Clinical communication skills in health care for the elderly: a scoping review protocol

Habilidades de comunicação clínica na atenção à saúde do idoso: protocolo de revisão de escopo

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ABSTRACT

Objective: to map the available evidence on clinical communication of Primary Health Care (PHC) professionals caring for older adults. Method: a scoping review protocol (Open Science Framework registry: https://osf.io/n95wy) was developed according to the Joanna Briggs Institute's methodology and the PRISMA-ScR checklist, guided by the following question defined according to the PCC acronym: How do PHC professionals (population) conduct clinical communication (concept) when caring for older adults (context)? The literature search will be carried out in six databases and the gray literature. Two reviewers will select studies with the aid of Rayyan's Blind ON feature. Disagreements will be resolved by a third reviewer. Data will be extracted using a specific form and organized in Excel, and the conclusions of the studies will be analyzed using IraMuTeQ. The results will be presented in a tabular and narrative way to reach the review's objective and research question.
Descriptors: Health Communication; Aged; Primary Health Care.

RESUMO

Objetivo: mapear as evidências disponíveis sobre a comunicação clínica realizada por profissionais da Atenção Primária à Saúde (APS) na atenção ao idoso. Método: protocolo de revisão de escopo (registro Open Science Framework: https://osf.io/n95wy), conduzido pela metodologia do Joanna Briggs Institute e checklist PRISMA-ScR, orientado pela questão de revisão elaborada conforme o acrônimo PCC: Como ocorre a comunicação clínica (conceito) realizada pelos profissionais da APS (população) na atenção à saúde do idoso (contexto)? A busca dos textos será efetuada em seis bases de dados e na literatura cinzenta. Dois revisores efetuarão a seleção dos estudos, com auxílio da ferramenta blind on do software Rayyan. Divergências serão dirimidas por um terceiro revisor. Os dados serão extraídos conforme formulário específico e organizados no software Excel, e as conclusões dos estudos serão analisadas com auxílio do software IraMuTeQ. Os resultados serão apresentados de modo tabular e narrativo, visando alcançar objetivo e questão de revisão.
Descritores: Comunicação em Saúde; Idoso; Atenção Primária à Saúde.

INTRODUCTION

Communication, an expression of the ability to connect people[1], requires complex objective and subjective interactions to be effective and avoid the simple propagation of information. It is a natural process among human beings to exercise social characteristics, in which some will always need others[2]. When communication occurs between a health professional and a patient, family member, or caregiver, in a healthcare environment, this is called Clinical Communication (CC)[3]. In this sense, preparation is needed so that the encounters that take place in the different healthcare scenarios can expand the establishment of therapeutic relationships.

The construction of these relationships is crucial for an effective therapeutic approach based on the identified needs. This process starts with the professional's self-knowledge and lasts with the establishment of connections and maintenance of a communicative process that promotes an empathic and inclusive relationship[2]. However, the teaching about CC in health training

has several limitations that value the construction of skills to collect information but restrict the procedural skills of the act of communicating[4], with repercussions on future professional performance.

Research conducted with patients and community doctors[5] identified that communication, when carried out in a non-welcoming way, disregarding the singularities of the patients, constitutes an obstacle to interaction, construction, and strengthening of the bond between professionals and patients, impairing the quality of health care. Similarly, another study with health professionals and people with chronic kidney disease on their perceptions about communication[6] concluded that there is a hierarchy in the communicational relationship, with internal and external influences on the actors involved, and highlighted the need for professional improvement regarding communication skills to deal with feelings and attitudes within this process.

Clinical Communication Skills (CCS) are crucial for professional practice, as they are essential for building high-quality healthcare[7]. The National Curriculum Guidelines (NCG) of health training programs establish interpersonal communication as a key element of professional training and continuing qualification programs for safe and quality healthcare[8].

Scientific evidence proves how the improvement in the quality of communication between health professionals and patients has a positive impact on people's health, especially older adults, as it contributes to greater adherence to treatment, patient and professional satisfaction, faster recovery from health problems, cost savings, lower malpractice complaints, and improved patient safety[9], especially when it involves counseling at the end of consultations[10].

In Brazil, the structural and organizational inequalities in the various regions of the country promote a mismatch concerning the necessary and timely development of healthy aging. The latter encompasses the objective of improving the intrinsic and functional capacity of older adults in the Primary Health Care (PHC) context with an integrated and person-centered approach[11,12].

The restructuring and adequacy of the Health Care Network (HCR) and the coordination of PHC, aiming at a balance between intersectoral and interprofessional actions, are necessary for the construction of comprehensive healthcare aimed at the prevention, promotion, treatment, rehabilitation, and end of life care[13].

PHC is a privileged scenario for developing comprehensive care for the aged population. Therefore, developing and improving Clinical Communication skills based on affective and instrumental bases is essential, making it more dialogic and collaborative and enabling a greater quality of healthcare for this public.

Given the considerations above, the following question arose: How do primary health care professionals conduct clinical communication when caring for older adults?

The scoping review, guided by this protocol, will map the available evidence on clinical communication of Primary Health Care (PHC) professionals caring for older adults.

METHOD

The literature review proposed by this protocol will be conducted based on the nine-step methodological framework of the Joanna Briggs Institute (JBI) for scoping reviews[14] and the PRISMA-ScR checklist[15], as it is understood that these instruments provide more clarity, rigor, and reliability in the scoping review process[16].

The protocol has been registered in the Open Science Framework (OSF registries -https://osf.io/n95wy) and is reported according to the items of the available template for scoping review protocols[17].

Review question

A strategy was adopted to elaborate the review question comprising the population, concept, and context of the object to be researched, known as the PCC acronym: Population (Primary Health Care Professionals), Concept (Clinical Communication), and Context (health care for older adults). Therefore, the following review question was elaborated: How do primary health care professionals conduct clinical communication when caring for older adults?

Eligibility criteria

The studies included in this review will be considered eligible according to inclusion criteria aligned with the PCC strategy outlined in the review question (Figure 1). Thus, the study intends to increase methodological rigor and reduce the possibility of bias.

Search strategy

The following databases will be searched to identify published studies on the subject of the review: LILACS, Public Medline via PubMed,

Embase, Web of Science, Scopus, and CINAHL. The gray literature databases will be searched for studies, including Google Scholar and the Brazilian Digital Library of Theses and Dissertations (BDTD).

Access to data sources will occur as follows: LILACS will be accessed through the Virtual Health Library (VHL); the others will be accessed through the CAPES Portal of Journal. Furthermore, the gray literature will be accessed using the institutional website of each university selected.

A preliminary search was conducted in the Embase and PubMed databases to build the search strategy. Medline's Medical Subject Headings (MESH), Health Sciences Descriptors (DeCS in Portuguese), and Emtree thesaurus were considered.

After reading the titles and abstracts of the texts found in the preliminary research, in addition to other keywords or synonymous terms identified and used to expand the search results and obtain a more sensitive strategy for the second phase of data selection, the terms related to the PCC acronym were adapted for each database considering different combinations through the Boolean operators AND and OR, leading to the final strategies (Figure 2).

Selection of studies from the sources of evidence

The selection of studies on the subject of interest will be initially carried out with the Rayyan QCRI reference management software[19]. Upon exporting the files containing the literature found in each source, two reviewers, independently, will exclude the duplicates and read the abstracts of the remaining documents, assigning the concepts of acceptance or rejection to each one according to the defined inclusion and exclusion criteria, ensuring that the process is carried out blindly, through the blinding feature available in the system. Any disagreements that arise between reviewers will be resolved by a third reviewer.

After this step, the resulting texts will be fully read and analyzed according to the inclusion and exclusion criteria. The texts considered relevant at this stage will be chosen for data extraction. The results of this study's selection flow will be depicted in a diagram, exposing the identification, screening, eligibility, and inclusion process.

Data extraction

To extract the data relevant to this review, the list of references originated in Rayyan will be exported to a Microsoft Excel spreadsheet and filled in by the three reviewers independently, following the specific form elaborated for this step to meet the review's objectives and review question (Figure 3).

The data extraction form may be revised and modified if there is a need to include other information not contained in the initial form. Changes, if any, will be detailed later in the scoping review.

POPULATION
Inclusion: studies involving health professionals with medical, nursing or dentistry training, working in PHC.
Exclusion: studies with the participation of undergraduate students or residents of programs in the health area.
CONCEPT
Inclusion: studies addressing aspects related to CC, according to the following concept: set of interactions (face-to-face or other means) that the health professional maintains during professional practice, when interacting with the patient or other persons (22).
Exclusion: studies addressing non-interactive approaches to the aged.
CONTEXT
Inclusion: studies involving clinical communication performed by PHC professionals in the context of older adult care.
Exclusion: studies addressing clinical communication not directly related to the health of the aged.
TYPES OF SOURCES OF EVIDENCE
Inclusion: studies with any design, available in full format, including articles, dissertations, or theses. There will be no language, time, or country restriction.
Exclusion: methodological studies for the translation, adaptation or validation of CC measurement instruments, theoretical, and editorial essays.

Figure 1 - Eligibility criteria for the studies, according to the PCC strategy. Barbalha, CE, Brazil, 2022
Source: Prepared by the authors, 2022.

INFORMATION SOURCES AND SEARCH KEYS
Embase
('health care personnel')/br OR (('primary health care'):ab,ti) AND (('communication'):ab,ti) AND (('elderly care'):ab,ti)
Web of Science, Scopus, and Capes Portal
(((((((((((((Health Personnel[Title/Abstract]) OR (Health Care Professionals[Title/Abstract])) OR (Health Care Providers[Title/Abstract])) OR (Healthcare Providers[Title/Abstract])) OR (Healthcare Workers[Title/Abstract])) AND (Primary Health Care[Title/Abstract])) OR (Primary Care[Title/Abstract])) OR (Primary Healthcare[Title/Abstract])) AND (Health Communication[Title/Abstract])) OR (Communication[Title/Abstract])) AND (Health of the Elderly[Title/Abstract])
Google Scholar
"Health Personnel" OR "Health Care Professionals" OR "Healthcare Workers" AND "Primary Health Care" OR "Primary Care" OR "Primary Healthcare" AND "Health Communication" OR "Communication" AND "Health of the Elderly"
BDTD
(Todos os campos: profissionais de saúde OR estratégia saúde da família OR atenção primária a saúde E Todos os campos: comunicação em saúde OR habilidades de comunicação clínica OR comunicação clínica E Todos os campos: saúde do idoso OR atenção ao idoso)

Figure 2 - Search strategies elaborated for the scoping review. Barbalha, CE, Brazil, 2022
Source: Prepared by the authors, 2022.

ITEMS FOR EXTRACTION IN STUDIES
Study identification
Author, title, year, country where the study was conducted, study type, objective, and design.
Participants
Number of participants, professional training, and study location.
Results
Communication strategies used by professionals, difficulties in communicating with older adults, and conclusions.

Figure 3 - Information that will be extracted from the studies. Barbalha, CE, Brazil, 2022
Source: Prepared by the authors, 2022.

Data analysis and presentation

The results will be presented in tables and charts, and the discussion will be supported by the reviewed literature and the theoretical-methodological framework adopted in the study.

Additionally, the conclusions of the studies will be transcribed in the LibreOffice software. After organization and adjustments regarding the spelling and special characters, the textual corpus will be analyzed with the help of the IRaMuTeQ software, version 0.7 alpha 2. This software allows multidimensional analyses, especially when the material is centered on a given theme, making it possible to elucidate its structure according to its vocabulary[20].

Of the features that the software offers, the analysis of similitude will be used. This feature allows disposing of textual results based on the co-occurrence between the words of the corpus and the degree of connection between them, elucidating semantic paths within a representative structure of the analyzed material, enabling a global understanding of the phenomenon. Therefore, we intend to combine the findings displayed in the tables or charts with the contents evidenced in our research and, thus, reach the review's objective and elucidate the proposed review question.

It is expected that the data from the scoping review guided by this protocol will reveal the characteristics of clinical communication carried out by PHC professionals caring for aged persons, helping to identify the need to deepen future research that analyzes interventions to improve CCS in the daily lives of professionals working in primary health care settings.

CONFLICT OF INTERESTS
The authors have declared that there is no conflict of interests.

REFERENCES

1. Nunes AM. A importância da comunicação com profissionais de saúde: o olhar dos usuários na atenção primária à saúde no interior de Portugal. Saude em Redes. 2019;5(2):113-121. https://doi.org/10.18310/2446--4813.2019v5n2p113-121

2. Dohms JLM, Gusso G. Comunicação clínica: aperfeiçoando os encontros em saúde. 1. ed. Porto Alegre: Artmed; 2020. 348 p.

3. Araújo DCSA, Menezes PWS, Cavaco AMN, Mesquita AR, Lyra Júnior DP. Instrumentos para avaliação de habilidades de comunicação no cuidado em saúde no Brasil: uma revisão de escopo. Interface (Botucatu). 2020;24:e200030. https://doi.org/10.1590/Interface.200030

4. Campos CFC, Fígaro RA. A relação médico--paciente vista sob o olhar da comunicação e trabalho. Rev Bras Med Fam Comunidade. 2021;16(43):2352-2352. https://doi.org/10.5712/rbmfc16(43)2352

5. Dantas GC, Figueiredo WS, Couto MT. Desafios na comunicação entre homens e seus médicos de família. Interface (Botucatu). 2021;25:e200663. https://doi.org/10.1590/interface.200663

6. Matsuoka ETM, Rodrigues MLFM, Silva JMM, Galindo WCM, Galvão JO. A Comunicação Profissional de Saúde-Usuário(a) na Doença Renal Crônica. Rev Subjet. 2019;19(1):e7593. https://doi.org/10.5020/23590777.rs.v19i1.e7593

7. Silva WOC, Carvalho MP, Fassa MEG, Facchini LA, Fassa AG. Habilidades de comunicação clínica dos preceptores de medicina de família e comunidade em Florianópolis, Santa Catarina, Brasil. Rev Bras Med Fam Comunidade. 2020;15(42):2673-2673. https://doi.org/10.5712/rbmfc15(42)2673

8. Conselho Nacional de Saúde (BR). Resolução nº 569, de 8 de dezembro de 2017. Dispõe sobre os princípios gerais para as Diretrizes Curriculares Nacionais dos Cursos de Graduação da Área da Saúde [Internet]. Brasília: Ministério da Saúde; 2017 [cited 2022 May 22]. Available from: https://conselho.saude.gov.br/resolucoes/2017/Reso569.pdf

9. Mata ANS, Azevedo KPM, Braga LP, Medeiros GCBS, Segundo VHO, Bezerra INM, et al. Training programs in communication skills to improve self- efficacy for health personnel: Protocol for a systematic review and meta-analysis. Medicine (Baltimore). 2019;98(33):e16697. http://doi.org/10.1097/MD.0000000000016697

10. Rocha SR, Romão GS, Setúbal MSV, Collares CF, Amaral E. Avaliação de habilidades de comunicação em ambiente simulado na formação médica: conceitos, desafios e possibilidades. Rev Bras Educ Med. 2019;43(supl 1):236-245. https://doi.org/10.1590/1981--5271v43suplemento1-20190154

11. Ministério da Saúde (BR). Orientações técnicas para a implementação de Linha de Cuidado para Atenção Integral à Saúde da Pessoa Idosa no Sistema Único de Saúde – SUS [Internet]. Brasília (DF): Ministério da Saúde; 2018 [cited 2022 May 12]. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/linha_cuidado_atencao_pessoa_idosa.pdf

12. Organização Pan-Americana da Saúde (OPAS). Atenção Integrada para a Pessoa Idosa (ICOPE): Orientações sobre a avaliação centrada na pessoa e roteiros para a atenção primária [Internet]. Washington: OPAS; 2020 [cited 2022 May 02]. Available from: https://iris.paho.org/bitstream/handle/10665.2/51974/OPASFPLHL200004A_por.pdf?sequence=1&isAllowed=y

13. Veras RP, Oliveira M. Envelhecer no Brasil: a construção de um modelo de cuidado. Ciênc Saúde Colet. 2018;23(6):1929-1936. https://doi.org/10.1590/1413-81232018236.04722018

14. Aromataris E, Munn Z, editors. JBI manual for evidence synthesis [Internet]. Adelaide: JBI; 2020 [cited 2022 May 08]. Available from: https://jbi-global-wiki.refined.site/space/MANUAL. https://doi.org/10.46658/JBIMES-20-01

15. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. Ann Intern Med. 2018;169(7):467-473. https://doi.org/10.7326/M18-0850

16. Munn Z, Aromataris E, Tufanaru C, Stern C, Pirritt K, Farrow J, et al. The development of software to support multiple systematic review types. Int J Evid Based Healthc.

2019;17(1):36-43. http://doi.org/10.1097/XEB.0000000000000152

17. Joanna Briggs Institute. Template for scoping reviews protocols [Internet]. Adelaide: JBI; 2020 [cited 2022 Jun 08]. Available from: https://jbi.global/scoping-review-network/resources

18. Lioid M, Bor R, Noble L. Habilidades de Comunicação Clínica para medicina. 4. ed. Rio de Janeiro: Guanabara Koogan; 2021. 184 p.

19. Rayyan. How to do a Systematic Review – Rayyan Systematic Review Tutorial [Internet]. Cambridge: Rayyan Systems Inc; 2022 [cited 2022 Jun 28]. Video: 14 min. Available from: https://youtu.be/1YWABilWWIg

20. Camargo BV, Justo AM. Tutorial para uso do software IRaMuTeQ [Internet]. Florianópolis: Universidade Federal de Santa Catarina; 2021 [cited 2022 Jun 29]. Available from: http://iramuteq.org/documentation/fichiers/Tutorial%20IRaMuTeQ%20em%20portugues_22.11.2021.pdf

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