COMMENTARY

Effective Communication Strategies for Enhancing Patient Care

Aayushi Sharma[1], Nandita Bhatnagar[2], Sonu Goel[3]

Received on: 08 February 2025; *Accepted on:* 30 April 2025; *Published on:* xxxx

Abstract

Communication in health care involves the exchange of information between healthcare providers and patients, which is crucial for delivering quality care. Effective communication is fundamental to ensuring patient safety, promoting treatment adherence, and achieving positive health outcomes. However, poor communication can result in misunderstandings, misdiagnoses, and patient dissatisfaction. Common barriers to effective communication include physical, psychological, and cultural factors, often exacerbated by time pressures, high stress, and inadequate training. The consequences of poor communication are far-reaching, contributing to medical errors, decreased patient satisfaction, and poorer health outcomes. Additionally, miscommunication can expose healthcare providers to legal risks. Communication models such as the seven Cs (clear, concise, concrete, correct, coherent, complete, and courteous) and SBAR (situation, background, assessment, recommendation) offer structured methods for conveying critical information effectively. This commentary presents a hypothetical case scenario involving a doctor and patient, illustrating how various communication models can be applied in different situations during patient care. The goal is to explore the complex nature of communication in health care and highlight strategies that enhance the delivery of patient care.

Keywords: Communication barriers, Communication in health care, Communication models, Effective communication strategies, Health care, Patient care.

Journal of Postgraduate Medicine, Education and Research (2025): 10.5005/jp-journals-10028-1746

Introduction

Communication, a fundamental aspect of human interaction, takes on a heightened significance in the healthcare setting, where it can profoundly impact patient outcomes, provider–patient relationships, and the overall quality of care. The word "communication" originates from the Latin term "communicare," which translates to sharing, imparting, or transmitting.[1] According to Oxford Dictionary, communication is "the activity or process of expressing ideas and feelings or of giving people information."[2] It serves as a vital instrument for tackling increasing and complex health challenges and plays a key role in transforming individuals' knowledge, attitudes, and behaviors while empowering them to make informed decisions that safeguard and enhance their health and well-being.

[1–3]Department of Community Medicine and School of Public Health, Postgraduate Institute of Medical Education and Research, Chandigarh, India

Corresponding Author: Sonu Goel, Department of Community Medicine and School of Public Health, Postgraduate Institute of Medical Education and Research, Chandigarh, India, Phone: +91 1722755215, e-mail: sonugoel007@yahoo.co.in

How to cite this article: Sharma A, Bhatnagar N, Goel S. Effective Communication Strategies for Enhancing Patient Care. J Postgrad Med Edu Res 2025;https://doi.org/10.5005/jp-journals-10028-1746.

Source of support: Nil

Conflict of interest: None

Types of Communication in Health Care

Communication in health care is essential for ensuring the effective exchange of information among healthcare providers and patients. It underpins the coordination of care, the sharing of patient information, and discussions about treatment options. Broadly, healthcare communication can be categorized into verbal, nonverbal, written, and technological forms, each playing a unique and vital role in patient care and team collaboration.

Doctor–patient communication is crucial for establishing interpersonal relationships, exchanging information, and making treatment decisions. This type of communication requires a balance of verbal and nonverbal elements, with doctors demonstrating both instrumental (cure-oriented) and affective (care-oriented) behaviors.[3] Verbal communication is the most direct form of interaction, occurring through spoken words during consultations, medical visits, and team handovers.[3,4] Meanwhile, nonverbal communication, such as body language, facial expressions, gestures, and eye contact, significantly contributes to building trust and rapport.[5] Active listening, empathy, and addressing patients' emotional and psychological needs are key components of effective communication.[6]

Written communication remains indispensable in healthcare settings, ensuring continuity of care through accurate documentation. Written communication, such as medical records, referral letters, and discharge summaries, is still common in healthcare settings, especially between specialized and primary care providers.[7] The rise of digital tools has transformed communication in health care. Electronic health records (EHRs), telemedicine, and patient portals have improved access to information and streamlined communication between patients and providers. While these tools enhance efficiency, healthcare professionals must use them proficiently to prevent errors, miscommunication, and data breaches.[4,8]

Recognizing the importance of communication, the Medical Council of India (MCI) has emphasized integrating communication

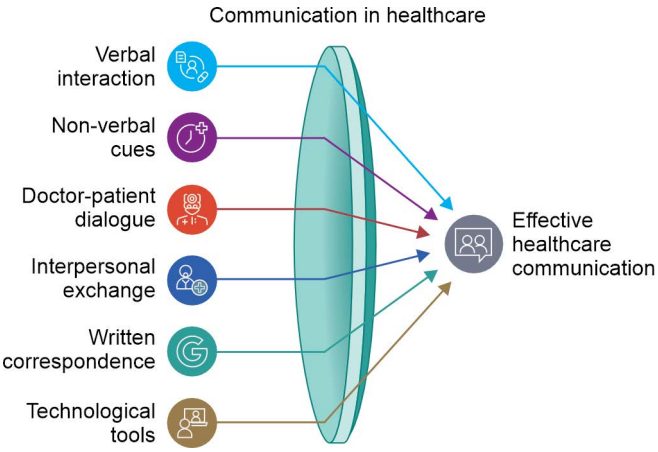

Fig. 1: Types of communication in health care

skills into medical education to improve doctor–patient relationships and health outcomes.[7] Building on this initiative, the National Medical Commission introduced the attitude, ethics, and communication (AETCOM) course in undergraduate medical curricula to strengthen communication competencies among future healthcare providers.[8] Different types of communication are depicted in the Figure 1.

Key Causes of Poor Communication in Health Care

Poor communication in health care arises from a range of interconnected factors that can be grouped into physician-related, patient-related, interpersonal, environmental, and structural categories. Physician-related factors include the use of medical jargon or overly technical language, which patients may not understand, as well as implicit biases—such as racial bias—that can influence how providers interact with patients, particularly in sensitive areas such as maternal health.[9] Patient-related factors involve language barriers and limited health literacy, both of which hinder the patient's ability to comprehend medical information and follow care instructions, increasing the risk of noncompliance and adverse outcomes. Interpersonal factors, such as communication gaps between healthcare professionals (e.g., between physicians and nurses or across institutions), often lead to misunderstandings and errors in care delivery.[9] These issues are compounded by immediate environmental factors, including noisy or hectic clinical settings and time pressures, which limit opportunities for clear, two-way communication.[8] Finally, structural factors, such as systemic racism and fragmented healthcare systems, create deeper barriers to effective communication and contribute to disparities in care quality, particularly in marginalized populations.[9] These categories highlight the complexity of communication failures in health care and underscore the need for multifaceted solutions.

Impact of Communication in Health Care

Poor communication in healthcare settings can have significant adverse impacts on patient outcomes and the overall quality of care. Tiwary et al. present two critical cases from Nepal in which the ineffective communication (clearly outlining when and how the therapy should be taken was missing) between healthcare professionals and patients led to life-threatening complications. In the first case, a 50-year-old woman with rheumatoid arthritis mistakenly took methotrexate daily for 11 days, leading to severe toxicity and necessitating intensive care. In the second case, a 40-year-old man with ileocecal tuberculosis (TB) failed to initiate antitubercular therapy due to miscommunication, resulting in disseminated TB after taking prednisolone alone. Both incidents highlight how lapses in communication can lead to life-threatening complications that are otherwise preventable with clear and effective patient–provider interactions.[10] Furthermore, a review done by Braaf et al. examined the communication failures in the perioperative pathway, which are often due to inadequate documentation, can result in inefficiencies, delays, and serious adverse events such as wrong-site surgery.[11] Patients with serious illnesses often experience inequities in communication, feeling unsure, afraid to ask questions, or talked down to, which highlights the importance of empathetic communication to improve their care experience.[12]

One of the primary benefits of effective communication is the enhancement of patient satisfaction.[13] When healthcare providers communicate clearly and empathetically, patients are more likely to understand their medical conditions and the recommended treatment plans. This understanding fosters trust and confidence in the healthcare provider, leading to higher levels of patient satisfaction.[14,15] A study review published in BMC Health Services Research found that quality communication improved patients' perceptions of healthcare quality, leading to better adherence to treatment plans and increased satisfaction.[16] Furthermore, research indicates that good communication skills among healthcare providers and with patients/caregivers are key factors in ensuring better patient outcomes and nurturing patient satisfaction.[5,16] By ensuring clear and accurate information exchange, healthcare providers can also minimize the risk of errors and enhance patient safety.[4,15] A prospective intervention study by Starmer et al. in United States demonstrated that healthcare providers who implement communication protocols experience a 23% reduction in medical errors and a 30% decrease in preventable adverse events.[17]

Furthermore, effective communication is essential for addressing the needs of vulnerable populations, such as those with language barriers or low health literacy. Tailoring communication strategies to meet the needs of diverse groups can improve their access to health care and ensure equitable delivery of services.[3,4] There are various strategies to overcome poor communication in health care cited in various literature, which are depicted in the case scenario and Figure 2.

Models of Communication Used in Health Care

Various models of communication have been developed to improve the way healthcare professionals interact with one another and with patients.

SBAR, which stands for situation, background, assessment, and recommendation, is a widely used communication model in health care that aims to streamline the transfer of information between healthcare professionals, especially in high-pressure situations or during patient handoffs. It ensures that crucial details are communicated concisely and effectively, reducing the risk of misunderstandings.[18] Uhm et al. conducted a quasi-experimental study to assess the impact of an SBAR communication program, based on experiential learning significantly improved nursing students' communication clarity, SBAR use, and handover

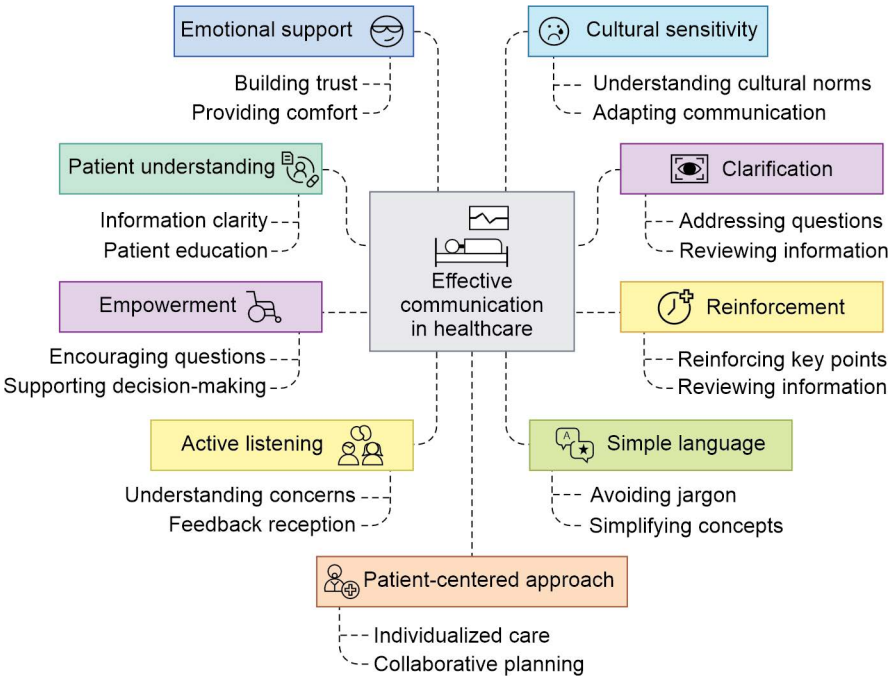

Fig. 2: Effective communication strategies in health care

confidence during pediatric practicums.[19] The PEARLS model, which stands for partnership, empathy, apology/acknowledgment, respect, legitimation, and support, is designed to foster emotional intelligence and trust in interactions between healthcare professionals and patients and is useful in situations requiring difficult conversations, chronic disease management, end-of-life care, emotional stress, and providing compassionate care.[20] A community-based intervention by Smith et al. on the PEARLS program significantly reduced depressive symptoms among older adults across four US states, with 35% achieving clinical remission and nearly 49% experiencing a ≥50% decrease in patient health questionnaire scores, demonstrating its efficacy in real-world settings.[21] The RESPECT model, which stands for rapport, empathy, support, partnership, explanations, cultural competence, and trust, is particularly useful in healthcare settings where cultural diversity plays a significant role. A groundbreaking study by Mostow et al. revealed that healthcare providers who completed RESPECT diversity training reported a 20% increase in their comfort level when working with diverse patient populations, and 93% of participants believed this would lead to improved patient care outcome.[22] The teach-back method is a communication strategy used in health care to ensure that patients understand the information provided to them by asking them to repeat it back in their own words. This method is particularly useful in improving patient comprehension, adherence to medical instructions, and overall health literacy. For instance, in a study involving patients with cardiovascular disease, the use of teach-back improved comprehension of medication information from 54 to 92% in the United States.[23]

In addition to these models, the seven Cs model of communication is also vital in health care. The seven Cs stand for clear, concise, concreteness, correctness, consideration, completeness, and courtesy. This model ensures that the message being communicated is accurate, easy to understand, and respectful. In health care, these principles are crucial to preventing errors and misunderstandings that can arise from miscommunication.[24] The study by Tsuma et al. highlight that incorporating the seven Cs significantly enhances health and behavior change communication. Using a mixed-methods approach in Kilifi County, Kenya, the study found that messages structured with strong coherence and concreteness were most impactful, particularly when combined with ethos-driven appeals to build trust.[25]

In the Indian healthcare context, the systematic implementation of structured communication models, including SBAR and patient-centered communication frameworks, is being advanced through targeted educational interventions and integration into clinical training protocols. These initiatives aim to standardize interprofessional communication, mitigate the risk of medical errors, and improve the overall quality and safety of patient care. Summarization of different models of communication is mentioned in Table 1.

Each of these models helps in enhancing healthcare communication. By adopting these models, healthcare teams can improve collaboration, reduce errors, and provide more compassionate, personalized care that ultimately leads to better health outcomes.

Case Scenario

Rekha, a 35-year-old factory laborer, had been suffering from a persistent cough, fatigue, and significant weight loss for over 3 months. Initially, she ignored her symptoms, attributing them to exhaustion from her demanding job. When her condition worsened, Rekha visited a hospital, where she was diagnosed with TB. Dr Meera, a kind and empathetic physician, guided Rekha through her journey to recovery, using effective communication at each stage.

Breaking the News with Empathy and Support (PEARLS Model)

When Dr Meera informed Rekha of her TB diagnosis, she noticed Rekha's visible distress. Rekha expressed fears about her ability to work, care for her family, and the stigma attached to TB. Dr Meera gently placed a reassuring hand on Rekha's shoulder and

Table 1: Different models of communication in health care

Model of communication	*Situation to use in*	*What this model suggests*	*Example*
SBAR (Situation, background, assessment, recommendation)	High-pressure situations such as in emergency department, patient handoffs, or when concise communication is needed	Ensures streamlined transfer of information by focusing on situation, background, assessment, and recommendation	A nurse notices a patient's heart rate is elevated, they would use the SBAR framework to provide the physician with a clear, structured report: starting with the immediate situation (the elevated heart rate), offering background information (the patient's recent surgery), giving an assessment (suspected hypovolemia), and providing a recommendation (request for further tests or treatment adjustments). By following this structure, SBAR enhances clarity and improves decision-making, especially in critical care scenarios
Teach-back method	Situations where patient understanding is crucial, such as explaining diagnosis, treatments, or discharge instructions	Ensures patients understand key information by having them explain it back in their own words, allowing the provider to clarify or reinforce as needed	A doctor explains the steps for managing diabetes to a patient and asks, "Can you explain back to me how you will check your blood sugar at home?" The patient replies, "I will use the glucose meter before meals and record the numbers." The doctor clarifies further if necessary to ensure the patient fully understands, improving adherence and reducing misunderstandings
PEARLS (partnership, empathy, apology/ acknowledgment, respect, legitimation, and support)	Situations involving sensitive discussions, emotional distress, or anxiety in patients	Encourages compassionate and patient-centered communication by building trust and understanding through empathy, respect, and validation of feelings	A doctor discussing a difficult diagnosis of cancer with patient. Partnership: "I want you to know we're in this together, and I'll be with you every step of the way as we make a plan for your care." Empathy: "I can only imagine how hard this news must be to hear. This is a lot to process." Apology: "I'm sorry you're going through this difficult time." Respect: "Your feelings are important to me, and I want to make sure we address all your concerns." Legitimization: "It's completely understandable to feel overwhelmed right now, and I want to give you the time and space you need to adjust." Support: "I am here to help you all the way."
RESPECT (rapport, empathy, support, partnership, explanations, cultural competence, and trust)	Interactions with culturally diverse patients	Encourages culturally sensitive and respectful communication by fostering trust, empathy, and understanding between the provider and the patient	A physician is treating a patient with a different cultural background who is hesitant about taking prescribed medication. The doctor builds rapport by asking about the patient's health beliefs, shows empathy by acknowledging their concerns, offers support by explaining how the medication aligns with their values, ensures partnership by involving the patient in decision-making, and builds trust through open and nonjudgmental dialogue
Seven Cs (clear, concise, concreteness, correctness, consideration, completeness, and courtesy)	Situations requiring effective, professional communication, such as patient education, interdisciplinary communication, or documentation	Focuses on delivering information that is clear, concise, concrete, correct, coherent, complete, and courteous to ensure understanding and professionalism	The nurse explains postoperative care instructions to the patient with clarity and conciseness. She states, "Take your pain medication every 6 hours, as prescribed." To ensure the patient understands, she adds, "You should take it with food to prevent nausea," offering a practical tip: "Make sure to take the medication with a small meal or snack." She uses accurate medical terminology, mentioning, "The medication is an opioid, so be aware of possible side effects such as drowsiness or constipation." The nurse then provides a clear, logical sequence of instructions: "In addition to the medication, you'll need to keep the surgical area clean. Change the dressing daily and apply the prescribed ointment." She covers all the necessary steps, including "Please also attend your follow-up appointment in 7 days for a check-up and removal of stitches." This approach is clear, concise, concrete, correct, coherent, complete, and courteous, making sure the patient receives all the essential information in a respectful and easy-to-follow manner

maintained soft eye contact, conveying empathy and support, and Dr Meera said, "Rekha, I understand this is a difficult time for you. It's natural to feel scared or unsure, but I want to assure you that TB is treatable, and with the right care, you can recover fully." Dr Meera also ensured that "We will work together to manage this and I'm here to guide you at every step."

This scenario highlights the vital role of compassionate and empathetic communication in health care, especially when delivering difficult news. By applying the PEARLS model, Dr Meera effectively addressed Rekha's emotional distress and fears about her diagnosis. Through legitimization, Dr Meera acknowledged Rekha's concerns as valid, demonstrating respect and understanding while creating a safe space for her to share her feelings without judgment. Using partnership, empathy, acknowledgment, respect, and support, Dr Meera reassured Rekha, building trust and fostering collaboration. This empathetic approach not only eased Rekha's anxiety but also empowered her to take an active role in her recovery. It exemplifies how compassionate dialogue can significantly improve patient adherence and outcomes, even in challenging medical situations.

Explaining the Treatment Plan Clearly (Seven Cs Model)

Once Rekha stabilized emotionally and was ready to discuss her treatment, Dr Meera applied the seven Cs of communication to ensure the information was conveyed clearly and effectively. She began with clarity, explaining, "Rekha, your treatment involves taking medication every day for at least 6 months. It is crucial to take these pills on time, even if you start feeling better, as missing doses can make the disease harder to treat." Dr Meera maintained conciseness by avoiding unnecessary details and kept the conversation concrete by focusing on specific actions Rekha needed to take, such as scheduling a daily reminder to take her medication and avoiding alcohol, tobacco, and processed food, which could interfere with the treatment. She also handed Rekha a printed leaflet outlining the treatment schedule, dietary recommendations, and contact information in case of side effects or doubts. To ensure completeness, she highlighted additional factors for recovery, saying, "Maintaining a balanced diet is essential for a speedy recovery from TB." Her tone was courteous and considerate, addressing Rekha's concerns with empathy while providing correct information to build trust and ensure understanding.

This phase of case shows that how Dr Meera kept her approach. This empowered Rekha with knowledge and confidence to manage her condition effectively. This situation highlights how the seven Cs of communication can effectively address patient concerns and improve understanding. By being clear, concise, and concrete, Dr Meera ensured Rekha understood how to protect her health with proper treatment. Courtesy and correctness built trust and reassurance, while a coherent and complete message provided Rekha with actionable steps and continuous support. This structured communication reduced Rekha's anxiety and empowered her to take control of her health moving forward.

Addressing Nonadherence: The Teach-Back Method

Two months into treatment, Dr Meera discovered that Rekha had missed several doses of her TB medication. Rekha admitted she did not fully understand how the medication worked, and she often forgets to take her medication as she has to look after her family and kids. As she spoke, Rekha avoided eye contact and tugged on the edge of her dupatta, reflecting her guilt and hesitation. Dr Meera leaned in slightly and nodded empathetically, signaling that she was listening without judgment. Unaware of the dangers of skipping treatment, Rekha risked worsening her condition. To address this, Dr Meera explained, "Rekha, TB treatment takes several months because we need to kill all the bacteria, and missing doses can make the bacteria stronger and harder to treat." She then used the teach-back method by asking, "Can you tell me how you'll take your medication and why it's important?" When Rekha struggled to respond, Dr Meera patiently reclarified the information, reinforcing the need to complete the full course of treatment.

This situation of the case highlights the importance of the teach-back method in ensuring patient understanding and treatment adherence. By asking Rekha to explain how she would take her medication and why it was important, Dr Meera was able to identify gaps in Rekha's understanding. When Rekha struggled to respond, Dr Meera patiently clarified the information, reinforcing the critical need to complete the treatment. The teach-back method allowed Dr Meera to confirm Rekha's comprehension and correct misconceptions, empowering her to follow the treatment plan properly. This approach is essential in preventing treatment interruptions and improving health outcomes.

Responding to a High-Pressure Situation (SBAR Model)

After a few months, Rekha was not able to maintain her routine of taking her medications. She was not also taking proper meal as her cultural belief that women should not eat before their husbands led her to avoid breakfast. Additionally, her husband was indifferent to her condition, and Rekha struggled to care for herself. One day, while on her way to the factory, she fainted on the street and was rushed to the hospital. Her husband was also called. Dr Meera, faced with this high-pressure situation, and after stabilizing Rekha with immediate IV fluids, nutritional supplements. Dr Meera, understanding the root cause of Rekha's worsening condition, decided to counsel Rekha and her husband to address the cultural beliefs and lack of support contributing to her health challenges. She used the SBAR model to structure her conversation effectively. Dr Meera: "Rekha's health has significantly worsened because she has not been following her treatment plan properly. If this continues, it could lead to serious complications that may be life-threatening." She further added, "Rekha was diagnosed with TB 3–4 months ago and started treatment. However, skipping medications and meals, especially breakfast, due to her beliefs, has caused her condition to deteriorate. Additionally, the lack of support at home has made it difficult for her to prioritize her health. TB is a treatable disease, but consistent medication and proper nutrition are crucial for recovery." Dr Meera recommended Rekha and her husband to take medications regularly and eat nutritious meals to recover fully. Dr Meera: "It's also important for you, as her husband, to support her during this time—your encouragement can make a big difference. If you have any questions or concerns about the treatment, I am here to help."

This situation demonstrates the effectiveness of the SBAR model in facilitating clear and structured communication. By clearly stating the situation and providing relevant background, Dr Meera helped Rekha and her husband understand the reduced risk of TB transmission. Her assessment identified the need for education, and her recommendation offered practical steps to balance safety and emotional support. Applying the SBAR model ensured that they received accurate information, easing their fears and encouraging a more supportive environment for Rekha's recovery.

Organizing an Educational Workshop on TB (RESPECT Model)

Moved by Rekha's experience, Dr Meera decided to organize an educational workshop to address the challenges faced by individuals from diverse cultural backgrounds in managing TB. Guided by the RESPECT model, she focused on building a connection with the community by acknowledging their unique cultural beliefs and creating a safe, nonjudgmental environment for discussions. She shared Rekha's story with sensitivity, emphasizing the emotional and physical struggles of TB patients to foster understanding and compassion.

The workshop provided practical guidance on completing TB treatment and maintaining proper nutrition, along with information on accessing free resources and community support networks. Dr Meera collaborated with community leaders, healthcare workers, and recovered patients to address misconceptions and promote healthier practices. She used simple, culturally appropriate language to explain TB's causes, symptoms, and treatment, ensuring the information was accessible to everyone, regardless of educational background.

Throughout the session, Dr Meera respectfully addressed cultural myths that hinder recovery, offering solutions that aligned with both cultural values and medical advice. By fostering trust, she created an environment where attendees felt comfortable sharing their concerns and asking questions. Rekha, now on her path to recovery, attended the workshop and courageously shared her journey. Her story inspired others to prioritize their health and highlighted the importance of family and community support in overcoming TB.

Outcome

Dr Meera's use of effective communication transformed Rekha's journey, helping her overcome cultural barriers and adhere to her TB treatment. By employing structured and empathetic communication models, Dr Meera not only guided Rekha toward recovery but also fostered understanding and collaboration within her family. The educational workshop further amplified the impact, encouraging the community to embrace open dialogue, dispel myths, and provide support for TB patients, showcasing the profound role of clear and compassionate communication in improving health outcomes. The effective communication strategies are shown in Figure 2.

Conclusion

The evolution of healthcare communication, particularly with the integration of technology-aided tools, has expanded the possibilities for provider-patient interaction while presenting new challenges that must be carefully managed. The shift from traditional paternalistic approaches to more collaborative, patient-centered models highlights the importance of adapting communication strategies to meet changing healthcare paradigms and patient expectations.

The evidence presented throughout this paper underscores that effective communication is not merely about information exchange but encompasses building relationships, fostering trust, and creating an environment where patients feel heard and respected. The implementation of structured communication models, such as SBAR, PEARLS, RESPECT, teach back, and the seven Cs, provides healthcare professionals with practical frameworks to enhance their communication skills and deliver more effective care.

Looking ahead, the continued emphasis on communication skills in healthcare education and practice will be crucial for maintaining high standards of patient care. As health care becomes increasingly complex and diverse, the ability to communicate effectively across cultural, linguistic, and technological barriers will become even more essential. The success of healthcare interventions often depends as much on how information is conveyed as on the technical aspects of treatment. By understanding and implementing appropriate communication models, healthcare providers can significantly improve patient outcomes, enhance satisfaction, and ultimately contribute to a more effective and humane healthcare system.

Orcid

Aayushi Sharma https://orcid.org/0009-0008-4141-9170
Nandita Bhatnagar https://orcid.org/0009-0006-2715-9013
Sonu Goel https://orcid.org/0000-0001-5231-7083

References

1. Weekley E. An Etymological Dictionary of Modern English. New York: Dover Publications; 1967. p. 452.
2. Communication noun - Definition, pictures, pronunciation and usage notes | Oxford Advanced American Dictionary at OxfordLearnersDictionaries.com [Internet]. [cited 2024 Dec 30]. Available from: https://www.oxfordlearnersdictionaries.com/definition/american_english/communication
3. Ong LML, de Haes JCJM, Hoos AM, et al. Doctor-patient communication: a review of the literature. Soc Sci Med 1995;40(7):903–918. DOI: 10.1016/0277-9536(94)00155-m
4. Ratna H. The importance of effective communication in healthcare practice. Harv Public Health Rev 2019;23. DOI: 10.54111/0001/W4
5. Dimatteo M, Hays R, Prince L. Relationship of physicians' nonverbal communication skill to patient satisfaction, appointment noncompliance, and physician workload. Health Psychol 1986;5(6):581–594. DOI: 10.1037//0278-6133.5.6.581
6. Pirnejad H, Niazkhani Z, Berg M, et al. Intra-organizational communication in healthcare—considerations for standardization and ICT application. Methods Inf Med 2008;47(4):336–345. PMID: 18690367.
7. Vermeir P, Vandijck D, Degroote S, et al. Communication in healthcare: a narrative review of the literature and practical recommendations. Int J Clin Pract 2015;69(11):1257–1267. DOI: 10.1111/ijcp.12686
8. Shitu Z, Hassan I, Aung MMT, et al. Avoiding medication errors through effective communication in healthcare environment. Mov Health Exerc 2018;7(1):113–126. DOI: 10.15282/mohe.v6i2.157
9. Taran S. An examination of the factors contributing to poor communication outside the physician-patient sphere. McGill J Med 2011;13(1):86. PMID: 22363186.
10. Tiwary A, Rimal A, Paudyal B, et al. Poor communication by health care professionals may lead to life-threatening complications: examples from two case reports. Wellcome Open Res 2019;4:7. DOI: 10.12688/wellcomeopenres.15042.1
11. Braaf S, Manias E, Riley R. The role of documents and documentation in communication failure across the perioperative pathway. A literature review. Int J Nurs Stud 2011;48(8):1024–1038. DOI: 10.1016/j.ijnurstu.2011.05.009
12. Davila C, Chan SH, Nouri S, et al. People with serious illness experience healthcare inequities in patient-clinician communication. J Pain Symptom Manage 2024;67(5):e530. DOI: 10.1016/j.jpainsymman.2024.02.303
13. Lang EV. A better patient experience through better communication. J Radiol Nurs 2012;31(4):114–119. DOI: 10.1016/j.jradnu.2012.08.001
14. Teutsch C. Patient–doctor communication. Med Clin North Am 2003;87(5):1115–1145. DOI: 10.1016/s0025-7125(03)00066-x

15. Gangopadhyay S. A review-based study on the importance of doctor-patient communication in healthcare. J Med Dent Sci Res 2024;11(9):87–90. DOI: 10.35629/076X-11098790
16. Sharkiya SH. Quality communication can improve patient-centred health outcomes among older patients: a rapid review. BMC Health Serv Res 2023;23(1):886. DOI: 10.1186/s12913-023-09869-8
17. Starmer AJ, Spector N, Srivastava R, et al. Changes in medical errors after implementation of a handoff program. N Engl J Med 2014;371(19):1803–1812. DOI: 10.1056/NEJMsa1405556
18. Boaro N, Fancott C, Baker R, et al. Using SBAR to improve communication in interprofessional rehabilitation teams. J Interprof Care 2009;24(1):111–114. DOI: 10.3109/13561820902881601
19. Uhm JY, Ko Y, Kim S. Implementation of an SBAR communication program based on experiential learning theory in a pediatric nursing practicum: a quasi-experimental study. Nurse Educ Today 2019;80:78–84. DOI: 10.1016/j.nedt.2019.05.034
20. Cheng A, Eppich W. Promoting excellence and reflective learning in simulation (PEARLS): development and rationale for a blended approach to health care simulation debriefing. Simul Healthc 2015;10(2):106–115. DOI: 10.1097/SIH.0000000000000072
21. Smith ML, Steinman LE, Montoya CN, et al. Effectiveness of the program to encourage active, rewarding lives (PEARLS) to reduce depression: a multistate evaluation. Front Public Health 2023;11:1169257. DOI: 10.3389/fpubh.2023.1169257
22. Mostow C, Crosson J, Gordon S, et al. Treating and precepting with RESPECT: a relational model addressing race, ethnicity, and culture in medical training. J Gen Intern Med 2010;25(2):S146–S154. DOI: 10.1007/s11606-010-1274-4
23. Padda I, Mahtani A, Kavarthapu A, et al. Abstract 3101: precision medication communication through teach-back method among patients with cardiovascular disease admitted to the telemetry unit. Arterioscler Thromb Vasc Biol 2024;44(Suppl_1):A3101. DOI: 10.1161/atvb.44.suppl_1.3101
24. Blackstone SW, Pressman H. Patient communication in health care settings: new opportunities for augmentative and alternative communication. Augment Altern Commun 2016;32(1):69–79. DOI: 10.3109/07434618.2015.1125947
25. Tsuma F, Mberia H, Muchunku I. To say or not to say: the influence of interpersonal communication message structure on child nutrition promotion. Int J Commun Public Relat 2024;9(2):61–70. DOI: 10.47604/ijcpr.2394