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Effective communication in nursing: an essential strategy for patient safety.

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Lito Miguel Parente dos Santos

Email: spml1979@gmail.com

SUMMARY

Introduction: Patient safety is a priority for healthcare systems and an essential indicator of the quality of care. Effective communication in nursing plays a crucial role in preventing errors, reducing adverse events, ensuring continuity of care, and promoting safe, patient-centered practices.

Objective: To analyze recent scientific evidence and relevant normative documents on the influence of nurses' communication practices on error prevention and patient safety, focusing on the Portuguese context.

Method: A descriptive literature review was conducted using SciELO, the Virtual Health Library (BVS), Google Scholar, and the Open Access Scientific Repositories of Portugal (RCAAP), covering publications between 2019 and 2024. Normative and strategic documents from the Directorate-General of Health and the World Health Organization were also included. The review was conducted as a structured narrative synthesis, without formal assessment of the risk of bias.

Results: Six scientific publications and five institutional, normative, or strategic documents were analyzed. The evidence shows that effective communication promotes continuity of care, strengthens coordination among professionals, and actively involves the patient in the therapeutic process. Structured care transition tools, such as ISBAR, and person-centered communication emerge as essential elements for a culture of safety.

Conclusion: Effective communication in nursing is a fundamental strategy for patient safety. Its consistent application depends on adequate organizational conditions, continuous team training, the use of structured tools, and an institutional culture oriented towards learning from mistakes.

Keywords: Nursing communication; Patient safety; Quality of healthcare; Adverse events; ISBAR.

ABSTRACT

Introduction: Patient safety is a priority for healthcare systems and an essential indicator of healthcare quality. Effective communication in nursing plays a determining role in preventing errors, reducing adverse events, ensuring continuity of care and promoting safe, person-centered practices.

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Objective: To analyze recent scientific evidence and relevant normative documents on the influence of nurses' communication practices on error prevention and patient safety, with a focus on the Portuguese context.

Method: A descriptive literature review was carried out in SciELO, the Virtual Health Library (VHL), Google Scholar and Portuguese Open Access Scientific Repositories (RCAAP), covering publications between 2019 and 2024. Normative and strategic documents from the Portuguese Directorate-General of Health and the World Health Organization were also included. The review was conducted as a structured narrative synthesis, without formal risk-of-bias assessment.

Results: Six scientific publications and five institutional, normative or strategic documents were analyzed. The evidence shows that effective communication promotes continuity of care, strengthens collaboration among healthcare professionals and actively involves the patient in the therapeutic process. Structured handover tools such as ISBAR and person-centered communication emerge as essential elements of safety culture.

Conclusion: Effective communication in nursing is a fundamental strategy for patient safety. Its consistent application depends on adequate organizational conditions, continuous staff training, the use of structured tools and an institutional culture oriented towards learning from error.

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1. INTRODUCTION

Patient safety is a primary concern for healthcare systems and a cornerstone of quality care. It is also an ethical obligation for professionals and institutions, reflected in the responsibility to reduce preventable harm and improve safety in the delivery of care.
Internationally, the World Health Organization (WHO) adopted the Global Action Plan for Patient Safety 2021-2030 in 2021, which provides strategic guidance to progressively eliminate preventable harm in healthcare [1].

In Portugal, the National Patient Safety Plan 2015-2020 [2] and the National Patient Safety Plan 2021-2026 [3] reflect this commitment, identifying as priorities a safety culture, effective communication between professionals, medication safety, unambiguous patient identification and the reduction of incidents in care. The analysis of the national legal and strategic framework supports the need to integrate international guidelines into the daily practice of Portuguese institutions [4].

Communication takes on particular importance in care transitions, as these are moments that are particularly vulnerable to the loss, distortion or omission of clinical information. In Portugal, the Directorate-General of Health has defined that care transitions must involve effective communication in the transfer of information between care teams, recommending the use of the ISBAR technique at all levels of care delivery involving transition [5].

Despite the advances of recent decades, adverse events continue to represent a significant challenge. They do not, as a rule, result from a single isolated error, but from a combination of individual failures, deficiencies in work processes, organizational weaknesses, and communication problems. Among these, inadequate information transmission during the provision of care, especially in transitions between teams or services, constitutes a critical area for clinical safety [5,6].

In this context, nursing occupies a central place. Continuous proximity to the patient, participation in care coordination, and ongoing interaction with the family and other professionals give nurses a direct responsibility in promoting clinical safety. This study aims to analyze recent scientific evidence and relevant normative documents on the influence of nurses' communication practices in preventing errors and improving care, focusing on the Portuguese context.

2. METHODS

2.1 Type of study

This is a descriptive literature review, developed with the objective of analyzing the scientific and normative production related to effective communication in nursing as a strategy to promote patient safety. The review was organized in a structured way, with a sequential description of the selection process, without adopting the designation of a systematic review.

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2.2 Information sources and research strategy

The research was conducted in the Scientific Electronic Library Online (SciELO), the Virtual Health Library (BVS), Google Scholar, and the Open Access Scientific Repositories of Portugal (RCAAP).
Institutional, normative and strategic documents from the Directorate-General of Health (DGS) and the WHO were also considered, due to their relevance in the Portuguese and international context.

Descriptors and keywords related to the topic were used: “nursing communication”, “patient safety”, “effective communication”, “therapeutic communication”, “transition of care”, “ISBAR”, “medication safety”, “person-centered care”, “adverse events”, and “quality of healthcare”. The terms were combined with Boolean operators AND and OR, and equivalent variants in English were also used, namely “nursing communication”, “patient safety”, “handover”, “handoff”, “medication safety”, and “person-centered care”.

2.3 Inclusion and exclusion criteria

Scientific articles, normative documents, and institutional publications, in Portuguese and English, available in full text, published between 2019 and 2024, or current normative documents with direct relevance to patient safety and health communication were included. Publications addressing the relationship between nursing communication, care transition, medication safety, safety culture, or person-centered care were included. Duplicates, publications without full access, documents without a direct link to the topic, opinion pieces without relevant scientific or normative framework, and publications outside the defined period were excluded, except when they corresponded to normative documents that are still applicable.

2.4 Study selection and analysis

After identifying potentially relevant documents, titles and abstracts were read to verify their suitability for the objectives. The selected documents were subsequently read in full. The synthesis was done in a narrative and descriptive manner, grouping the results by themes: institutional priority of safety, effective communication and structured tools, person-centered communication, safety culture, medication safety, and the role of the nurse. The final sample included 6 scientific publications and 5 institutional, normative, or strategic documents.

No formal assessment of the risk of bias was performed, nor was there any intention to quantitatively estimate the effect of the communication interventions. For this reason, the results should be interpreted as a descriptive synthesis of the available evidence and not as a systematic review or meta-analysis.

3. RESULTS

3.1 Characterization of the studies and documents included

Table 1 systematizes the scientific studies and institutional, normative, or strategic documents included in the analysis.

Table 1. Summary of studies and documents included in the review.

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No.	Source/year	Type and theme	Main contribution
1	Amaral, 2023	Political analysis; patient safety	Integrating international guidelines into national policy and framework.
2	Azevedo et al., 2020	Integrative review; urgency	The practice environment, workload, resources, and organizational support all influence safety.
3	Correia and Martins, 2023	Integrative review; medication	Complexity of care, stress, polypharmacy, and inadequate drug-to-medication ratio increase the risk of... error.
4	DGS, 2017	Standard; transition of care	It recommends structured communication and the use of the ISBAR technique.
5	Figueiredo et al., 2020	Scoping review; ISBAR	ISBAR improves clarity, simplicity, and safety in clinical transitions.
6	Lopes and Gama, 2024	Editorial; critically ill patient	It values person-centered communication, rights, autonomy, and participation.
7	Martins et al., 2022	Cross-sectional study; safety culture	Support from top management and work pressure/pace emerge as weak points.
8	Ministry of Health, 2015	PNSD 2015-2020	It sets priorities such as safety culture, effective communication, and medication safety.
9	Ministry of Health, 2021	PNSD 2021-2026	It reinforces safety culture, incident reporting, coordination, and organizational conditions.
10	WHO, 2017	Initiative; Medication Without Harm	The goal is to reduce preventable serious harm associated with medication by 50%.
11	WHO, 2021	Strategic document; patient safety	Global strategic guidance to reduce avoidable harm by 2030.

Source: author's own elaboration.

3.2 Patient safety as a priority for health systems

Patient safety has become a cross-cutting priority in health policies over the last two decades. In 2004, the WHO created the Global Alliance for Patient Safety and has developed successive global challenges, including the prevention of healthcare-associated infections, safe surgery, and medication safety. The Global Action Plan 2021-2030 consolidates these efforts, providing strategic guidance for governments, health organizations, and professionals [1].

At the national level, the 2015-2020 National Safety and Health Program (PNSD) highlighted the need to strengthen the safety culture, communication between professionals, and coordination between services, identifying medication safety as one of the priority areas [2]. The 2021-2026 PNSD reinforced these axes, with particular emphasis on organizational conditions, incident reporting, team adequacy, and the sustainability of safe practices [3]. The literature underlines that the operationalization of these guidelines requires their translation into standards, procedures, training, and monitorable indicators [4].

Despite available guidelines, adverse events continue to occur. Azevedo et al. showed, in an integrative review of emergency services, that the nursing practice environment,

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Specifically, workload, staffing levels and organizational support influence the occurrence of errors and patient safety [7].

3.3 Effective communication and structured care transition tools

Clear communication between professionals, and between professionals, patients, and family, helps reduce errors and improve the quality of care. Transitions between shifts, between services, between levels of care, or at the time of hospital discharge are critical moments, as they involve the transfer of clinical responsibility and the need for complete, up-to-date, and understandable information.

To mitigate this risk, structured information transfer tools have been proposed. In Portugal, DGS Standard No. 001/2017 recommends that the transition of care should follow effective communication and establishes the ISBAR technique as a structured instrument for transmitting health information [5]. The ISBAR technique organizes communication into five components: identification, current situation, background, assessment, and recommendations.

A scoping review by Figueiredo et al. mapped the evidence on the use of ISBAR and concluded that this tool improves the clarity, simplicity and safety of clinical transitions, by reducing omissions, assumptions and asymmetries in the transmission of information between professionals [6].

3.4 Person-centered communication in critical situations

Communication is an essential clinical intervention in nursing because it influences assessment, decision-making, continuity of care, and the therapeutic relationship. This dimension is particularly important for critically ill patients, where clinical vulnerability, anxiety, pain, limited verbal communication, and the presence of family require constant adaptation of language and communication strategies.

Lopes and Gama argue that strategies that promote safe communication between nurses and critically ill patients are based on the principles of person-centered care, respect for ethical and deontological values, and safeguarding the rights to information, autonomy, and participation in health decisions [8]. As this is an editorial, this source should be interpreted as a reflective contribution and not as primary empirical evidence.

This approach recognizes the patient as an interlocutor and, whenever possible, as an active agent in the care process. Person-centered communication requires time, listening, language adaptation, and emotional availability, and can influence therapeutic adherence, trust in professionals, and satisfaction with care.

3.5 The role of the nurse in the safety culture

The involvement of nurses is crucial for consolidating a safety culture in healthcare institutions. Martins et al. assessed the patient safety culture among nurses in Community Care Units in southern Portugal and identified the dimensions “teamwork” and “general perceptions of quality and safety” as the most positive, and “top management support” and “pressure and pace of work” as the weakest [9].

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These findings underscore that patient safety depends on organizational conditions and institutional leadership, and not just on the individual performance of professionals. Effective communication requires adequate teams, time to transmit information, formal communication channels, and a culture that promotes incident reporting and learning.

3.6 Medication Communication and Safety

Medication safety is one of the most sensitive areas of clinical practice and is closely linked to communication. The WHO's third Global Challenge, Medication Without Harm, launched in 2017, set a goal of reducing preventable serious harm associated with medication by 50% [10]. In Portugal, national patient safety plans incorporate medication safety as a priority axis, in conjunction with safety culture, incident reporting and improvement of care processes [2,3].

Correia and Martins, in an integrative review on medication safety in critically ill patients, showed that the complexity of care, the need for multiple drugs simultaneously, stress, and an inadequate nurse-to-patient ratio are associated with a higher probability of errors [11]. The authors emphasize that effective, patient-centered communication, coordinated with the entire multidisciplinary team, is crucial for medication safety. The nurse, due to their proximity to the patient and direct responsibility for the preparation, administration, monitoring, and surveillance of drug effects, is an essential element in this process.

4. DISCUSSION

The evidence analyzed converges on a central point: patient safety does not result from isolated measures, but from an articulated institutional strategy, in which effective communication plays a transversal role. The normative and strategic documents of the WHO and the DGS [1-3,5,10] establish the framework, but their effectiveness depends on local implementation, team involvement, and the existence of adequate organizational conditions.

Communication operates in three complementary dimensions. Among professionals, evidence points to the systematic use of structured tools, particularly ISBAR, as a practical measure to improve safety in care transitions [5,6]. Between professional and patient, person-centered communication promotes understanding, participation, and co-responsibility [8]. At the institutional level, open communication about errors and incidents feeds into reporting systems and organizational learning, contributing to a more mature safety culture [3,9].

Organizational conditions directly influence the safety of care and the effectiveness of communication. The review by Azevedo et al. shows that the practice environment influences the occurrence of errors in emergency services [7], and Martins et al. identify top management support and work pace as weak dimensions in nurses' perception [9]. Thus, effective communication is not based solely on individual skills. It depends on adequate staffing, time for care, standardized processes, and leadership that values safety as a strategic priority.

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This logic is particularly evident in medication safety, where healthcare overload, interruptions in drug preparation, the complexity of therapeutic regimens, and failures in information transmission amplify the risk [10,11]. The use of structured communication, confirmation of critical information, clarification of responsibilities, and active patient participation can contribute to reducing the likelihood of error.

The review has limitations that must be acknowledged. The number of studies included is small, and the use of Google Scholar reduces the reproducibility of the research. The literature analyzed is mostly Portuguese, which reinforces its applicability to the national context, but limits its international generalization.
No formal assessment of risk of bias or quantitative analysis of the results was performed. The findings should therefore be read as a descriptive and narrative synthesis of the available evidence, and not as an estimate of the effect of the communication interventions.

5. FINAL CONSIDERATIONS

Effective communication in nursing is a fundamental strategy for patient safety. It plays a role in preventing errors, reducing adverse events, promoting continuity of care, and actively involving the patient in health decisions.

The main conclusions of this review are four. First, the use of structured care transition tools, particularly ISBAR, is supported by national normative guidance and scientific evidence as a practical measure to improve safety during critical moments. Second, person-centered communication strengthens understanding, therapeutic adherence, and trust in professionals. Third, patient safety depends on organizational conditions such as staffing, leadership, institutional culture, and time to communicate, and not just on individual performance. Fourth, medication safety requires close coordination between communication, training, practice environment, and process monitoring.

For future research, it is recommended to conduct studies with more robust methodologies, evaluate the impact of communication interventions on specific clinical indicators, and analyze the relationship between safety culture, communication, and health outcomes. For practice, it is recommended to strengthen ongoing training in structured communication, audit the use of tools such as ISBAR, simulate care transitions, create institutional spaces for information sharing, and promote learning from mistakes.

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