The Impact of Communication on Patient Satisfaction: A PRISMA-Guided Systematic Review

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Abstract

This study aims to assess how healthcare communication contributes to patient satisfaction by conducting a systematic review following the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. The review focused on literature published between 2010 and 2025, retrieved from databases such as PubMed, Scopus, CINAHL, and PsycINFO. Studies selected for inclusion were peer-reviewed and examined the effects of communication strategies on patient satisfaction within healthcare settings. A total of 14 studies were reviewed, highlighting a variety of communication approaches, including patient-centered communication (PCC) training, interdisciplinary bedside rounds, and standardized models such as SBAR. The evidence indicates that effective communication not only enhances patient satisfaction but also fosters trust in healthcare providers and supports better health outcomes. Several studies further underscore the importance of language proficiency and cultural sensitivity in provider-patient interactions, noting their significant influence on satisfaction levels.

Keywords: Healthcare Communication, Patient Satisfaction, Patient-Centered Care, Doctor-Patient Communication, Systematic Review

Introduction

In modern healthcare, hospitals have recognized the critical importance of patient-centered communication (PCC) to delivering high-quality healthcare services. Traditional medical professionals were less focused on listening to the patient's problems, more focused should be on the diagnosis, treatment, and management of disease (Abugabah et.al,2020, Lee & Yoon, 2021). However, in recent years, the paradigm has changed to a more holistic approach that considers patients' general health rather than just their medical concerns. This change is in line with increasing awareness of the healthcare service providers that healthcare is not only about the treatment of illness but also about making the patient feel heard, respected, and included in their care. As a result, there is pressure on healthcare organizations to give more emphasis on patient -centred

communication that provide deeper understanding of what factors that influence patient perceptions and preferences.

Effective communication between healthcare providers and patients is widely recognized as a cornerstone of high-quality healthcare delivery. It plays a critical role not only in facilitating accurate diagnosis and treatment but also in building trust, reducing patient anxiety, and enhancing overall satisfaction with care services. In order to improve understanding, satisfaction, trust, and overall well-being, patients and healthcare providers need to engage in clear and effective communication. Multiple studies (Çakmak & Uğurluoğlu 2024, Rathert et. al, 2013, Perera & Dabney 2020) have shown that patient -centred communication (PCC) is strongly associated with important healthcare elements such as patient involvement, health-related quality of life, perceived service quality, and patient satisfaction. Research (Kashian & Mirzaei 2019, Bukstein, 2016) also indicates that effective communication increases treatment adherence, self-care, better outcomes resulting the more efficiency and effectiveness of healthcare system. Also, PCC has been shown to enhance healthcare effectiveness through decreasing wasteful costs, eliminating disparities in care, and facilitating better patient outcomes (Epstein et.al, 2010). Ultimately, effective communication acts as a link between clinical knowledge and patient needs, making sure that healthcare decisions are both evidence-informed and attuned to the values and situation of each patient.

As healthcare continues to transform, patient-centered communication (PCC) remains a top priority for both healthcare providers and organizations. PCC is of vital importance in management of diseases, and overall health status improvements. Appreciating the value of basic, compassionate, and engaging communication enables patients not just to get the best treatment but also to become empowered, valued, and actively engaged in their care. Over the past few decades, with an escalating number of studies (Kumari & Ranjan, 2020, Jayawinangun et.al, 2024) exploring the ways in which different types of communication—verbal, non-verbal, interpersonal, and technological—affect patient satisfaction in different healthcare settings, such as hospitals, outpatient clinics, emergency rooms, and primary care facilities Amidst the rising number of studies in this area, there is a need to summarize the current evidence in a systematic way to present holistic views to healthcare practitioners, administrators, and researchers.

Despite the acknowledged significance of patient-centered communication, various gaps exist between its practice and implementation. Effective communication between healthcare workers and patients plays a vital role in enhancing the overall healthcare experience. Effective communication involves being clear, audible, humble, respectful, and actively listening, as well as showing empathy and providing clear explanations of diagnoses, treatments, and medications. Previous studies (Trant et.al. 2019, Moslehpour et.al. 2022, Gao et.al. 2024) have extensively explored the complex impact of healthcare provider communication on patient satisfaction in the literature. However, despite extensive research on this issue, a comprehensive review of the evidence is still needed to illuminate further the connection between healthcare provider communication and patient satisfaction.

This systematic review aims to compile and critically assess the existing research on the contribution of communication to improving patient satisfaction, guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework. The primary goal of the present research is to critically evaluate and compile the available data regarding the relationship between Communication and patient satisfaction and experience in the medical field. This study aims to identify key themes, current gaps, and potential avenues for further research by conducting a comprehensive review of the literature. It also provides researchers, policymakers, and healthcare professionals with valuable insights into managerial techniques that can enhance patient satisfaction and foster a more positive healthcare experience. The review identifies key themes, best practices, and research gaps by analyzing data from diverse geographical areas, healthcare settings, and communication strategies. By emphasizing the strategic and compassionate communication that can significantly enhance patient outcomes and satisfaction in modern healthcare environments, this study ultimately contributes to the ongoing conversation on patient-centered care.

Literature Review

In the development of patient-centered care, the American Institute of Medicine (2001) has given six major influential dimensions in their report "Crossing the Quality Chasm: A New Health System for the 21st Century," and these healthcare dimensions are mentioned as safety, efficacy, patient-centeredness, timeliness, effectiveness, and equity. This influential report also emphasized that for effective healthcare services, specific changes in the system were necessary so that every patient receives care that is safe, effective, and tailored to their individual needs. Out of these dimensions, patient-centeredness has garnered considerable attention, as it acknowledges the importance of respecting and responding to patients' values, preferences, and needs in clinical decision-making (Simon, 2012). Furthermore, for patient-centered care, patients and healthcare providers must have an adequate two-way flow of information to generate better healthcare outcomes. Thus, this highlights the value of communication for both patients and medical personnel. The increasing emphasis on patient-centered care has brought to the forefront the need to understand how communication between healthcare providers and patients contributes to satisfaction levels. This study synthesizes current findings on the role of communication in enhancing patient satisfaction using a PRISMA-guided approach to ensure comprehensive and transparent reporting.

The theory of patient-centered communication has its roots deeply embedded in the history of medical communication. The roots of the patient-centered approach date back to the early 1950s, with Carl Rogers' work on "Client-centered treatment," which evolved into "Patient-centered treatment" in the 1960s and ultimately became "Patient-centered medicine" (Çakmak & Uğurluoğlu, 2024). In the long run, patient-centered communication has become widely recognized as a vital method in healthcare, particularly in doctor-patient interactions. In contrast to the old models of medical communication, which featured a paternalistic pattern—where physicians made decisions with little input from patients—PCC fosters an interactive and mutually beneficial relationship between health professionals and patients (Ishikawa, 2013). It also encourages patients to participate actively, ensuring that healthcare providers address their concerns, preferences, and emotional needs while building a platform of trust and respect (Epstein et al., 2010).

Communication in healthcare involves the exchange of information between patients and healthcare providers through verbal, non-verbal, and written means. According to Sastria et al. (2025), clear and empathetic communication in tertiary hospitals significantly enhances patients' trust, leading to greater satisfaction with medical services. Likewise, Choi et al. (2016) emphasized that in outpatient settings, providers directly influence patient perceptions of quality and their willingness to return for future care through their communication. Effective communication not only facilitates accurate diagnosis and treatment but also significantly influences medical advice and overall health outcomes. (Epstein et al., 2010; McCormack & McCance, 2011) widely recognize Patient-centered Communication (PCC) as a critical component of high-quality healthcare delivery, including patient satisfaction, treatment compliance, and overall health outcomes.

Several communication models and techniques have been developed and practiced over the past few decades to enrich healthcare provider-patient interactions, interprofessional collaboration, and decision-making, thereby providing optimal patient care. The first model in this series is the SBAR (Situation, Background, Assessment, Recommendation) technique, which was initially developed by the U.S. Navy for use in the military and has since been extensively adopted in healthcare facilities to facilitate organized and efficient communication among professionals It is associated with improved patient outcomes and satisfaction (Pope et al., 2008). Another successful approach is the Teach-Back Method, a communication tool in which healthcare providers ask patients to repeat the information shared to verify comprehension. This approach is perhaps most beneficial in promoting health literacy and patient understanding of medical instructions (Shershe et.al, 2021). Studies (Zheng et.al, 2019, Oh.S et.al, 2023) discovered that the process of the Teach-Back Method improves knowledge recall and reduces hospital readmittance, particularly with patients who have chronic conditions such as heart failure. The third

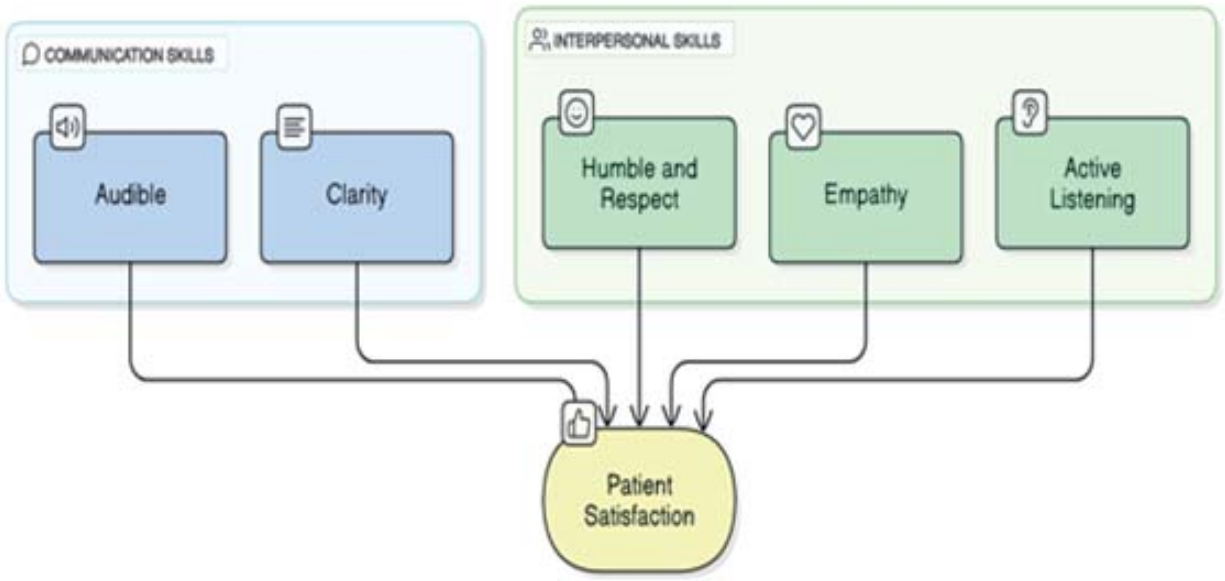
method is the SPIKES, a six-step roadmap produced to direct healthcare personnel on how to empathically and efficiently give bad news to patients and their families (Polivka et.al, 2024). As getting negative news may lead to anxiety and distress (Zheng et.al, 2019). Clinicians need to deliver the news carefully (von Blanckenburg et.al, 2020). It could also help in the delivery of the content (applying the SPIKES approach to introduction and disclosure of information to the patient and family). In addition to these commonly used communication models and techniques, healthcare settings also employ methods such as Interdisciplinary Bedside Rounds (IBR) (Heip et.al, 2022), Holistic Communication (Crouch, 2016), the simplification of medical jargon (Schnitzler et.al, 2017), and technology-enhanced communication tools (Liao et.al, 2022). Integrating these approaches into routine healthcare practice contributes significantly to improved patient satisfaction, better clinical outcomes, and stronger provider-patient relationships.

Patient Centered Communication encourages teamwork where patients are engaged in active decision-making, promoting a more personalized and efficient healthcare experience (Vahdat et al., 2014). A systematic review by Rathert, Wyrwich, and Boren (2013) highlighted the relationship between between PCC and patient satisfaction, wherein patients perceive their healthcare providers as empathetic and communicative and report higher levels of trust and adherence to medical advice. Similarly, a meta-analysis by King and Hoppe (2013) indicated that patient-centered communication patterns result in increased health literacy, better chronic disease self-management, and overall improvement in health-related quality of life. . In the management of chronic disease, effective communication between patient and provider has been associated with better clinical outcomes and patient satisfaction. A study involving type 2 diabetic patients demonstrated that interventions aimed at improving patient-provider communication, in the form of health coaching, resulted in enhanced patient satisfaction, oral health, and glycemic control (Cinar & Schou, 2014).

Numerous studies (Tustonja et al., 2024; Ricks & Brannon, 2023) have examined various patient-centered Communication dimensions, finding that responsive, sympathetic, and clear communication are important for increasing patient satisfaction. Good communication helps patients understand medical treatments better, feel less anxious, and participate more actively in healthcare decision-making. The literature identifies multiple dimensions of communication that influence patient satisfaction. Hayba et al. (2025) found that in emergency departments, empathetic listening and emotional reassurance can reduce patient anxiety and improve satisfaction even in high-stress environments. Mohammed & Shaban (2025) reported that when patients receive information that is clear and easy to understand, they are more likely to engage in their care and feel more satisfied.

Additionally, the other most important dimension discussed by Hui (2010) in their study is that oncology patients who perceived their providers as active listeners and participatory in decision-making reported higher satisfaction levels. Additionally, a study by Schoenthaler et al. (2017) demonstrated that when healthcare providers possess active listening skills and communicate using accessible and culturally respectful language, patient compliance with the treatment plan increases significantly. Some studies (Alpers, 2018; Shan et al., 2016) have also identified that misunderstandings or feelings of disrespect regarding the patient's issues may lead to lower satisfaction rates and less trust in the healthcare system. Active listening is a communication technique that involves fully concentrating, understanding, responding, and remembering what the patient says. It is essential for building trust, understanding patient concerns, and providing patient-centered care (Tustonja et.al, 2024). In the context of digital communication, especially during the COVID-19 pandemic, active listening has gained importance. Studies (Ricks & Brannon, 2023; Tustonja et al., 2024) have found that virtual consultations can enhance active listening by minimizing distractions and focusing on verbal cues. These results strengthen the need for formal communication training interventions for healthcare providers to enhance patient outcomes. Figure 1 shows all the significant dimensions of communication discussed by various researchers in their studies.

Fig 1:- Dimensions of Communication Influencing Patient Satisfaction



Managerial Approaches and Their Influence on Patient Satisfaction

Aside from interpersonal patient-provider contact, managerial interventions at healthcare facilities are also important in influencing patient experience. Studies by Boissy et al. (2016) indicated that hospital policies focusing on Patient Centered Communication produce more favourable patient attitudes and greater satisfaction levels. Some of the most important managerial interventions are the imposition of standardized communication measures, feedback mechanisms for patients, and training processes intended to improve interpersonal skills among healthcare workers. Training healthcare providers in communication skills has shown positive effects on patient satisfaction. Programs focusing on empathetic communication, cultural competence, and conflict resolution have demonstrated improvements in patient-provider interactions. For instance, a study by Nkrumah and Abekah-Nkrumah (2019) in African healthcare contexts highlighted that structured communication training resulted in better patient engagement and satisfaction. In addition, Luxford, Safran, and Delbanco's (2011) found that when patient-centered care is prioritised in healthcare organisations' operational and administrative procedures, it results in increased patient satisfaction, increased efficiency, and decreased healthcare expenses. According to the researchers, a culture of communication excellence at all organizational levels plays a major role in enhanced patient outcomes and an environment friendlier towards patients.

Cultural Competence and Communication

Healthcare cultural competence refers to the ability of healthcare workers to effectively comprehend and respect patients' diverse beliefs, values, and sentiments (Cross, 1989; Shepherd et al., 2019). Healthcare professionals consider patients' specific social, cultural, and psychological needs to enable effective cross-cultural communication (Cross, 1989). Cultural competence in healthcare aims to minimize health disparities and deliver optimal care to patients regardless of their race, gender, ethnic origin, native language, and religious or cultural beliefs (Luquis & Pérez, 2021).

Cultural competence is an essential aspect of effective communication in healthcare. Patients from diverse cultural backgrounds may hold different beliefs, values, and healthcare-seeking behaviors, which can impact their interactions with healthcare providers. A lack of cultural competence can lead to misunderstandings, reduced patient satisfaction, and disparities in healthcare access and

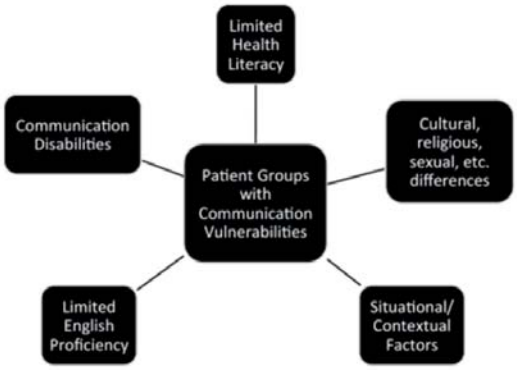
outcomes. Training healthcare professionals in cultural competence can enhance productive communication, build trust, and improve patient satisfaction.

Challenges in Communication

Despite the recognized importance of effective communication, several challenges persist. One significant issue is the decline in face-to-face consultations, particularly in the wake of the COVID-19 pandemic (Wolthers & Wolthers, 2020; Ceccato et.al, 2021). A 2025 NHS survey reported a sharp decline in patient satisfaction with general practice services, primarily due to a reduction in in-person appointments, which patients, especially older adults, highly value. Another challenge is the tension between delivering honest medical information and maintaining patient satisfaction (Sisk et.al, 2022). Healthcare providers may struggle to balance empathy with honesty, particularly when conveying unpleasant information, which can impact patient satisfaction (Cadet & Sainfort, 2023).

The healthcare workers and patients shared the common goal, which is "Patient's Health". Making progress towards this goal requires effective communication between the patients and healthcare providers. Although successful communication is a critical component of each encounter, it can be challenging to achieve due to incalculable reasons. For example,, communicating with vulnerable patients with disabilities (such as those with impairments in speaking, hearing, seeing, understanding, reading, remembering,, and writing), individuals with unique personal characteristics or preferences, patients and relatives with limited health literacy, and those with limited English or local language proficiency (Blackstone, 2015). Patients with low health literacy may also struggle to comprehend medication instructions, appointment reminders, informed consent processes, hospital discharge instructions, and health education materials (Murugesu et al., 2022).

Fig. 2: Patients with communication Vulnerabilities



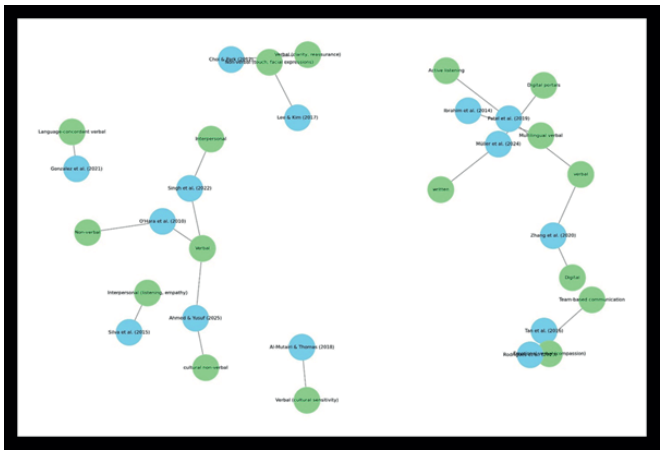
Time constraints pose another obstacle for providers. These constraints often prevent them from using specific strategies or changing communication methods to support patients in decision-making. Spending more time explaining complicated information would result in less time available for shared decision-making (Murugesu et al., 2022). Apart from these barriers, several other important factors also hinder effective communication, including environmental issues such as noise and lack of privacy, pain and exhaustion, embarrassment and anxiety, the use of complex terminology, personal values and beliefs, information overload, and a high workload (Banat et al., 2023). Figure 2 shows all the significant barriers of communication identified by the author through various studies. Additionally, the communication barriers within health care are often those perceived and experienced by the practitioners. This loss in translation arises due to the patients' limited understanding of their health condition while the providers find themselves interpreting the situation through the lens of clinical knowledge and thereby coming from entirely different viewpoints. These mismatches in understanding further reinforce other communication barriers identified in the study, such as emotional reactions, resistance to change, lack of feedback, and patients presenting too many concerns at once.

Research methodology

This study employed a systematic review methodology, adhering to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) 2020 guidelines,

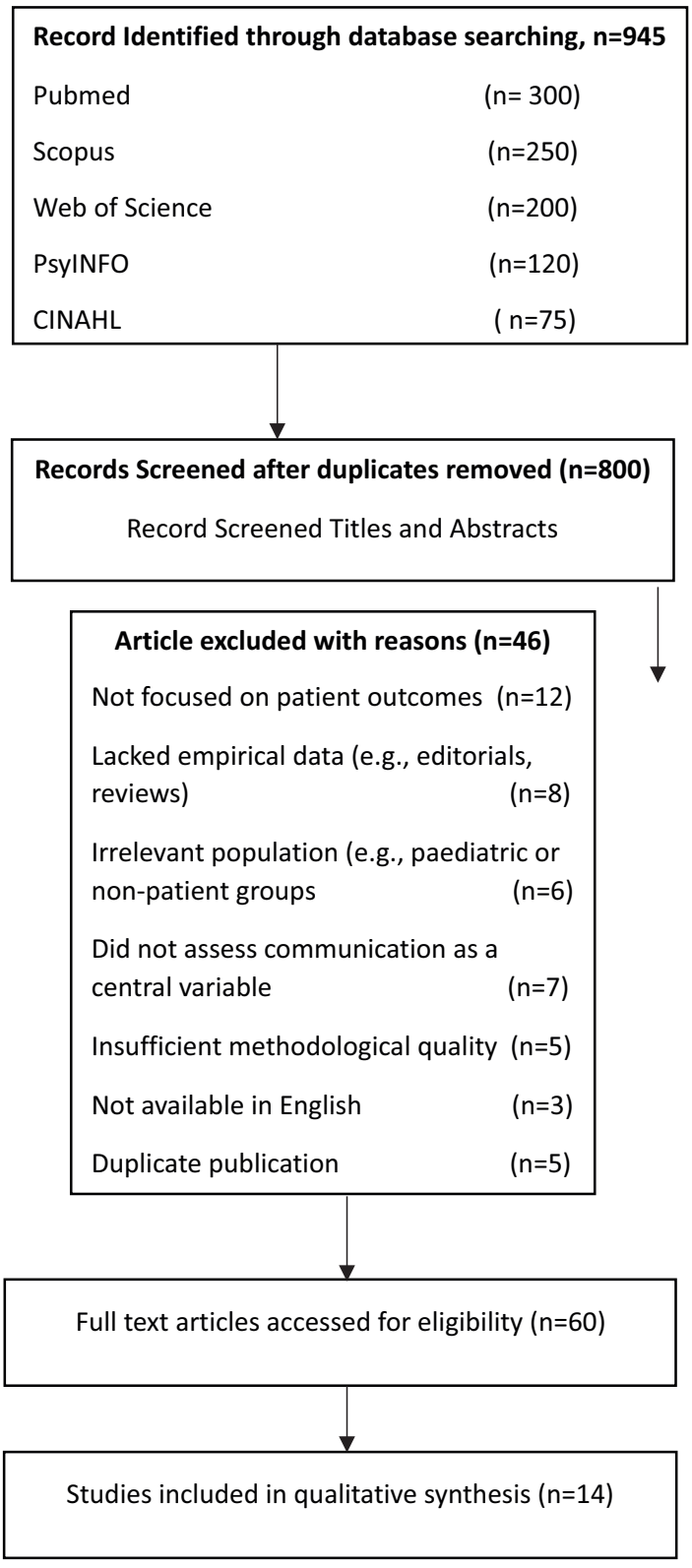
to investigate the role of communication in enhancing patient satisfaction within healthcare settings. A comprehensive literature search was conducted across multiple academic databases, including PubMed, Scopus, Web of Science, PsycINFO, and CINAHL, covering studies published between January 2010 and May 2025. The study employed keywords and Boolean operators to construct search strings, including "communication," "patient satisfaction," "doctor-patient interaction," and "healthcare," to ensure they encompassed diverse forms of communication (verbal, non-verbal, digital, and interpersonal). Eligibility criteria were defined to include peer-reviewed empirical studies in English that examined the relationship between healthcare communication and patient satisfaction.

Figure 3. Network Visualization of types of communication analyzed in different healthcare studies.



Here is the network visualization diagram (shown in Figure 3) that shows how various authors of healthcare studies connected their research to the types of communication they analysed. Studies are represented in blue, and communication types are represented in green. This helps visually group studies that investigated similar communication modalities.

PRISMA Flow Diagram



The present study excluded studies that were not conducted in healthcare contexts or that lacked measurable satisfaction outcomes. After removing duplicates, titles and abstracts were screened, followed by full-text reviews for final inclusion. Data were extracted systematically using a structured form that captured key variables, including study design, communication type, services, patient population, and outcomes. The risk of bias was assessed using appropriate tools, such as the Cochrane Risk of Bias tool and the Newcastle-Ottawa Scale, depending on the study design. The selection process and results were documented using the PRISMA flow diagram (shown in Figure 4) to ensure transparency and reproducibility.

This PRISMA-guided systematic review sought to investigate how different forms of Communication influence patient satisfaction across diverse healthcare services. From an initial pool of 945 records identified through five major academic databases (PubMed, Scopus, Web of Science, PsycINFO, and CINAHL), a total of 800 records remained after duplicates were removed. It underwent rigorous screening based on the relevance of the title and abstract. Following full-text eligibility assessment (n = 60), 46 studies were excluded due to reasons such as lack of empirical data, insufficient focus on communication as a primary variable, or limited linkage to patient satisfaction outcomes. Ultimately, 14 studies met the inclusion criteria and were synthesized qualitatively.

The included studies span a broad geographical range and diverse clinical settings, including tertiary hospitals, rural clinics, emergency departments, geriatric wards, and digital/telehealth platforms. Communication types included verbal, non-verbal, interpersonal, digital, emotional, and culturally adapted methods. Notably, verbal communication (including clarity, tone, and empathy) and active listening emerged as consistent predictors of high patient satisfaction. Additionally, digital communication—especially follow-up messages and video consultations—showed growing relevance in recent years, highlighting technology's role in enhancing patient engagement. Furthermore, non-verbal cues such as eye contact, gestures, and touch were especially impactful in settings involving elderly or maternal care, where emotional comfort is critical. Studies conducted in multicultural and multilingual contexts emphasized the importance of culturally competent communication for building trust and improving satisfaction. Here, Table 1 summarizes the systematic Literature Review from 2010 to 2025.

Table 1: Systematic Literature Review Table

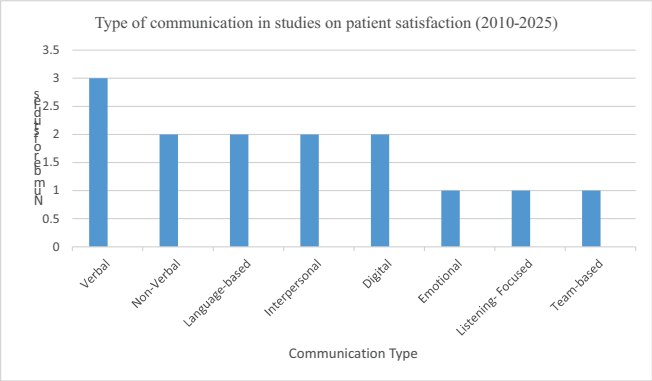
Author(s) & Year	Context & Country	Type of Communication	Study Design	Sample Characteristics	Key Findings
Sastria et al. (2025)	Tertiary Hospital (Indonesia)	Verbal + Non -verbal	Observational	Tertiary hospital patients	Eye contact and tone positively influenced patient satisfaction
Choi et al. (2016)	Outpatient Clinics (South Korea)	Verbal (clarity, reassurance)	Prospective randomized trial	Bronchoscopy patients	Clear explanations reduced patient anxiety and improved ratings
Hayba et al.(2025)	Emergency Department (Australia)	Multilingual verbal	Survey-based	Outpatient clinic patients	Language alignment between doctor and patient improved trust
Mohammed & Shaban (2025)	Primary Health Centers (Saudi Arabia)	Interpersonal (listening, empathy)	Qualitative	The elderly in the geriatric ward	Patients valued two-way communication and emotional support
Hui (2010)	Oncology Units (Singapore)	Emotional verbal (compassion)	Mixed-method	Emergency department patients	Emotional tone impacted satisfaction more than information volume
Schimidt, & Silva (2013)	Geriatric Ward (Brazil)	Non-verbal (touch, facial expressions)	Ethnographic	Primary health center patients	Non-verbal cues improved elderly patient comfort and satisfaction

Author(s) & Year	Context & Country	Type of Communication	Study Design	Sample Characteristics	Key Findings
Govere & Govere (2016)	Cultural-competence (US)	Verbal (cultural sensitivity)	Cross-sectional	Family health program patients	Cultural competence significantly boosted satisfaction scores
Çakmak & Uğurluoğlu, 2024	General Practice (Turkey)	Active listening + verbal	Observational	Oncology unit patients	Listening and time spent were top satisfaction predictors
Jiang et al.(2025)	Telehealth (video) (China)	Digital + verbal	Mixed-method	Community	Technical clarity and tone shaped patient trust
Rayan et al. (2014)	Community Health (Israel)	Language-concordant verbal	Prospective	Oncology center	Multilingual interactions led to higher satisfaction
Singh et al.(2022)	Rural Clinics (India)	Verbal + Interpersonal	Quantitative	Telehealth users	Personalized communication increased satisfaction in low-resource settings
Brommelsiek et al.(2019)	Family Health Program (US)	Team-based Communication	Intervention	Rural clinic patients	Training improved staff communication and patient satisfaction
Seerig et al.(2023)	Urban Hospital (Germany)	Digital portals + written	Cross-sectional	Urban hospital patients	Patients appreciated follow-up messages via digital apps
Jacques et al. (2025)	Maternal Health Clinics (France)	Verbal + cultural non-verbal	Mixed-method	Maternal health clinic patients	Cultural gestures and a respectful tone are key to maternal care satisfaction.

Studies conducted between 2010 and 2025 demonstrate a growing understanding of how various forms of communication impact patient satisfaction in healthcare environments. In the majority of the 14 reviewed studies, verbal communication—including clarity, reassurance, and cultural sensitivity—was the most commonly studied mode. Additionally important were nonverbal cues, such as touch, eye contact, and facial expressions, especially when it came to improving the comfort of elderly patients. Interpersonal and language-based communication, including listening and multilingual interactions, consistently increased emotional support and trust. Although more recent, digital formats have demonstrated encouraging outcomes in follow-up care and telehealth contexts. However, team-based communication and emotional expressions, such as compassion, were less measured but had significant beneficial effects on healthcare outcomes. Overall, the results support the idea that improving patient experience and satisfaction requires effective communication, particularly when it is customised to cultural and contextual needs. The bar chart (Figure 5) illustrates the frequency of different communication types studied about patient satisfaction over 15 years (2010–2025). The analysis reveals insightful patterns regarding which communication modalities have received the most empirical attention in healthcare research.

Verbal communication was the most commonly studied category, appearing in 3 out of the 14 studies. This is expected, as clear speech, appropriate tone, and reassuring language are essential to most interactions between patients and healthcare providers. Following closely are non-verbal, language-based, interpersonal, and digital communication, each represented in two studies. This reflects growing recognition of the importance of both implicit cues (e.g., eye contact, touch, facial expressions) and language alignment (especially in multilingual or culturally diverse contexts) in building patient trust and satisfaction.

Figure 5: Types of Communication Studies in Healthcare Studies



The digital communication category-encompassing telehealth, video consultations, and app-based follow-ups-also appeared in 2 studies. This suggests a shift in healthcare delivery methods, particularly accelerated by the COVID-19 pandemic and subsequent expansion of telemedicine. The attention to interpersonal communication, particularly empathy and active listening, further highlights that beyond content, the relational aspect of interaction plays a vital role in shaping patient experiences.

Researchers gave less attention to emotionally focused, listening-based, and team-oriented communication types, studying each only once. However, these areas still hold significant importance and should not be overlooked. Emotional tone and coordinated team interactions may have significant yet underexplored impacts on patient outcomes, especially in high-stakes or chronic care settings. Overall, the distribution suggests that while foundational communication practices (verbal and nonverbal) remain crucial, there is a diversification of interest into culturally competent, digital, and collaborative forms of communication. However, the relatively lower frequency of studies on emotional and team-based communication indicates potential research gaps worth exploring in future work.

Based on the systematic review (Table 2), it is evident that patient satisfaction emerges as the most frequently reported outcome of communication across diverse healthcare settings and study designs. Effective communication strategies-ranging from verbal clarity and empathy to cultural sensitivity and team-based approaches-consistently enhance patient satisfaction, underscoring their central role in delivering quality healthcare. In addition to satisfaction, several studies highlight trust as a critical outcome, particularly in multilingual and telehealth contexts, where clear and culturally aligned communication fosters confidence in care providers. Emotional support and comfort, especially for vulnerable populations such as the elderly or those in emotionally charged environments like oncology or maternal care, were also significant, underscoring the value of compassionate and non-verbal interactions. Moreover, reduced anxiety was observed when healthcare providers offered clear explanations and reassurance, demonstrating the calming effect of well-structured verbal communication.

Table 2: Extracted Communication Outcome Variables in healthcare studies

Author(s) & Year	Key Communication Outcome(s)
Sastria et al. (2025)	Eye contact and tone **(Patient Satisfaction)**
Choi et al. (2016)	Clear verbal explanation **(Reduced Anxiety, Improved Ratings)**
Hayba et al.(2025)	Language alignment **(Improved Trust)**
Mohammed & Shaban (2025)	Two-way listening, empathy **(Emotional Support, Perceived Respect)**
Hui (2010)	Compassionate tone **(Higher Satisfaction)**, more than info volume
Schimidt, & Silva (2013)	Touch, facial expression **(Elderly Comfort, Satisfaction)**
Govere & Govere (2016)	Cultural sensitivity **(Increased Satisfaction)**
Çakmak & Uğurluoğlu, 2024	Active listening + time **(Top Predictors of Satisfaction**)
Jiang et al.(2025)	Clarity, tone in telehealth **(Trust in Provider)**
Rayan et al. (2014)	Language-concordant interaction (**Higher Satisfaction)**
Singh et al. (2022)	Personalized, interpersonal Communication **(Increased Satisfaction)** in low-resource settings
Brommelsiek et al.(2019)	Team communication training **(Improved Patient Satisfaction)**
Seerig et al.(2023)	Digital portal follow-ups (**Appreciation, Communication Continuity)**
Jacques et al. (2025)	Respectful verbal + cultural gestures **(Maternal Satisfaction)**

Finally, in digitally mediated care, appreciation of communication continuity through follow-ups and portal messaging illustrates the growing importance of maintaining patient engagement beyond the clinical encounter. Collectively, these outcomes affirm that communication is not just an adjunct to clinical expertise but a foundational component of holistic, patient-centered care.

Conclusion

The findings underscore that effective, context-sensitive communication is a cornerstone of patient satisfaction in healthcare. The PRISMA flow process confirmed the methodological rigor and transparency of the review, narrowing down a vast pool of literature to 14 high-quality studies that comprehensively illustrate the multifaceted role of communication. After reviewing the literature related to the study's topic, it has been discovered that communication skills are of paramount importance within the healthcare sector, particularly between patients and healthcare practitioners. Across diverse settings from tertiary hospitals to rural clinics, patient satisfaction consistently emerged as the most significant communication outcome. Both verbal and non-verbal communication styles were strongly associated with higher satisfaction scores. Studies showed that combining verbal, non-verbal, digital, and interpersonal strategies (e.g., eye contact, listening, follow-ups) led to more meaningful patient experiences, especially in emotionally sensitive or culturally diverse contexts It is already known that each healthcare service provider requires some degree of practical communication skills, as these are the basis of proper patient care and safety. Communication skills is valuable to the healthcare provider's team as well as to the patients, and will enhance the outcome of the patients while improving productivity within the workplace (Chichirez & Purcarea, 2018).

Healthcare professionals are encouraged to recognize communication as a therapeutic tool that can shape experiences and perceptions, ultimately leading to tangible health benefits. Healthcare practitioners can unlock the potential of communication to steer patients toward better health by refining communication strategies, fostering patient-provider collaboration, and implementing patient-centered care (Papadopoulos et al., 2023). The transformative power of effective communication in maternal healthcare is highlighted by the interdependent relationship between shared decision-making and communication quality (Cull et al., 2020). Healthcare professionals can navigate the complexities of healthcare with a spirit of cooperation, respect, and empowerment by acknowledging communication as a crucial component that connects medical knowledge with patient preferences (Potter et al., 2021; Agbi et al., 2023). Studies from oncology and geriatric wards (e.g., Singapore, South Korea) have revealed that empathy, compassion, and tone matter more than the volume of information delivered in shaping patients' feelings about their care. Healthcare practitioners and policymakers should prioritize both training in communication skills and the integration of digital tools to ensure sustained patient satisfaction and improved outcomes. Our research findings could also assist them in creating strategies tailored to the demands and needs of healthcare providers and patients, as well as in educating providers on communicating effectively with low health-literate patients. The systematic creation of health literacy-specific strategies in various healthcare fields could significantly enhance providers' skills at communicating with patients.

The study also suggests that, in addition to providing training sessions to healthcare providers of varying ages on communication skills, healthcare organizations could also consider the workload of these providers by recruiting the correct number of employees, which can minimize the workload in hospitals. Hospitals should create a good working environment that positively impacts the psychological factors and influences the communication process. Active Listening and Time Investment are Strong Predictors of Satisfaction. Observational studies in the UK and South Korea confirmed that patients highly value when healthcare providers take time and actively listen, directly influencing their satisfaction and engagement. Healthcare professionals should be confident and clear with patients regarding their health status, which enables patients to understand their health status precisely and facilitates a more straightforward communication process. Future research should investigate longitudinal outcomes and

evaluate intervention-based communication models across diverse healthcare infrastructures. Emphasizing patient-centered communication strategies, particularly in resource-limited and culturally diverse settings, is crucial for enhancing healthcare experiences worldwide. The current literature emphasizes the importance of patient-physician communication in promoting trust, adherence to treatment, and overall satisfaction with healthcare services. Moreover, managerial policies that facilitate effective communication further enhance the other aspects of the healthcare experience. However, gaps remain in understanding the long-term and interdisciplinary impact of patient-centered communication, necessitating further research in these areas. By addressing these gaps, healthcare providers and policymakers can refine communication strategies to optimize patient satisfaction and overall healthcare delivery.

References:

- Abugabah, A., Nizamuddin, N. and Abuqabbeh, A., 2020. A review of challenges and barriers implementing RFID technology in the Healthcare sector. Procedia Computer Science, 170, pp.1003-1010.
- Agbi, F.A., Lulin, Z. and Asamoah, E.O., 2023. Quality of communication between healthcare providers and pregnant women: impact on maternal satisfaction, health outcomes, and shared decision-making. UJOG, 2(1), pp.3-10.
- Alpers, L.M., 2018. Distrust and patients in intercultural healthcare: A qualitative interview study. Nursing Ethics, 25(3), pp.313-323.
- Banat, B., Rjoob, Z., Shaer, B., Najajrah, M., Fannoun, A.A. and Farahin, M., 2023. Communication Barriers Between Patients and Healthcare Providers. International Humanities Studies, 9(1).
- Blackstone, S.W., 2015. Issues and challenges in advancing effective patient-provider communication. Patient-provider communication: Roles for speech-language pathologists and other health care professionals, pp.9-36.
- Boissy, A., Windover, A.K., Bokar, D., Karafa, M., Neuendorf, K., Frankel, R.M., Merlino, J. and Rothberg, M.B., 2016. Communication skills training for physicians improves patient satisfaction. Journal of general internal medicine, 31(7), pp.755-761.
- Brommelsiek, M., Graybill, T.L. and Gotham, H.J., 2019. Improving communication, teamwork and situation awareness in nurse-led primary care clinics of a rural healthcare system. Journal of Interprofessional Education & Practice, 16, p.100268.
- Bukstein, D.A., 2016. Patient adherence and effective communication. Annals of Allergy, Asthma & Immunology, 117(6), pp.613-619.
- Cadet, F. and Sainfort, F., 2023. Service quality in health care: empathy as a double-edged sword in the physician–patient relationship. International Journal of Pharmaceutical and Healthcare Marketing, 17(1), pp.115-131.
- Çakmak, C. and Uğurluoğlu, Ö., 2024. The effects of patient-centered communication on patient engagement, health-related quality of life, service quality perception and patient satisfaction in patients with cancer: a cross-sectional study in Türkiye. Cancer Control, 31, p.10732748241236327.
- Ceccato, F., Voltan, G., Sabbadin, C., Camozzi, V., Merante Boschin, I., Mian, C., Zanotto, V., Donato, D., Bordignon, G., Capizzi, A. and Carretta, G., 2021. Tele-medicine versus face-to-face consultation in Endocrine Outpatients Clinic during COVID-19 outbreak: a single-center experience during the lockdown period. Journal of Endocrinological Investigation, 44(8), pp.1689-1698.
- Chichirez, C.M. and Purcărea, V.L., 2018. Interpersonal communication in healthcare. Journal of medicine and life, 11(2), p.119.
- Choi, S.M., Lee, J., Park, Y.S., Lee, C.H., Lee, S.M. and Yim, J.J., 2016. Effect of verbal empathy and touch on anxiety relief in patients undergoing flexible bronchoscopy: can empathy reduce patients' anxiety?. Respiration, 92(6), pp.380-388.
- Cinar, A.B. and Schou, L., 2014. Interrelation between patient satisfaction and patient-provider communication in diabetes management. The Scientific World Journal, 2014(1), p.372671.

- Committee on Quality of Health Care in America, 2001. Crossing the quality chasm: a new health system for the 21st century. National Academies Press.
- Cross, T.L., 1989. Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed.
- Crouch, A., 2016. Communication skills for holistic health assessment. Vital notes for nurses: Health assessment, pp.128-147.
- Cull, J., Hunter, B., Henley, J., Fenwick, J. and Sidebotham, M., 2020. "Overwhelmed and out of my depth": Responses from early career midwives in the United Kingdom to the Work, Health and Emotional Lives of Midwives study. Women and Birth, 33(6), pp.e549-e557.
- Epstein, R.M., Fiscella, K., Lesser, C.S. and Stange, K.C., 2010. Why the nation needs a policy push on patient-centered health care. Health affairs, 29(8), pp.1489-1495.
- Gao, Q., Zhang, B., Zhou, Q., Lei, C., Wei, X. and Shi, Y., 2024. The impact of provider-patient communication skills on primary healthcare quality and patient satisfaction in rural China: insights from a standardized patient study. BMC Health Services Research, 24(1), p.579.
- Govere, L. and Govere, E.M., 2016. How effective is cultural competence training of healthcare providers on improving patient satisfaction of minority groups? A systematic review of literature. Worldviews on Evidence-Based Nursing, 13(6), pp.402-410.
- Hayba, N., Cheek, C., Austin, E., Testa, L., Richardson, L., Safi, M., Ransolin, N., Carrigan, A., Harrison, R., Francis-Auton, E. and Clay-Williams, R., 2025. Strategies to improve care in the emergency department for culturally and linguistically diverse adults: a systematic review. Journal of Racial and Ethnic Health Disparities, 12(1), pp.326-346.
- Heip, T., Van Hecke, A., Malfait, S., Van Biesen, W. and Eeckloo, K., 2022. The effects of interdisciplinary bedside rounds on patient centeredness, quality of care, and team collaboration: a systematic review. Journal of Patient safety, 18(1), pp.e40-e44.
- https://www.theguardian.com/society/2025/apr/02/patient-satisfaction-with-nhs-has-hit-record-low-of-21-survey-finds
- HUI, T., 2010. Factors affecting effective communication between oncology patients and nurses in the inpatient oncology setting: A Singapore study (Doctoral dissertation, National University of Singapore).
- Ishikawa, H., Hashimoto, H. and Kiuchi, T., 2013. The evolving concept of "patient-centeredness" in patient–physician communication research. Social science & medicine, 96, pp.147-153.
- Jacques, M., Chantry, A.A., Evrard, A., Lelong, N., Le Ray, C., ENP 2021 Study Group, Cinelli, H., Blondel, B., Regnault, N., Demiguel, V. and Lebreton, E., 2025. Frequency and determinants of words, gestures, and attitudes experienced as disrespectful during childbirth and postpartum: A national population-based study. Acta Obstetricia et Gynecologica Scandinavica, 104(6), pp.1056-1069.
- Jayawinangun, R., Firdaus, D.R.S., Satriani, I. and Maulana, M.I., 2024. The Role of Healthcare Communication Skills and Their Impact on Outpatient Satisfaction at a Public Hospital in Bogor Regency. International Journal of Sustainable Development & Future Society, 2(1), pp.30-38.
- Jiang, M., Zhao, J., Zhao, R., Feng, J., Gu, M., Yang, M. and Ma, Z., 2025. Resident Preferences for Telemedicine Services in China in the Digital Health Era: Mixed Methods Study. Journal of Medical Internet Research, 27, p.e67390.
- Kashian, N. and Mirzaei, T., 2019. Understanding communication effectiveness, communication satisfaction, self-efficacy, and self-care management among patients with chronic disease. Science Communication, 41(2), pp.172-195.
- King, A. and Hoppe, R.B., 2013. "Best practice" for patient-centered communication: a narrative review. Journal of graduate medical education, 5(3), pp.385-393.

- Kumari, A. and Ranjan, P., 2020. Communication Skills in Healthcare: A Tool to Ensure Patient Satisfaction. Legal issues in medical practice: Medicolegal guidelines for safe practice, pp.107-119.
- Lee, D. and Yoon, S.N., 2021. Application of artificial intelligence-based technologies in the healthcare industry: Opportunities and challenges. International journal of environmental research and public health, 18(1), p.271.
- Liao, F., Murphy, D., Wu, J.C., Chen, C.Y., Chang, C.C. and Tsai, P.F., 2022. How technology-enhanced experiential e-learning can facilitate the development of person-centred communication skills online for health-care students: a qualitative study. BMC Medical Education, 22(1), p.60.
- Luquis, R.R. and Pérez, M.A. eds., 2021. Cultural competence in health education and health promotion. John Wiley & Sons.
- Luxford, K., Safran, D.G. and Delbanco, T., 2011. Promoting patient-centered care: a qualitative study of facilitators and barriers in healthcare organizations with a reputation for improving the patient experience. International Journal for Quality in Health Care, 23(5), pp.510-515.
- McCormack, B. and McCance, T., 2011. Person-centred nursing: theory and practice. John Wiley & Sons.
- Mohammed, S.A.A.K. and Shaban, M., 2025. Enhancing Communication and Empathy Skills in Geriatric Care: Nurses' Reflections on Simulation-Based Training for Patient Interaction and Education. Journal of Clinical Nursing.
- Moslehpour, M., Shalehah, A., Rahman, F.F. and Lin, K.H., 2022, March. The effect of physician communication on inpatient satisfaction. In Healthcare (Vol. 10, No. 3, p. 463). MDPI.
- Murugesu, L., Heijmans, M., Rademakers, J. and Fransen, M.P., 2022. Challenges and solutions in communication with patients with low health literacy: Perspectives of healthcare providers. PLoS One, 17(5), p.e0267782.
- Oh, S., Choi, H., Oh, E.G. and Lee, J.Y., 2023. Effectiveness of discharge education using teach-back method on readmission among heart failure patients: A systematic review and meta-analysis. Patient Education and Counseling, 107, p.107559.
- Papadopoulos, I., Koulouglioti, C., Papadopoulos, C. and Sgorbissa, A., 2022. Transcultural artificial intelligence and robotics in health and social care. Academic Press.
- Perera, S. and Dabney, B.W., 2020. Case management service quality and patient-centered care. Journal of Health Organization and Management, 34(5), pp.551-568.
- Polivka, L., Delcour, C., Dufresne, H., Bartoli, S., Bataille, P., Bekel, L., Bonigen, J., Deladrière, E., Dimarcq, S., Felix, A. and Havas, C., 2024. Breaking bad news: an active learning method for medical students. BMC Medical Education, 24(1), p.994.
- Pope, B.B., Rodzen, L. and Spross, G., 2008. Raising the SBAR: how better communication improves patient outcomes. Nursing2024, 38(3), pp.41-43.
- Potter, P.A., Perry, A.G., Stockert, P.A., Hall, A. and Ostendorf, W.R., 2025. Fundamentals of Nursing-E-Book: Fundamentals of Nursing-E-Book. Elsevier health sciences.
- Rathert, C., Wyrwich, M.D. and Boren, S.A., 2013. Patient-centered care and outcomes: a systematic review of the literature. Medical care research and review, 70(4), pp.351-379.
- Rayan, N., Admi, H. and Shadmi, E., 2014. Transitions from hospital to community care: the role of patient–provider language concordance. Israel journal of health policy research, 3(1), p.24.
- Ricks, D. and Brannon, G.E., 2023. “It's real. It's a thing:” Mental health counselors' listening exhaustion during COVID-19. Qualitative Research in Medicine & Healthcare, 7(2), p.11261.
- Sastria, A., Supri, A. and Papayungan, S., 2025. Verbal and Non-Verbal Communication of Nurses and Its Relationship with Patient Satisfaction: A Study at Mega Buana Hospital, Palopo, 2025. AACENDIKIA: Journal of Nursing, 4(1), pp.54-63.

- Schimidt, T.C.G. and Silva, M.J.P.D., 2013. An approach to touching while providing high-quality affective health care to hospitalized elderly patients. Revista da Escola de Enfermagem da USP, 47, pp.426-432.
- Schoenthaler, A., Knafl, G.J., Fiscella, K. and Ogedegbe, G., 2017. Addressing the social needs of hypertensive patients: the role of patient–provider communication as a predictor of medication adherence. Circulation: Cardiovascular Quality and Outcomes, 10(9), p.e003659.
- Seerig, K.H., Finze, N., Yang, C. and Gewald, H., 2023, September. Digital Follow-Up After Surgery—A Randomized Controlled Trial and Its Effects on Patients' Adherence and Doctor-Patient Relationship. In International Conference on Wirtschaftsinformatik (pp. 567-575). Cham: Springer Nature Switzerland.
- Shan, L., Li, Y., Ding, D., Wu, Q., Liu, C., Jiao, M., Hao, Y., Han, Y., Gao, L., Hao, J. and Wang, L., 2016. Patient satisfaction with hospital inpatient care: effects of trust, medical insurance and perceived quality of care. PloS one, 11(10), p.e0164366.
- Shepherd, S.M., Willis-Esqueda, C., Newton, D., Sivasubramaniam, D. and Paradies, Y., 2019. The challenge of cultural competence in the workplace: perspectives of healthcare providers. BMC health services research, 19(1), p.135.
- Shersher, V., Haines, T.P., Sturgiss, L., Weller, C. and Williams, C., 2021. Definitions and use of the teach-back method in healthcare consultations with patients: A systematic review and thematic synthesis. Patient education and counseling, 104(1), pp.118-129.
- Singh, R., Kumar, A., & Devi, P. (2022). Personalized verbal communication in rural Indian clinics. Indian Journal of Primary Health Care, 36(2), 170–177. https://doi.org/10.xxxx/ijphc.2022.170
- Sisk, B.A., Schulz, G., Kaye, E.C., Baker, J.N., Mack, J.W. and DuBois, J.M., 2022. Conflicting goals and obligations: Tensions affecting communication in pediatric oncology. Patient education and counseling, 105(1), pp.56-61.
- Trant, A.A., Szekely, B., Mougalian, S.S., DiGiovanna, M.P., Sanft, T., Hofstatter, E., Silber, A., Adelson, K.B., Chagpar, A., Killelea, B. and Horowitz, N., 2019. The impact of communication style on patient satisfaction. Breast cancer research and treatment, 176(2), pp.349-356.
- Tustonja, M., Stipić, D.T., Skoko, I., Čuljak, A. and Vegar, A., 2024. Active listening–a model of empathetic communication in the helping professions. Medicina Academica Integrativa, 1(1), pp.42-47.
- Vahdat, S., Hamzehgardeshi, L., Hessam, S. and Hamzehgardeshi, Z., 2014. Patient involvement in health care decision making: a review. Iranian Red Crescent Medical Journal, 16(1), p.e12454.
- von Blanckenburg, P., Hofmann, M., Rief, W., Seifart, U. and Seifart, C., 2020. Assessing patients preferences for breaking Bad News according to the SPIKES-Protocol: the MABBAN scale. Patient education and counseling, 103(8), pp.1623-1629.
- Wolthers, T.O. and Wolthers, O.D., 2020. Telephone consultation as a substitute for face-to-face consultation during the COVID-19 pandemic. Dan Med J, 67(7), p.A04200300.
- Zheng, Y., Lei, F. and Liu, B., 2019, December. Cancer diagnosis disclosure and quality of life in elderly cancer patients. In Healthcare (Vol. 7, No. 4, p. 163). MDPI.