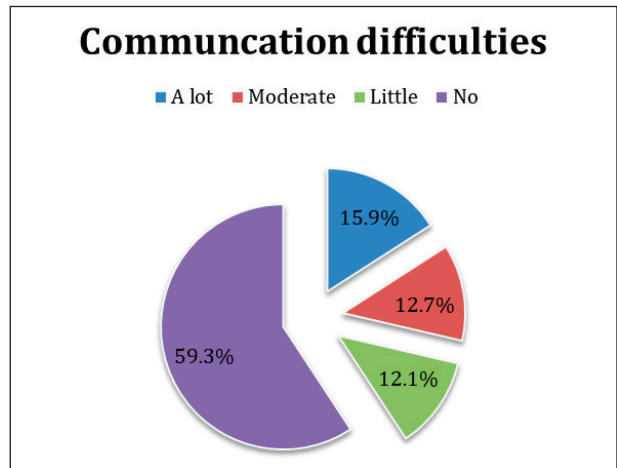


Figure 5. Depicting the level of difficulties in communication with patients and the corresponding percentages.

where 51% of patients were asked if they needed pain medication. This could be due to the busy work environment and frequent interruptions affecting physicians' work [1,2,6,7].

Nearly 60% of patients reported no communication difficulties with medical staff [5]. Communication has been a major focus of investigation for decades [3], and many medical and nursing schools have incorporated teachings to improve this aspect of healthcare [8]. However, hospitals and educational institutions must provide more communication skills workshops to ensure sustainable care delivery and perception, particularly for ED staff and all healthcare workers.

Regarding empathy, 54.2% of healthcare practitioners demonstrated empathy towards patients. This finding suggests a need for more education for healthcare practitioners to improve perceived empathy [9]. Empathizing with patients experiencing distressing symptoms enhances their perception of a healthcare provider, leading to better care and reduced dissatisfaction during ED visits [10].

The use of medical jargon has been shown to negatively affect patients' experiences in healthcare settings [11], leading to the perception that healthcare staff has more control over their illness. In this study, almost 80% of patient encounters were conducted in understandable language, and 70.5% of patients were asked for consent before initiating specific treatments or investigations. Striving for higher percentages to improve patient

autonomy and decision-making requires comprehensive data and frameworks.

Our study was limited by its small sample size and limited questionnaire. Further studies should examine the medical staff's perspectives and utilize a larger sample size and additional questions to better understand communication. Data analysis could be based on arrival time or length of stay.

In conclusion, physicians and nurses must establish appropriate communication with patients on a global level. Communication encompasses various categories, including empathy, information provision, and language barriers. Medical organizations must work on developing definitive work plans to improve communication, not only by training medical staff but also by enhancing the ED work environment. Training at both junior and senior levels is crucial. Improved communication has increased patient satisfaction and healthcare. More research is needed to understand healthcare workers' perspectives on this subject.

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List of Abbreviations

ED Emergency department.

Conflict of interest

The authors declare no conflicts of interest.

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Consent to participate

Consent was obtained from all participants and recorded electronically.

Ethical approval

Ethical Approval was granted by the International Review Board via reference number NRC21R/255/04, Dated: 29/04/2021.

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APPENDIX:

The translated interview questions asked by the data collection team.

١٨- هل تم شرح الضرر والفائدة من العلاج أو الفحوصات؟	٨- نتائج الفحوصات؟	تواصل الطاقم الطبي مع المرضى في الطوارئ:
<input type="checkbox"/> نعم <input type="checkbox"/> لا	<input type="checkbox"/> نعم <input type="checkbox"/> لا	١- المكان:
١٩- هل تم أخذ رأيك بخصوص العلاج أو الفحوصات؟	٩- العلاج المقدم؟	<input type="checkbox"/> العناية المتوسطة <input type="checkbox"/> العناية الحرجة <input type="checkbox"/> الفحص الطبي <input type="checkbox"/> الفرز والعلاج <input type="checkbox"/> العناية السريعة
<input type="checkbox"/> نعم <input type="checkbox"/> لا	<input type="checkbox"/> نعم <input type="checkbox"/> لا	٢- الوقت:
٢٠- هل علمت تخصيصك النهائي؟	١٠- القرار النهائي بشأن المريض:	<input type="checkbox"/> الصباح <input type="checkbox"/> المساء <input type="checkbox"/> الليل
<input type="checkbox"/> نعم <input type="checkbox"/> لا	<input type="checkbox"/> نعم <input type="checkbox"/> لا	٣- مدة الإقامة:
٢١- القرار الأخير بشأن المريض؟	١١- هل عرف بنفسه؟	<input type="checkbox"/> أقل من ٤ ساعات <input type="checkbox"/> ٤-٨ ساعات <input type="checkbox"/> ٨-١٢ ساعة <input type="checkbox"/> أكثر من ١٢ ساعة
<input type="checkbox"/> نعم <input type="checkbox"/> لا	<input type="checkbox"/> نعم <input type="checkbox"/> لا	٤- الفريق الطبي:
الطاقم الطبي:	١٢- هل ذكر مستواه الطبي؟	<input type="checkbox"/> الطوارئ <input type="checkbox"/> آخر:
٢٢- هل كان التواصل معهم صعباً؟	<input type="checkbox"/> استشاري <input type="checkbox"/> مقيم <input type="checkbox"/> طبيب امتياز <input type="checkbox"/> لم يذكر	٥- من يجابوب عن الأسئلة:
<input type="checkbox"/> جداً <input type="checkbox"/> نوعاً ما <input type="checkbox"/> قليل <input type="checkbox"/> لا	١٣- اختصاصه؟	<input type="checkbox"/> المريض <input type="checkbox"/> قريب للمريض <input type="checkbox"/> مرافق طبي
٢٣- هل تم تلبية طلباتك؟	١٤- هل سألنا إذا كنت محتاج للعلاج أو مسكن؟	طاقم التمريض:
<input type="checkbox"/> جداً <input type="checkbox"/> نوعاً ما <input type="checkbox"/> قليل <input type="checkbox"/> لا	<input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> لا يحتاج	٦- هل عرف المريض نفسه؟
٢٤- هل أظهروا تعاطف؟	هل اخبرك الأطباء عن:	<input type="checkbox"/> نعم <input type="checkbox"/> لا
<input type="checkbox"/> جداً <input type="checkbox"/> نوعاً ما <input type="checkbox"/> قليل <input type="checkbox"/> لا	١٥- التخصيص المبني؟	هل اخبرك طاقم التمريض عن:
٢٥- هل استخدموا كلمات طبية غير مفهومة؟	١٦- الفحوصات وانواعها؟	٧- الفحوصات المطلوبة؟
<input type="checkbox"/> جداً <input type="checkbox"/> نوعاً ما <input type="checkbox"/> قليل <input type="checkbox"/> لا	<input type="checkbox"/> نعم <input type="checkbox"/> لا	<input type="checkbox"/> نعم <input type="checkbox"/> لا
	١٧- العلاج وانواعه؟	
	<input type="checkbox"/> نعم <input type="checkbox"/> لا	

Supplementary Figure 1. The Arabic translated interview questions.