

BENEFITS OF COMMUNICATION TO THE FAMILY IN THE EMERGENCY SERVICE: A SYSTEMATIC LITERATURE REVIEW

Benefícios da comunicação à família no serviço de urgência: revisão sistemática da literatura

Beneficios de la comunicación familiar en urgencias: revisión sistemática de la literatura

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ABSTRACT

Background: the family accompanying the critically ill patient to the Emergency Department is an integral part of the critically ill patient and the provision of care. **Objective:** synthesize the scientific evidence of the effectiveness of nurse-led communication/information in reducing anxiety, stress, acceptance of illness/health/increasing patient and family safety. **Methodology:** the Systematic Literature Review was based on the PICO methodology, a search was carried out in the Pubmed CINAHL, Medline, SciELO and Scopus databases carried out in November 2022. **Results:** 539 articles were identified, and after removing duplicate articles, those that did not meet the inclusion criteria and methodological quality, the study was supported by 5 articles, in these studies family members, over 18 years old, recruited in the Emergency Department. A reduction in anxiety levels and an increase in acceptance of the illness was seen in most of the studies. **Conclusion:** it was found that the family of the critically ill patient in the Emergency Department benefits from the existence of a nurse who facilitates communication/information. There is a need for more research on this subject, and it is important to involve nurses in this issue.

Keywords: nurses; communication; family; emergency service hospital

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RESUMO

Enquadramento: a família que acompanha o doente crítico ao Serviço de Urgência, faz parte integrante do doente crítico e da prestação dos cuidados. **Objetivo:** sintetizar a evidência científica da eficácia da comunicação/informação realizada pelo enfermeiro na diminuição da ansiedade, stress, aceitação da doença/saúde/ aumento da segurança do doente e família. **Metodologia:** revisão Sistemática da Literatura teve por base a metodologia PICO, procedeu-se à pesquisa nas bases de dados Pubmed CINAHL, Medline, SciELO e Scopus realizada em novembro de 2022. **Resultados:** identificados 539 artigos, sendo que após retirados os artigos duplicados, os que não cumpriam os critérios de inclusão e qualidade metodológica, o estudo foi suportado em 5 artigos, nestes estudos participaram familiares, com mais de 18 anos, recrutados no Serviço de Urgência. A diminuição dos níveis de ansiedade e o aumento da aceitação da doença foi verificada na maioria dos estudos. **Conclusão:** verificou-se que a família do doente crítico no Serviço de Urgência beneficia da existência do Enfermeiro Facilitador da Comunicação/informação, havendo necessidade de mais investigação sobre esta temática, sendo importante envolver os enfermeiros para esta temática.

Palavras-chave: enfermeiros; comunicação; família; serviço hospitalar de emergência

RESUMEN

Marco contextual: la familia que acompaña al paciente crítico al Servicio de Urgencias es una parte integral del paciente crítico y de la prestación de cuidados. **Objetivo:** sintetizar la evidencia científica sobre la efectividad de la comunicación/información dirigida por enfermeras para reducir la ansiedad, el estrés, la aceptación de la enfermedad/salud/aumentar la seguridad del paciente y la familia. **Metodología:** la Revisión Sistemática de la Literatura se basó en la metodología PICO, se realizó una búsqueda en las bases de datos Pubmed CINAHL, Medline, SciELO y Scopus realizada en noviembre de 2022. **Resultados:** se identificaron 539 artículos, y tras eliminar los artículos duplicados, los que no cumplían los criterios de inclusión y la calidad metodológica, el estudio se apoyó en 5 artículos, en estos estudios familiares, mayores de 18 años, reclutados en el Servicio de Urgencias. En la mayoría de los estudios se observó una reducción de los niveles de ansiedad y un aumento de la aceptación de la enfermedad. **Conclusión:** se constató que la familia del paciente crítico en el Servicio de Urgencias se beneficia de la existencia de una enfermera que facilite la comunicación/información. Es necesario investigar más sobre este tema y es importante implicar a las enfermeras en este tema.

Palabras clave: enfermeros; comunicación; familia; servicio de urgencia en hospital

INTRODUCTION

Communication between healthcare professionals and patients is critical to providing patient-centered care and a positive patient experience, enabling patients to make informed decisions (Blackburn et al., 2019). Ineffective communication has been associated with dissatisfaction and frustration (Frank et al., 2009) and the fact that they feel poorly informed at the time of discharge, especially regarding illness-specific symptoms or medications (National Accident and Emergency Patient Survey, 2014).

Communication integrates the exchange and sharing of feelings and emotions between people and the process of creating and recreating information (Phaneuf, 2005) involving the sharing and understanding of expressed and received messages, and these relate to each other and condition the behaviour of the individuals concerned (Stefanelli & Carvalho, 2012).

As Gomes et al. (2012) emphasize, in all nursing actions, communication - whose main objective is therapeutic gains - is a denominator that is always present and influences the provision of care to the person and family.

This point of view is defended by Saiote and Mendes, (2011) and by Vieira and Sousa (2014) who underline that communication and the sharing of information assume a decisive importance in nursing practice, whether in colleague-to-colleague relationships or with patients or family, thus allowing the continuity and quality of the provided care.

Communication between healthcare professionals and patients plays an essential role in providing safe and effective care, and is particularly critical in the complex and dynamic environment of the emergency department. Studies have revealed that professionals

spend more than half of their time on communication activities (Hettinger et al., 2020).

In Pytel et al.'s opinion, (2009) it is vital that Emergency Department Nurses get training and are aware of the demands of communicating with the patient and family. Open communication is the solution to enable success in the health/illness adaptation process, reducing anxiety and accumulated stress. Indeed, it is essential that the Nurse allows the relative to clarify all doubts, fears and concerns by answering what they want to know while putting into practice behaviours such as listening, understanding and sincere dialogue and paying attention to verbal and non-verbal expressions, since these behaviours contribute quality communication and sharing of information (Saiote, 2010).

Hsiao et al. (2017) also show that communication with relatives is regarded by relatives as the most important need, followed by the participation of relatives in the care provided in the Emergency Department, support to relatives and "organizational comfort" (p .3).

The accompanying person/family of the patient, due to the uncertainty and anguish with which they are affected, often presents a great emotional burden, so there is a need for care based essentially on periodic information about their sick relative, regarding the diagnosis and clinical evolution. When transmitting information, Nursing professionals must take the following factors into account: regularity, suitability, accessibility and quality of information in order to promote the benefits of communication/information, as well as professional ethics in sharing any information. Nurses intend to integrate the reference relative/person in their care responsibilities, with a holistic approach to humanized care. It is important to encourage improvement in various aspects such as: the

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care itself, the quality of information, the organization and structural changes of the service and behaviours towards relatives in tragic, unexpected and traumatic situations (Morelló et al., 2016).

There is a notable relation between the level of anxiety of family relatives due to emergency situations and communication with Nursing professionals, indicating that effective communication promoted by the Nursing professional reduces the level of anxiety of relatives. Other studies reinforce these results by concluding that the fact that the user is poorly informed can contribute to a negative experience, unnecessary readmission or the patient's anxiety (Ackerman et al., 2016). Effective communication between nurses and users in the Emergency Department also improves the quality of the safety culture as well as nurses' satisfaction (Wieke et al., 2021).

One of the consequences of poor communication can have a major negative impact on the health and well-being of the patient, seeing that aggressive behaviour towards healthcare professionals can be attributed to communication failures (Kamchuchat et al. 2008).

It is essential that the Nurse develops therapeutic communication skills and builds a therapeutic relationship through empathy, reducing the anxiety experienced by the family (Lukmanulhakim et al., 2016; Barreto et al. 2020).

In their intervention, the nurse must intervene and assess the needs of the patient and family with the aim of minimizing the negative effects of the health/illness transition (Ferreira et al., 2016) acting with kindness. (Vieira & Sousa, 2014).

METHODOLOGY

This Systematic Literature Review was based on the

PICO strategy of the Joanna Briggs Institute (Aromataris & Munn, 2017).

Research issue

Using the PICOD strategy, the following research issue was defined: Does communication/information from the accompanying person/family of the patient in a critical situation in the Emergency Department carried out by the nurse contribute to reducing anxiety and stress as well as accepting illness/health problem and increasing the patient and family's safety?

Purposes

The main objective of this study was to synthesize the scientific evidence of the benefits of communication/information to the accompanying person/family of the patient in a critical situation in the Emergency Department carried out by the nurse.

Inclusion and exclusion criteria for studies

In order to define criteria, we used the PICO strategy:
Participants: Family/person of reference (over 18 years old) of patients in a critical situation who needed to go to the Emergency Department.

Intervention: communication/information to the accompanying person/family of a patient in a critical situation in the Emergency Department carried out by the nurse.

Comparator: not applicable.

Outcomes: decreased anxiety and stress + acceptance of the illness/health problem + increased patient and family safety.

All types of studies were included.

Search strategy

Initially, a search was carried out in the JBI Database of Systematic Reviews and Implementation Reports, in the Cochrane Database of Systematic Reviews, on MEDLINE, Epistemonikos and PROSPERO to confirm the absence of other systematic reviews of the

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literature with the same objectives as the present review. No review with the same objectives was found.

The search for this Systematic Literature Review was carried out during the month of November 2022 and articles written in Portuguese, English and Spanish were included regardless of the year of publication. The search includes family/person of reference (over 18 years old) and patients in critical condition in the Emergency Department. The text articles included were complete and free.

We searched for the most appropriate themes in order to identify terms in the databases: Pubmed, EBSCO, Medline, CINAHL, ScieLO, reaching the following keywords/descriptors: Nurses; Communication; Family; Emergency Department; Anxiety; Stress; Acceptance of the Illness; Patient Safety.

The search was then carried out using the following mesh terms (Nurses; Communication; Family; Emergency, Service, Hospital; Anxiety; Patient Safety) and non-mesh terms (Illness, Acceptance and Stress). To search in the following bases - PubMed, CINAHL, Medline, ScieLO and Scopus databases -the following search equations were used: "Nurses and Communication and Family and Emergency Department, Hospital and Anxiety"; "Nurses and Communication and Family and Emergency Department, Hospital and Stress"; "Nurses and Communication and Family and Emergency Department, Hospital and Patient Safety"; "Nurses and Communication and Family and Emergency Department, Hospital and Disease acceptance".

Articles were also searched in the bibliographic references of the articles located through the search equations.

Initially, both the titles and abstracts of the selected studies were analysed and checked in relation to the

inclusion/exclusion criteria. A third reviewer was not necessary as there were no discrepancies. Subsequently, the full text of the studies selected as being eligible for the review was analysed by the same two initial reviewers.

Assessment of the methodological quality of the studies

In order to avoid biases and assess methodological quality, the identified articles were independently assessed by two reviewers, using the JBI's standardised instruments according to the typology of the located study (Munn et al.,2023). Given the typology of the studies, the JBI critical appraisal checklist for analytical cross sectional studies from the Joanna Briggs Institute was used.

There was no need to call on any other reviewer.

Data extraction

Data were extracted considering the Cochrane Manual for Systematic Reviews (Li et al., 2020). The analyses considered the following data: country; type of participant, type of study, objectives, type of intervention and location where it was carried out and outcomes.

RESULTS

After completing the application of the search strategy and assessing the methodological quality of the articles, 5 studies were selected as represented in the following Prisma diagram.

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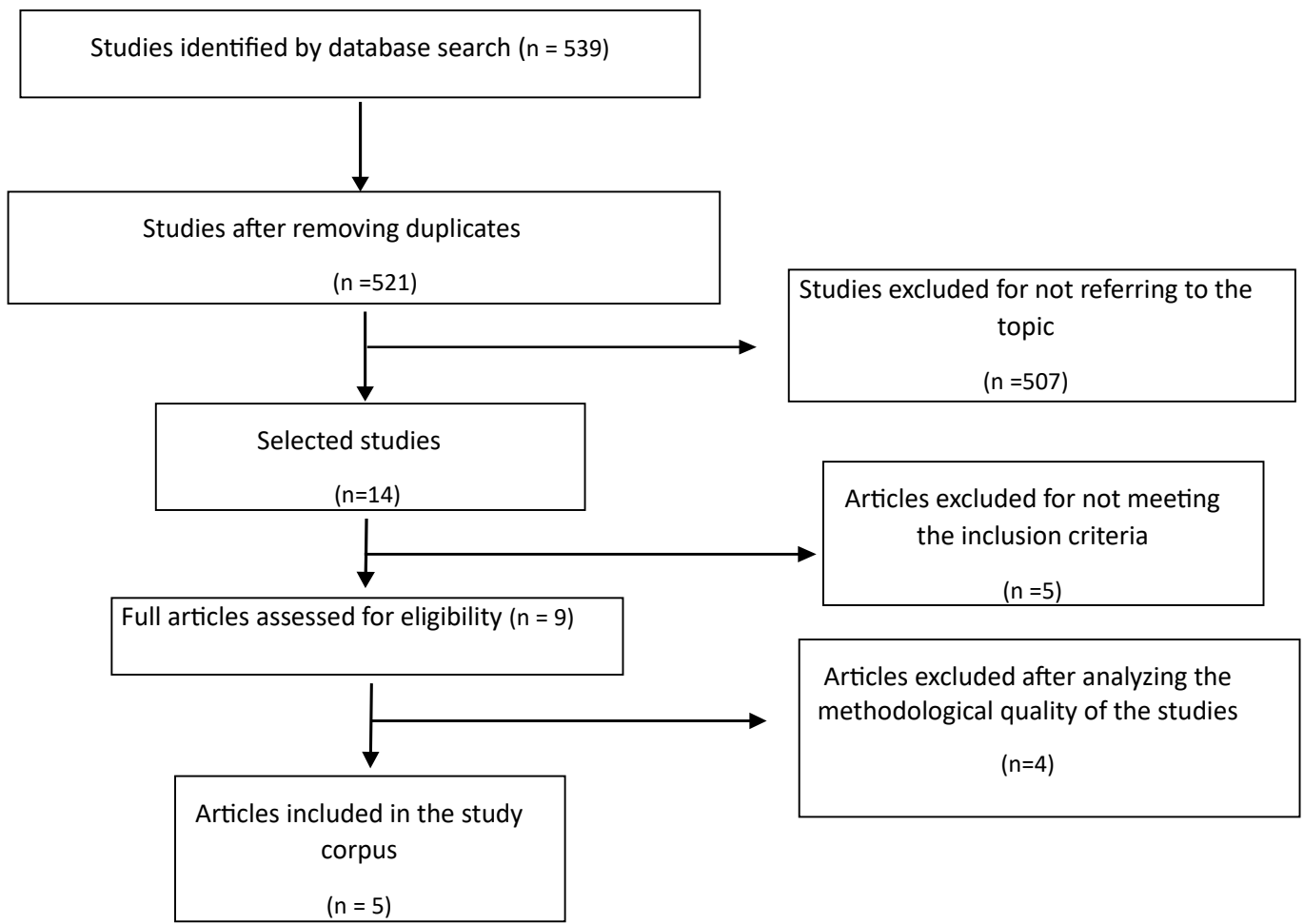


Figure 1
Prism diagram

From table 1 it can be seen that the majority of studies were carried out in Australia and none in a european country and in the years 2003 to 2019. All studies are

non-experimental, that is, according to Glasofer and Townsend (2019) level 3 of evidence.

Table1
Selected types of study

Study	Author(s)	Year	Title	Type of Study	Country
I	Anna Ekwall, Marie Gerdtz and Elizabeth Manias	2009	Anxiety as a factor influencing satisfaction with emergency department care: perspectives of accompanying persons	Prospective Study	Australia
II	Ping-Ru Hsiao, Bernice Redley, Ya-Chu Hsiao, Chun-Chih Lin, Chin-Yen Han and Hung-Ru Lin	2017	Family needs of critically ill patients in the emergency department	Prospective Study	Taiwan
II	Bernice Redley, Lesego M.Phiri,Tanya,Wei Wan and Chin-Yen Han	2019	Family needs during critical illness in the Emergency Department: A retrospective factor analysis of data from three countries	Retrospective Study	Australia South Africa and Taiwan

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IV	Meghan L. Botes and Gayle Langley	2016	The needs of families accompanying injured patients into the emergency department in a tertiary hospital in Gauteng	Descriptive Study	South Africa
V	Bernice Redley, Sandra A. LeVasseur, Gwenda Peters and Elizabeth Bethune	2003	Families' needs in emergency departments: instrument development	Retrospective pilot Study	Australia

In all studies, the relatives who participated were aged 18 or over, knew how to read and write, and were recruited from the Emergency Department: they were 600.

It was found that the topic of effectiveness of communication/information to the family of a patient in a critical situation in the Emergency Department in reducing anxiety and stress as well as in accepting the illness/health problem and increasing the safety of the patient and family is little studied and it is even difficult to find articles that meet the initial research issue.

The theme of communication emerged as a specific need of the accompanying person/family in all the 5 studies.

For the accompanying person/family, confronting the critical situation of their relative is particularly stressful since it is an unexpected, unpredictable and uncertain event. For nurses to provide adequate care to the accompanying person/family, it is essential to understand their needs, promoting appropriate outcomes for both the family and the patient (Redley et al., 2019). When experiencing an unexpected, sudden and stressful situation, the accompanying person/family regards communication as a specific need (Redley et al., 2003).

Communication needs were classified as the most important by both the accompanying person/family and the Nurses, with frequent updates by the Nurse of the critical patient's clinical condition and knowledge of the results of exams or treatments. Thus, ineffective

communication can aggravate the negative emotions of the accompanying person/family and lead to dissatisfaction with the care provided (Hsiao et al., 2017).

The positively rated needs included the need for honest information, as well as the need to feel that there is hope and to be assured of the quality of the provided care. Thus, the anxiety of not knowing the condition of your accompanying relative/person can be reduced by ensuring good communication between the Nurse and the accompanying person/family (Botes & Langley, 2016). These authors emphasize that the honest transmission of information and the quality of the therapeutic relationship were considered to be necessary by the accompanying person/family, helping to deal with the prognosis.

This aspect was emphasized by Redley et al., (2003) when they state that the transmission of true information and the quality of the therapeutic relationship are regarded as a necessity by the accompanying person/family in order to help face the prognosis. Aspects such as hope, the assurance that the best care is provided, the feeling that hospital staff care about the sick relative, honest answers and specific facts about patient care were classified as very important.

In study IV, the accompanying person/family expresses the crucial need to talk to the Nurse, so that the information given is understandable, updated and regular, drastically reducing the anxiety felt by not

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knowing about their loved one (Botes & Langley, 2016). In order to meet the needs of the accompanying person/family with a seriously ill relative in the Emergency Department, health professionals must begin by focusing on the concerns of the accompanying person/family with the ill person (Redley et al., 2003) and taking into account the needs of the family (Botes & Langley, 2016).

In contrast, Study I showed that the accompanying persons/families who interacted with Nurses while waiting in the waiting room reported clearly higher levels of satisfaction than those who did not have this opportunity. Indeed, regular communication and transmission of information to the accompanying person/family reduce their anxiety levels, increasing the relative satisfaction as to care in the Emergency Department (Ekwall et al., 2009) although this transmission may not be enough to relieve from a stressful situation in the Emergency Department, as both the patients and the accompanying person/family may have difficulty in using the information suitably. These authors also mention the existence of situations in which the accompanying person/family maintained high levels of anxiety and stress despite having been

informed, as they received bad news, for example, a bad prognosis after a traumatic event Ekwall et al. (2009) state that more studies are needed to understand the need for information and its effects on the anxiety levels of patients and families. Knowing their concerns and expectations gives the Emergency Department team the opportunity to communicate in a more relevant way.

Hsiao et al. (2017) underline the importance of Emergency Department Nurses talking to and listening to the accompanying person/family, gaining understanding of their concerns, encouraging them to give vent to their emotions and determining whether relatives' needs are being met as quickly as possible in order to ensure that appropriate support measures are implemented promptly, reducing the stress levels of the accompanying person/family.

This study highlights that reducing anxiety levels in the accompanying person/family can benefit patients, as they need to have a well-informed and safe person at their side. Botes & Langley (2016) reiterate that the Nurse's role in communicating has been emphasized and needs to be carried out in practice.

All these data can be consulted in table 2.

Table 2

Description of studies according to the PICO strategy

Study	Objetives	Population	Intervention	Outcomes
Study I	Measure the anxiety levels of the patient's accompanying person/family in the Emergency department; Explore how anxiety influences the patient's accompanying person/family's satisfaction with care.	Accompanying person/family over 18 years of age who accompanied critically ill patients and was in the ED waiting room	Interaction of the nurse with the family while they are waiting in the waiting room, transmitting information related to waiting times and patient care	Well-informed and confident accompanying person/family Reduced anxiety levels increased family satisfaction
Study II	Describe the needs of the Taiwanese accompanying person/family accompanying the critically ill patient in the ED;	150 relatives of the critically ill patient in the Emergency Department and 150	The nurse communicates the results of exams and/or treatments to the accompanying	Frequent updating of the patient's clinical condition

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	Compare the needs of the accompanying person/family with the perceptions of the nurses caring for the patient.	nurses who provide care in the Emergency Department.	person/family The nurse communicates the clinical condition of the critically ill patient to the accompanying person/family	
Study III	Analyse the needs of the accompanying person/family of the critically ill patient in the Emergency Department	Accompanying person/family of the critically ill patient in 4 Emergency Departments (2 in Australia, 1 in South Africa and 1 in Taiwan).	Frequent updating of the patient's clinical situation, expected results and questions/requests asked by the accompanying person/family	Communication was referred to by the accompanying person/family of the 4 Emergency Departments as a necessity.
Study IV	Determine the needs of the accompanying person/family of the critically ill patient; Analyse whether the needs of the accompanying person/family were met.	Person/Relative over 18 years of age accompanying the critically ill patient in the Emergency Department in 2 different situations: 50 participants approached upon when entering the service and another 50 participants approached upon leaving the same service.	Transmission of information by the Emergency Department nurse in an understandable, updated and frequent way	Helps deal with prognosis Decreased anxiety felt by the accompanying person/family when they do not know about their loved one
Study V	Test the tool, methods and analysis plan of a study with the aim of examining the perceived needs of the person/family who accompanies the critically ill patient in the Emergency Department and their perceptions about the ability of the team from the same service to meet these needs	86 families accompanying a critically ill patient who were attended in the Emergency Department	The Emergency Department nurse informs the accompanying person/family about the patient's situation in an understandable, updated and frequent way	Reduced stress Helps deal with prognosis

DISCUSSION

Dissatisfaction with care is often caused by ineffective communication (Hsiao et al., 2017), so nurses must always keep in mind the information needs felt by the accompanying person/family (Borges, 2015).

The author mentioned above states that the factors that facilitate and hinder communication allow the Nursing professional to act as a facilitator in the transition process experienced by the accompanying person/family through effective and adequate

communication. However, as emphasized by Redley et al. (2003), it is essential that the Emergency Department Nurse is available for the communication/information process to take place.

Nurses are health professionals who create a unique relationship with the patient and family, are assiduous and have the skills to assess and intervene in the needs of both. It is therefore essential that they acquire efficient communication skills and improve their active listening ability (Sá et al., 2015) so that they understand the specific needs of families (Redley et al.,

2019).

Nursing care is optimized through improving the connection with the accompanying person/family and their participation, especially in an empathetic and mutual understanding way, so as to improve the information system, facilitating the bond between accompanying persons/families, professionals and patients (Sousa et al., 2011). This aspect was mentioned previously when Botes and Langley (2016) highlight that one of the Emergency Department Nurse's responsibilities is the importance of the needs of the accompanying person/family.

Relatives recognized information as one of the most important needs in all stages of illness. The information transmitted to the family enables them to participate in decisions and understand what is happening to their relative, and can be a support for the patient. Most of the time, it is nurses that the family turns to for comfort and information. By transmitting information, nurses promote the process of interaction between patients, relatives and professionals through knowledge sharing, where open and clear communication with patients/relatives is fundamental for a successful interaction (Phaneuf, 2005).

The Emergency Department is characterized by several authors as a stressful, hostile service, where unexpected, urgent and emergent situations arise, causing feelings of fear, insecurity, anxiety and stress (Chambel, 2012; Sousa et al., 2011). In the health team plan, accompanying persons/families can sometimes remain in the background, so Nurses that facilitate communication/information are quite welcome, since the accompanying person/family highlights communication/information as a priority need, which brings benefits for the accompanying person/family of the patient in a critical situation in the Emergency

Department, such as reduced anxiety and stress as well as acceptance of illness/health problema and increased patient and family safety).

As in all studies, the present review has limitations that must be considered when interpreting its results. It is important to highlight the existence of methodological weaknesses in some of the studies included, like the reduced size of the sample. Another limitation was that we could not find efficacy studies and studies from European countries including Portugal with the necessary quality to be included.

In addition to the characteristics of the included studies, another limitation of this systematic review was the small number of databases used. A more extensive search could have led to the discovery and inclusion of more studies and, consequently, to a more complete description of the current state of art on this topic.

CONCLUSION

This Systematic Literature Review was based on communication/information with the accompanying person/family of the patient in the Emergency Department, where we tried to understand the benefits of communication/information provided by the nurse in reducing anxiety and stress as well as acceptance of the illness/ health problem and increased patient and family safety.

The 5 studies that were included in this Review highlighted the importance for the accompanying person/family of the need to be informed about the clinical situation of the critically ill patient, reaffirming that this should be updated, understandable and periodic.

When accompanying persons/families are properly

informed about their patient's clinical situation, they become calmer, and Nurses are the health team professionals who provide them with support and facilitate information/communication. There are gestures that, despite their simplicity, make a difference, so it is important to value active listening, availability, empathy, monitoring and speed of assertive communication/information, as they make all the difference.

It is important to change the paradigm at an organizational level regarding the role of the accompanying person/family of the critically ill patient who is attended in the Emergency Department. Raising the professionals' awareness of the need for information/communication from the accompanying person/family is fundamental, and this study constitutes a starting point to reflect on the importance of the existence of the Nurse facilitator of communication/information in reducing adverse effects on the accompanying person/family owing to lack of information/communication about the condition of the loved one.

Investing in humanized Nursing practice is a priority and essential to provide the patient and accompanying person/family with the best quality of life possible, so communication/information is a vital factor in the Nurse – accompanying person/family - critical patient relationship.

This awareness of the importance of the accompanying person/family is one of the implications coming from the conclusions of this study. Furthermore, It should be highlighted that there is a need to develop studies carried out in Portugal on the effectiveness of communication/information provided by nurses to the accompanying person/family in improving the quality of the patient's well-being and safety.

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