

Patient Centered Communication

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Clinical Question:

In patient's receiving patient centered communication, is their satisfaction higher than patients who receive non-patient centered communication methods?

Sources of Evidence:

Jiang, S. (2017). Pathway linking patient-centered communication to emotional well-being: Taking into account patient satisfaction and emotion management. *Journal of Health Communication*, 22 (3), 234-242. <https://doi.org/10.1080/10810730.2016.1276986>

Linn, J., A., Weert, J., Dijk, L., Horne, R., & Smit, G., E., (2014). The value of nurses' tailored communication when discussing medicines: Exploring the relationship between satisfaction, beliefs and adherence. *Journal of Health Psychology*, 21 (5), 798-807. DOI: 10.1177/1359105314539529

Mcfarland, C., D., Shen, J., M., & Holcombe, F., R., (2016) Predictors of satisfaction with doctor and nurse communication: A national study. *Health Communication*, 32 (10), 1217-1224. <https://doi.org/10.1080/10410236.2016.1215001>

Moret, L., Anthoine, E., Pourreau, A., Beaudau, F., & Leclere, B., (2017). Inpatient satisfaction with medical information received from caregivers: An observational study on the effect of social deprivation. *BMC Health Services Research*, 17(769), 1-9. DOI 10.1186/s12913-017-2728-8

Synthesis of Evidence:

Four articles were reviewed as evidence in this report. Quantitative comparative descriptive design and three correlational design studies.

Jiang (2017) states that a patient cannot be satisfied with their patient care via patient centered communication until their emotional well-being has been met first. However, patient centered communication does have direct effects on the patient's emotional well-being. The communication focuses on the patient's values, preferences and needs to come to a clinical decision. By focusing on these needs, the patient is then more satisfied with their care.

According to Linn et al. (2014), communication about treatment and care should be tailored to meet the needs and preferences of the patient. Regarding clinical decisions such as medication adherence, patients are more likely to take their medications as ordered if the reason makes sense to them, they understand why they are taking it and meets their personal beliefs and experiences with that medication or disease. This article focuses on individualized communication based on the patients belief system resulting in better medical outcomes.

Mcfarland, Shen & Holcombe (2016) state population diversity, age and education level play a large role in patient satisfaction. Patients that were of a different ethnicity than their care giver had less patient satisfaction often due to a gap in background, communication and/or language barrier. Age came in as a factor as well; the older and undereducated population had less satisfaction with their care related to poor health literacy and the use of medical jargon.

According to Moret et al. (2017), overall patients who are socially deprived have less satisfaction with their care, health status and treatments received. Patients gave themselves a standardized score

to perceive their level of self-deprivation. The patients that rated themselves as more deprived were less satisfied with their health care and communication. It's suggested that the more vulnerable/deprived patients were happier with their care when the healthcare provider involved them in the decision making process.

Conclusion:

After reviewing the four articles we have come to the conclusion that patient satisfaction is geared towards appropriate health literacy and primary language. Patients are more satisfied with their healthcare when the initial focus is their emotional well-being. Socially deprived patients also have a less satisfying experience with healthcare communication due to the social gap. Keeping an open communication between healthcare providers and patients will help improve patient satisfaction with communication.

Implications for Nursing Practice:

The four articles indicate that communication should start with nonjudgmental approach focusing on patient emotional well-being. After establishing the primary language, start the beginning of the conversation with the patient's emotional needs followed by health status and treatment communication. Due to decreased health literacy it would be in the patient's best interest to speak in non-medical terms/jargon throughout communication and education. If healthcare providers accommodate to the societies diversity such as utilizing the patient's primary language at the beginning, eliminate medical jargon, focus on emotional well-being and involve the patient in decision making the patients will be more satisfied