Communication in Emergency Departments: Challenges and Strategies for the Care of an Older Adult

Comunicação nos Serviços de Urgência: Desafios e Estratégias para o Cuidado da Pessoa Idosa

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Abstract:

Effective communication is essential to delivering high-quality care to older adults, particularly in the complex and fast-paced environment of the Emergency Department (ED). Older patients often face unique challenges — such as sensory impairments, cognitive decline, polypharmacy, and emotional distress — that can hinder clear communication and compromise care. This paper explores key topics related to communication with older adults in the ED, including common barriers, frequent errors, and evidence-based strategies for improvement.

Barriers to effective communication may include environmental noise, time constraints, and fragmented care between multiple professionals. Common communication errors — such as using medical jargon, assuming cognitive deficits, or rushing interactions — can undermine patient autonomy, reduce comprehension, and negatively affect outcomes. In contrast, strategies such as active listening, using plain language, confirming understanding, and involving family or caregivers when appropriate, can significantly enhance communication efficacy. Special attention is also given to the sensitive task of delivering bad news, where empathy, clarity, and respect for the older patient's values are paramount.

Improving communication in the ED is not merely a best practice — it is a clinical necessity. By adopting targeted communication strategies and using appropriate tools, healthcare professionals can ensure safer, more dignified, and more patient-centred care. Furthermore, lessons learned in communicating effectively with older adults can be applied broadly to enhance interactions with patients across all age groups and care settings.

Keywords: Aged; Communication; Emergency Service, Hospital; Patient Care Team; Patient-Centered Care.

Resumo:

A comunicação eficaz é essencial para a prestação de cuidados de saúde de elevada qualidade a pessoas idosas, especialmente no ambiente complexo e acelerado dos Serviços de Urgência (SU). Os doentes idosos enfrentam frequentemente desafios específicos — como défices sensoriais, declínio cognitivo, polimedicação e sofrimento emocional — que podem dificultar uma comunicação clara e comprometer a qualidade dos cuidados. Este artigo explora tópicos-chave relacionados com a comunicação com pessoas idosas nos SU, incluindo barreiras frequentes, erros comuns e estratégias baseadas na evidência para a sua melhoria.

As barreiras à comunicação eficaz podem incluir o ruído ambiental, limitações de tempo e a fragmentação dos cuidados entre vários profissionais. Erros comuns — como o uso de jargão médico, a suposição de défices cognitivos ou a condução apressada das interações — podem comprometer a autonomia do doente, reduzir a compreensão e afetar negativamente os resultados clínicos. Em contrapartida, estratégias como a escuta ativa, o uso de linguagem simples, a confirmação da compreensão e o envolvimento da família ou cuidadores, quando apropriado, podem melhorar significativamente a eficácia da comunicação. Dá-se também especial atenção à tarefa sensível de comunicar más notícias, em que a empatia, a clareza e o respeito pelos valores da pessoa idosa são fundamentais.

Melhorar a comunicação nos SU não é apenas uma boa prática — é uma necessidade clínica. Ao adotar estratégias direcionadas e utilizar ferramentas adequadas, os profissionais de saúde podem garantir cuidados mais seguros, dignos e centrados na pessoa. Além disso, as lições aprendidas na comunicação com idosos podem ser aplicadas de forma transversal a outras populações e contextos de cuidados.

Palavras-chave: Assistência Centrada no Doente; Comunicação; Equipa de Cuidados ao Doente; Idoso; Serviços de Urgência Hospitalar.

Introduction

The global aging population has placed unprecedented demands on healthcare systems, with Emergency Departments (EDs) at the forefront of providing acute care for older adults. As the number of older adult patients continues to grow, EDs face unique challenges, including managing complex medical

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conditions alongside communication barriers intensified by the ED's fast-paced environment.[1]

Effective communication in the ED is a critical yet often overlooked aspect of care for older adults, demanding immediate attention and culturally sensitive communication strategies. Communication in the ED can be categorized into three key types: (a) communication between the patient and healthcare professionals; (b) communication involving family members or caregivers and the healthcare professionals; and (c) interprofessional communication among healthcare providers. In this article, we focus on patient–healthcare professionals communication, aiming to raise awareness of this important topic, discuss the associated challenges, common errors, and weaknesses, and explore potential solutions identified through focus groups discussions. Our aims are to promote more effective communication, ensuring a patient-centred approach that respects sociocultural differences and reaffirms the dignity and individuality of older adults.

Communication strategies and health communication tools, both among multiple healthcare professionals and between professionals, patients, and family members, can improve the quality of care for older adults in the unique environment of the ED.[2]

Barriers to Effective Communication in the ED

Effective communication with older adult patients in the ED involves addressing several significant barriers.[3] Cognitive impairments, such as delirium and dementia, often hinder understanding and decision-making, requiring tailored communication strategies. Sensory deficits, including hearing loss and vision problems, are also common and can be further exacerbated by the noisy[4,5] and visually overwhelming ED environment. Psychological factors, such as anxiety, fear, and stress, may limit patients' ability to engage meaningfully in communication. Additionally, the fast-paced nature of the ED often leaves limited time for thorough patient interactions, which can further strain communication.

Cultural and linguistic diversity adds another layer of complexity, as language barriers and differing cultural norms may lead to misunderstandings.[6] The ED serves as the hospital's always-open front door, making it especially important to address these challenges effectively to ensure equitable and high-quality care for all patients.

Limited health literacy among older adults, as highlighted by Portuguese data,[7] poses a significant challenge, as it can hinder their ability to comprehend medical information and engage actively in their own healthcare decisions.[8] Table 1 provides a detailed summary of these barriers, offering insights into their impact and underlying challenges.

Common Errors in Communication in the Emergency Department

Healthcare professionals often make unintentional errors that hinder effective communication with older adults (Table 2).[9]

Table 1: Barriers to Effective Communication in the Emergency Department.

Barrier	Description
Cognitive Impairments	Delirium and dementia affecting understanding, reasoning, and decision-making
Sensory Deficits	Hearing loss and vision problems often exacerbated by noise and visual overload in the ED
Emotional/Psychological Factors	Anxiety, fear, and stress limiting communication engagement
Fast-Paced Environment	Time constraints reducing opportunities for effective communication
Linguistic Diversity and Socio-Cultural	Language barriers and cultural differences leading to misunderstandings
Health Literacy	Difficulty understanding medical information, instructions, and treatment plans
Environmental Distractions	Overcrowding, noise, interruptions, and lack of privacy that impair concentration and hinder clear, focused communication.
Medication Effects	Side effects of medications, such as sedation, confusion, or drowsiness, that impair cognitive functioning and communication abilities.
Physical Discomfort and Pain	Acute pain, fatigue, and physical discomfort that limit concentration and the ability to engage in communication.
Limited Involvement of Caregivers or Family Members	The absence or limited presence of family members or caregivers who can support communication, clarify medical history, and assist in decision-making
Time of Day and Fatigue	The impact of late-night or early-morning consultations, when both patients and healthcare providers may experience fatigue, reduced attention, and diminished cognitive performance, impairing communication.

Table 2: Common Errors in Communication with Older Adults in the Emergency Department.

Common Errors	Impact	Examples
Assuming Cognitive Deficits	Excludes patients from discussions and decision-making, undermining autonomy	"You probably don't understand this, so I'll just talk to your son."
Speaking Too Loudly / Yelling	Can be perceived as disrespectful or patronizing	"Can you hear me now?"
Using Paternalistic Language	Undermines the patient´s dignity and independence	"Good girl, you're doing so well!"
Focusing Communication on the Family/ Caregiver Instead of the Patient	Undermines patient autonomy and makes the older adult feel ignored or infantilized.	Speaking only to the caregiver, even when the patient is capable of responding.
Ignoring Nonverbal Cues	Leads to missed opportunities for understanding needs and discomfort	Failing to notice a patient avoiding eye contact or clenching fists, indicating distress
Rushing Interactions	Leaves patients feeling ignored, undervalued, and disrespected	"I'm in a hurry, so let's make this quick."
Using Medical Jargon	Confuses patients and prevents full understanding of their condition or treatment.	"Your ECG shows some arrhythmias that could indicate AFib."
Overloading Information at Once	Overwhelms the patient, reducing retention and the ability to process critical instructions.	Rapidly explaining multiple procedures and risks without pauses or checking for understanding.
Disregarding Fatigue or Pain Levels Impact	Attempting to communicate complex information when the patient is in pain or exhausted can reduce attention and comprehension.	Giving detailed discharge instructions before addressing pain management or allowing the patient to rest.

Assuming cognitive deficits without proper assessment can lead to the exclusion of patients from discussions and decision-making processes, which undermines their autonomy.[10] Speaking in a different language[11] or speaking unnecessarily loudly can seem patronizing and disrespectful. The use of paternalistic and infantilizing language further diminishes the dignity of older adults. Additionally, ignoring nonverbal communication, such as body language or facial expressions, can result in missed opportunities to identify a patient's needs or discomfort. Lastly, rushing through interactions can leave patients feeling undervalued and unheard, which negatively impacts their overall experience in the ED.[12]

Strategies for Effective Communication in the Emergency Department

Improving communication with older adults in the ED requires implementing targeted strategies that address their specific needs. Active listening is one of the most effective approaches,[13] as repeating and confirming patients' statements ensures understanding and fosters trust. Simplifying language by avoiding medical jargon and using concise sentences helps minimize confusion. Demonstrating empathy and respect by acknowledging patients' experiences and emotions enhances rapport and contributes to a supportive environment.[12]

Accommodating sensory deficits is also essential. For patients with hearing loss, speaking clearly, facing the patient, and using visual aids can improve communication. For patients with vision problems, providing written materials in large print and ensuring adequate lighting are helpful strategies.[14] Sociocultural sensitivity is also crucial, as respecting cultural differences and involving interpreters or cultural mediators when needed ensures inclusivity and effective communication.[12]

Given the time constraints in the ED, healthcare professionals can adapt by providing brief, clear explanations and engaging caregivers or family members in the communication process when appropriate. Table 3 summarizes these strategies and their practical applications in the ED setting.

Table 3: Strategies for Effective Communication in the Emergency Department.

Strategy	Application
Active Listening	Confirm patients' statements and repeat key information to ensure mutual understanding
Simplified and Clear Language	Use concise sentences and avoid medical jargon to reduce confusion
Empathy and Respect	Acknowledge patients' emotions and personal experiences to build rapport
Accommodating Sensory Deficits	Tailor tools to address hearing and vision challenges
Socio-Cultural Sensitivity	Respect cultural differences and use interpreters or cultural mediators when needed
Adapting to ED Setting	Provide brief, clear explanations and involve caregivers
Allowing Extra Processing Time Application	Pause after providing information, allowing the patient sufficient time to process, reflect, and ask questions without feeling rushed.
Providing Written and Visual Supports Application	Offer simple written instructions, diagrams, or illustrations in large print to reinforce verbal communication and support memory retention.
Reducing Environmental Distractions Application	Whenever possible, find a quieter space, reduce background noise, and maintain eye contact to improve focus and patient comfort.

Delivering Bad News to Older Adults in the Emergency Department

In the ED, clinicians also frequently face the challenge of breaking bad news to older adults. This task is particularly amplified in this context by the need for urgency, time constraints, poor privacy, and heightened stress that are built into the ED setting.[15,16] Further, older patients often present with cognitive impairment, sensory loss, or emotional vulnerability[17] that can further erode their ability to receive and understand distressing information.

Although standardized protocols such as the SPIKES model offer helpful general guidance for delivering bad news,[18] they are insufficient to address the unique demands of working with older adult ED patients. In this high-stress environment, practitioners must adapt communication techniques to match patients' cognitive function, sensory needs, and emotional processing. Though these standardized procedures provide a useful guide, we indicate some additional elements specific to the emergency department environment and important in effective communication with this vulnerable population.

Table 4: Key Elements in Delivering Bad News to Older Adults in the Emergency Department.

Strategy	Application
Assess Cognitive and Sensory Function	Confirm the patient's capacity to hear and offer use of hearing aids, glasses, or other devices as needed
Explore the Patient's Understanding	Determine what the patient knows about their illness currently in order to tailor information to their knowledge base and expectations
Respect Patient Autonomy	Clarify patient's preferences to receive news alone or with family present
Address Emotional Vulnerability	Acknowledge feelings, validate fears, and respond with empathy
Use Simple and Clear Language	Avoid using jargon medical; talk slowly and clearly, allowing understanding time
Engage Family or Caregivers	With patient consent, engage trusted persons to offer support and facilitate understanding
Allow Time for Processing	Provide time for pause, question the patient, and do not hurriedly converse
Offer Clear Next Steps	Clearly communicate follow-up care plans and support resources that are available in order to reduce uncertainty
Ensure Privacy and Minimize Distractions	Choose a quiet, private setting whenever possible, in order to give clear and empathetic communication

Before delivering bad news, clinicians should first assess the cognitive status of the patient and secure the necessary support (e.g., hearing aid or glasses).[19] It is also essential to explore the patient's current knowledge regarding their condition since it allows the practitioner to adjust the discussion according to the level of knowledge and preparedness of the patient. Patient autonomy has to be respected, and that involves specifying the type of information the patient requires directly or with family members around.[20] Emotional care is also a must, given that bad news trigger anxiety relating to death, helplessness, or being burdensome to relatives. Communication should be given in simple, straightforward language, with a consistent and empathetic tone, taking sufficient time to permit questioning by the patient and emotional reaction. Inviting caregivers, with patient consent, can offer additional support and assist in structuring information. Lastly, explicit explanation of what will happen next and follow-up requirements are required to dispel confusion and establish trust.

Conclusion

Improving communication with older adult patients in Emergency Departments is not merely an option but a necessity to ensure patient safety, enhance satisfaction, and promote dignity. By recognizing the unique challenges faced by this population in the ED setting and implementing targeted communication strategies, healthcare professionals can foster a more inclusive, patient-centred, and effective care environment. Moreover, the lessons learned from addressing communication barriers with older adults can serve as a model for improving interactions across diverse patient populations. This also underscores the need for continuous training in Emergency Departments, for example, through structured role-play exercises within healthcare teams. ■

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MA – Conception of the idea, thematic review, preparation of the initial draft, and final revision.
ID, MB – Thematic review and final revision.
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Declaração de Contribuição

MA – Concepção da ideia, revisão temática, elaboração do draft inicial e revisão final.
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