Abstract:
Background Communication is important for smoothing physician-patient relations and also as the cornerstone of any strategy to reduce malpractice claims. However, most of healthcare staff haven't had adequate effectively training in communicating with their patients in China. Objective To analyse and assess the current reviews on physician-patient communications. Methods We use the key words 'physician-patient relationship' and 'communication' to identify related studies on systematic review and meta-analysis and evaluate their quality with the Overview Quality Assessment Questionnaire (OQAQ) checklist. Results I. Seventeen studies were included. The scores of studies quality is range three to nine by OQAQ checklist. The methodological quality of the reports met sixty-six percent (median score equals six) of the maximum scores of OQAQ. Of them, forty-one percent (7/17) is seven to nine scores and five Cochrane systematic reviews were high scores. Twenty-third percent (4/17) is six scores, thirty-five percent (6/17) is three to five scores. No reviews were updated. Only two of seventeen combined the data with Meta-analysis. II. The potential factors that influence communication between physicians and patients were as follows: The patient-physician relationship; educational interventions for patient and physician; system-level communication interventions; treatment preference and medical information handling; patient's expectation and value, etc. III. Communication training can improve communication skills' efficacy and facilitate the key skills acquirement to clinical practice and improve patients' satisfaction. The training strategies are various as different participants and the major training principle is the center for learner. Information should be modified for older and less-educated patients. The communication between patients and oncologists is an area of active and growing research interest. IV. Teaching patient communication skills to medical students can improve student performance. Computer service is helpful for surveillance potential medical risks but it needs specific communication skills. Discussion The Cochrane systematic reviews seem better meet the evaluation criteria of OQAQ checklist. The reasons for those lower scores were exists selection bias and no details description of methodology. Those non-combined reviews mainly because heterogeneity of studies. Due to different education, culture and social system, whether the current evidence on communication is suitable for clinical practice in China needs further studies. Conclusions The existing reviews are much more descriptive research about physician-patient communication. Communication skills training can benefit for physician and patient communication and it should be based on evidence-based guidelines. The challenge for future research is how to effectively integrate the communication interventions into clinical practice.