

Current Practices of Person-centred Care in Emergency Departments: A Scoping Review

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Abstract:

Background: Person-centred care (PCC) is widely recognised as a key component of high-quality healthcare, ensuring that care aligns with patients' needs, values, and preferences. However, delivering PCC in emergency departments (EDs) presents particular challenges due to time constraints, high patient turnover, and systemic pressures.

Aim: This review explores and synthesises current global evidence on the practices of PCC in EDs, focusing on the experiences and perspectives of adult patients, nurses, and physicians. It also identifies variations across healthcare systems and geographic regions.

Methods: A scoping review was conducted using JBI guidelines. The search included MEDLINE, EMBASE, CINAHL, and PsycINFO (2018–2024), and grey literature was identified through Google Scholar. Studies were included if they addressed PCC practices in emergency departments (EDs) involving adults, nurses, or physicians. A total of 28 studies were included.

Key Findings: Six key themes were identified:

- Patient Engagement & Shared Decision-Making
- Communication & Empathy
- Trustworthiness
- Continuity of Care & Teamwork
- Holistic Care
- Barriers (e.g., crowding, cultural gaps)

Patients valued being involved in decisions, but time pressures, limited staffing, and cultural norms often limited their ability to participate. Communication was seen as essential for building trust, yet it was often hindered by excessive workload, a lack of clarity, and limited emotional support. Holistic care, including attention to emotional and physical needs, was often overlooked, especially in busy environments. Trust was strengthened through clear explanations, empathy, and teamwork, but sometimes weakened by rushed care or poor communication. Continuity of care improved when structured handovers and discharge plans were used. Barriers such as overcrowding, staff burnout, and lack of resources were common, especially in under-resourced or culturally diverse settings.

Most studies were conducted in Western, resource-rich settings, with a critical lack of patient perspectives from non-Western countries. Additionally, spiritual care and cultural sensitivity remain underexplored. Disparities between tertiary and non-tertiary hospitals further influence PCC delivery.

Conclusion: A range of individual, organisational, and cultural factors influences PCC in emergency departments (EDs). While efforts to improve communication, teamwork, and patient involvement show promise, further research is needed in non-Western and trauma-specific settings. More attention is also required to address cultural and systemic challenges to delivering effective and compassionate care.

Keywords:

Person-centred care; Emergency departments; Communication; Teamwork; Patient involvement.