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Empathy-based therapeutic communication and patient satisfaction: A scoping review

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Abstract

Background: Empathy-based therapeutic communication is an essential component of patient-centered healthcare, contributing to therapeutic relationships, trust, care experiences, and patient satisfaction. Although evidence of the benefits of empathic communication continues to grow, findings remain dispersed across clinical settings and have not been comprehensively mapped.
Purpose: To identify and map forms of empathy-based therapeutic communication and their reported associations with patient satisfaction across healthcare settings.
Method: This scoping review was conducted in accordance with the Joanna Briggs Institute (JBI) methodology and reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR). A literature search was conducted in Scopus, PubMed, and Google Scholar for articles published between 2020 and 2026. Study selection was guided by the Population–Concept–Context (PCC) framework. Data were extracted, charted, and synthesized descriptively to map study characteristics, forms of empathy-based therapeutic communication, and reported outcomes.
Results: A total of 28 articles met the inclusion criteria and were included in the final synthesis. The findings identified several forms of empathy-based therapeutic communication, including nurse–patient communication, patient-centered communication, shared decision-making, empathic physician–patient communication, family-inclusive communication, and structured communication models such as AIDET. Overall, the included studies reported that empathic, responsive, and patient-centered communication was associated with greater patient satisfaction, increased trust in healthcare professionals, stronger therapeutic relationships, greater patient involvement in decision-making, and more positive care experiences.
Conclusion: Empathy-based therapeutic communication appears to be an important component of patient-centered healthcare and is associated with positive patient satisfaction outcomes across diverse healthcare settings. The findings highlight the need to develop more standardized approaches to empathy-based therapeutic communication and to conduct further research examining their implementation and effectiveness across different clinical contexts.

Keywords: Empathy; Patient-Centered Care; Patient Satisfaction; Therapeutic Communication.

INTRODUCTION

Therapeutic communication is a core competency in healthcare that plays a crucial role in building professional relationships between healthcare professionals and patients (Al-Kalaldeh et al., 2020; Höglander et al., 2023). In a patient-centered care approach, communication is no longer understood merely as the delivery of information, but as an interpersonal process that influences patient experience, trust in healthcare professionals, involvement in decision-making, and satisfaction with the care received (Duncan et al., 2025; Gräfe et al., 2026). Therefore, communication quality is a crucial

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indicator of the quality of modern healthcare (Obaidi et al., 2025).

Empathy is a fundamental component of therapeutic communication. Healthcare professionals' ability to understand patients' feelings, needs, and perspectives enables more appropriate, supportive, and meaningful communication responses (Campos et al., 2024; Kadji & Schmid Mast, 2021). Numerous studies have shown that empathetic communication is associated with improved patient perceptions of care quality, strengthened therapeutic relationships, increased trust, and more positive care experiences (Ito et al., 2024; Kühne et al., 2021).

To date, numerous studies have examined communication interventions in clinical practice, including nurse-patient communication, doctor-patient communication, patient-centered communication, shared decision-making, family-involved communication, and structured communication models such as AIDET (Duncan et al., 2025; Hayati et al., 2023). These studies were conducted in various care settings, including emergency departments, inpatient care, primary care, cancer care, cardiovascular care, and intensive care units (Li et al., 2022; Rogge et al., 2024; Yuan et al., 2023). Reported outcomes also vary, including patient satisfaction, trust in healthcare professionals, quality of the therapeutic relationship, patient involvement in decision-making, and patient experiences during healthcare (Noseworthy et al., 2022).

However, evidence on empathy-based therapeutic communication remains scattered across different study designs, populations, interventions, and service contexts (Duncan et al., 2025; Höglander et al., 2023). This variation results in the lack of a comprehensive picture of the forms of empathy-based therapeutic communication used in clinical practice and how they relate to patient satisfaction and experiences across healthcare settings (Gräfe et al., 2026; Höglander et al., 2023). Furthermore, there are still limited studies that specifically map the evidence on empathy-based therapeutic communication and patient outcomes in the form of scoping reviews, so the knowledge gap in this area still needs to be addressed.

Therefore, this scoping review aims to identify and map forms of empathy-based therapeutic communication used in healthcare and explore their impact on patient satisfaction and experience across various clinical settings. The primary question of this review is: how are forms of empathy-based therapeutic communication implemented in clinical practice, and how are they related to patient satisfaction and experience?

RESEARCH METHOD

Design Scoping Review

This study used a scoping review approach to identify, map, and describe scientific evidence regarding empathy-based therapeutic communication and its relationship to patient satisfaction across various healthcare settings. This approach was chosen because the topic studied encompasses diverse interventions, populations, contexts, and outcomes, making it more appropriate to map broadly rather than assess them through quantitative synthesis of effects. Therefore, this review is not intended to conduct a meta-analysis, but rather to provide a comprehensive overview of intervention types, study characteristics, and outcome patterns reported in the literature (Arksey & O'Malley, 2005).

The review was prepared following the Arksey and O'Malley scoping review framework, further developed in the Joanna Briggs Institute (JBI) guidelines, and reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) (Arksey & O'Malley, 2005; Aromataris et al., 2024; Tricco et al., 2018). The review process included formulating the review question, identifying relevant studies, selecting studies, extracting and mapping data, and synthesizing the results descriptively and narratively.

Review Questions

The primary question in this review was: how are forms of empathy-based therapeutic communication implemented in clinical practice, and how are they related to patient satisfaction and experiences? This question was formulated to guide the process of identifying evidence, mapping interventions, and categorizing outcomes reported in the included studies (Aromataris et al., 2024).

Search strategy and data sources

A systematic literature search was conducted in three electronic databases: Scopus, PubMed, and Google Scholar. The search was conducted in May 2025 to identify articles relevant to the topic of

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empathy-based therapeutic communication and patient satisfaction. The search strategy was developed using a combination of keywords and Boolean operators AND/OR tailored to the characteristics of each database (Aromataris et al., 2024).

The main keywords used include therapeutic communication, empathetic communication, nurse-patient communication, patient-centered communication, empathy, patient satisfaction, and patient experience. One example of a search strategy is: ("therapeutic communication" OR "empathetic communication" OR "nurse-patient communication") AND "empathy" AND ("patient satisfaction" OR "patient experience" OR "patient-centered care").

The initial search results obtained 1,110 articles from Scopus, 233 articles from PubMed, and 7,620 articles from Google Scholar.

Inclusion and Exclusion Criteria (PCC)

The article eligibility criteria were determined using the Population–Concept–Context (PCC) framework recommended in scoping reviews (Aromataris et al., 2024). Population (P): patients, patient families, nurses, doctors, and other healthcare professionals involved in the therapeutic communication process in healthcare services. Concept (C): empathy-based therapeutic communication, including empathetic communication, nurse–patient communication, doctor–patient communication, patient-centered communication, shared decision-making, communication involving the family, and structured communication models such as AIDET. Context (C): various health care settings, including emergency departments, inpatient care, primary care, cancer care, cardiovascular care, and intensive care units.

Articles were included if they met the following criteria: (1) published in 2020–2026; (2) available in full text; (3) written in Indonesian or English; (4) primary research with quantitative, qualitative, mixed methods, randomized controlled trial, quasi-experimental, cohort, or cross-sectional designs; (5) discussing empathy-based therapeutic communication or patient-oriented communication; and (6) reporting outcomes related to patient satisfaction, patient experience, trust, therapeutic relationship, patient involvement in decision-making, or family satisfaction.

Articles were excluded if: (1) they were review articles, editorials, commentaries, letters, book chapters, or protocol studies; (2) they focused solely on student education or learning simulations without involving patients; (3) they did not discuss therapeutic communication or empathy-based communication; (4) they did not report relevant outcomes; (5) they were duplicate articles; or (6) they were not available in full text.

Study selection process (PRISMA-ScR)

The study selection process was conducted following the PRISMA-ScR process (Tricco et al., 2018). In the identification stage, the initial search yielded 8,963 articles, consisting of 1,110 articles from Scopus, 233 articles from PubMed, and 7,620 articles from Google Scholar. After limiting the search based on publication year, open access, and initial topic relevance, 43 articles from Scopus, 92 articles from PubMed, and 32 articles from Google Scholar were obtained for the initial screening stage.

Next, all articles were exported to a reference management tool for deduplication. Duplicate articles were removed, and the remaining unique articles were screened through title and abstract review based on their alignment with the review objectives and the PCC framework (Aromataris et al., 2024). At this stage, articles that were irrelevant to empathy-based therapeutic communication, did not report patient or family outcomes, were review articles or protocol studies, and studies involving only healthcare students were excluded.

After title and abstract screening, 43 articles underwent full-text review. Of these, 15 articles were excluded due to not meeting the criteria for population, concept, context, outcome, or incomplete availability. Ultimately, 28 articles met all inclusion criteria and were included in the final synthesis.

Data extraction and mapping (data charting)

Data from each article meeting the inclusion criteria were systematically extracted using a data charting form developed in accordance with the JBI guidelines (Aromataris et al., 2024). This process aimed to map study characteristics, forms of empathy-based therapeutic communication interventions, and reported primary outcomes.

Extracted information included author names, year of publication, country of study, study design, clinical setting, participant characteristics, type of communication intervention, and key findings.

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Additionally, outcomes recorded included patient satisfaction, patient experience, trust in healthcare professionals, therapeutic relationship, patient involvement in decision-making, and family satisfaction.

The extracted data was then compiled into a synthesis table to describe the characteristics of the included studies, and into a data charting table to map the relationship between intervention type and outcomes. The extraction process was repeated to ensure data consistency and alignment with the review questions (Aromataris et al., 2024).

Data Analysis and Systems

The extracted data were analyzed using a descriptive-narrative synthesis approach (Aromataris et al., 2024). The analysis was conducted to identify research patterns, categorize types of empathy-based therapeutic communication, and map outcomes related to patient satisfaction and experiences across various healthcare settings.

The first stage of analysis was conducted by summarizing the study characteristics in a synthesis table. The second stage was conducted by grouping similar forms of communication interventions into thematic categories, such as empathic communication, nurse-patient communication, patient-centered communication, shared decision-making, structured communication models, and communication involving patients' families. The third stage was conducted by compiling a descriptive narrative to explain the relationship between the forms of communication found and the main outcomes reported in the studies.

RESEARCH RESULTS

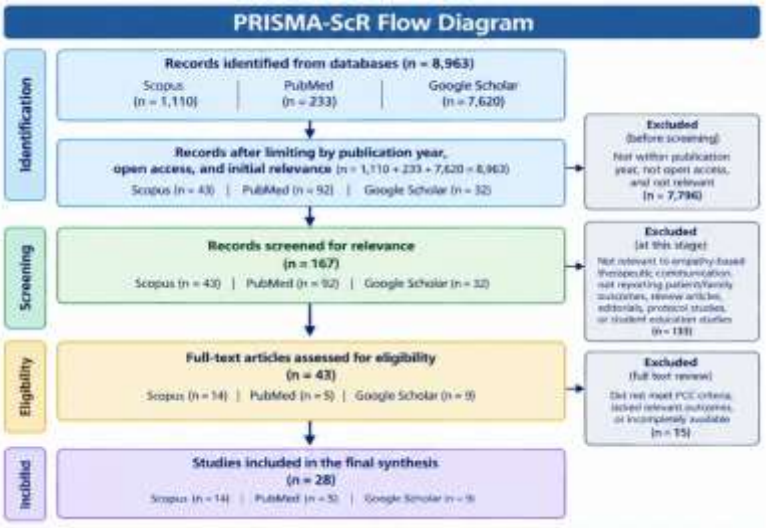


Figure 1. PRISMA Flow Diagram of the Study Selection Process

The 28 included articles were published between 2020 and 2026 and originated from various countries, including the United States, Canada, Germany, the Netherlands, China, Palestine, Saudi Arabia, and Indonesia. This distribution demonstrates that the study of empathy-based therapeutic communication has developed across various healthcare systems and cultural contexts.

Based on search sources, 14 articles came from Scopus, 5 from PubMed, and 9 from Google Scholar. Methodologically, the majority of studies used a quantitative approach with a randomized controlled trial (RCT) design.*quasi-experimental*, *cohort*, And *cross-sectional*, while a small portion uses the approach*mixed methods*. Thus, the pattern of evidence in this review is dominated by quantitative and observational/interventional research, rather than purely exploratory studies.

Study settings varied, including emergency departments (EDs), inpatient settings, intensive care units (ICUs), primary care, cancer care, cardiovascular care, and community health services. In general, most studies were conducted in clinical settings that require intensive interaction between healthcare professionals and patients, particularly in inpatient settings, cancer care, and acute care settings. Detailed characteristics of all included studies are presented in.

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Tabel 1. Characteristics of Included Studies

(Author, Year) Country	Method	Main Intervention / Communication Approach	Outcome
(Campos et al., 2024) Brazil	Observational analysis of communication cues; clinical care/ physician–patient encounter; patients and physicians	Physician attention to patients' communication cues and perceived empathy	Patient satisfaction; perceived physician empathy
(Kadji & Schmid Mast, 2021) Switzerland	Experimental study; physician–patient communication context; adult participants in physician self-disclosure experiment	Physician self-disclosure and patient self-disclosure	Patient perceptions of physician; patient self-disclosure
(Kühne et al., 2021) Germany	Randomized online-check vignette study; cancer/depression diagnosis communication; online participants exposed to video vignettes	Empathic communication in delivering diagnosis	Perceived empathy; communication quality; patient evaluation
(Iyer et al., 2023) United States	Randomized deception trial; hospital patient rooms / physician visit; hospitalized patients and physicians	Non-verbal patient-centred communication through chair placement	Patient satisfaction; physician behavior
(Duncan et al., 2025) United Kingdom	Mixed-methods study; primary care / medication review; patients receiving polypharmacy medication review	Patient-centred polypharmacy medication review	Patient experience; acceptability; satisfaction-related outcomes
(Li et al., 2022) China	Cohort study; cardiovascular / PCI care; patients undergoing PCI	Integrated medical and nursing rounds combined with AIDET communication	Recovery; quality of life; service experience
(Yang et al., 2023) China	Intervention / effect-evaluation study; clinical health-education setting; patients receiving AIDET-based health education	AIDET-standard communication health education under King's theory of goal attainment	Health-education effect; satisfaction-related outcomes
(Rogge et al., 2024) Germany	Intervention / training study; oncology consultation; oncology physicians and patients	Training oncology physicians in communication for complementary and integrative therapies	Patient-reported outcomes; communication-related experience
(Noserthy et al., 2021) United States	Randomized clinical decision-making study; cardiology / atrial fibrillation care; patients with atrial fibrillation	Shared decision-making for stroke prevention	Treatment adherence; safety outcomes

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(Author, Year) Country	Method	Main Intervention / Communication Approach	Outcome
(Yuan et al., 2023) China	Randomized controlled trial; intensive care unit (ICU); ICU patients and family members	Video visitation as patient–family communication support	Patient and family outcomes; satisfaction/experience
(Titus et al., 2024) India	Pre-experimental study with control group; clinical setting involving mechanically ventilated patients; 60 patients (30 intervention, 30 control)	Communication-board intervention	Ease of communication; anxiety
(Gräfe et al., 2026) Germany	Observational study analysis; cardiovascular-risk care; patients with cardiovascular risk	Patient-centred care and goal-attainment communication	Goal attainment; satisfaction
(Obaidi et al., 2025) Iraq	Cross-sectional study; medical and surgical wards; hospitalized patients in six public hospitals	Nursing-care quality and communication/relational-care factors	Patient satisfaction with nursing-care quality
(Smerat et al., 2025) Palestine / West Bank	Cross-sectional study; critical-care units and medical wards; patients in critical-care units and medical wards	Nursing-care quality and interpersonal dimensions	Patient satisfaction with quality of nursing care
(Hayati et al., 2023) Indonesia	Descriptive correlational cross-sectional study; Emergency Department (ED); 92 family members of ED patients	Nurse therapeutic communication and empathy in communication	Family satisfaction with ED service
(Dewi et al., 2024) Indonesia	Analytical survey, cross-sectional; Emergency Department (ED); 80 ED patients	Therapeutic communication and nurse caring in nursing care	Patient satisfaction
(Qomarudin, 2026) Indonesia	Quantitative analytical cross-sectional study; Emergency Department (ED); 115 clinically stable ED patients	Therapeutic communication and empathy	ED patient satisfaction
(Ito et al., 2024) Indonesia	Qualitative case study; Emergency Department (ED); 5 main informants and 3 triangulation informants	Empathy dimensions: friendliness, courtesy, nondiscrimination, and appreciation	Patient satisfaction related to empathy dimensions
(Sitorus et al., 2024) Indonesia	Correlational cross-sectional study; clinical nursing-service setting; patients receiving nursing care	Nurse therapeutic communication	Patient satisfaction level

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(Author, Year) Country	Method	Main Intervention / Communication Approach	Outcome
(Djala, 2021) Indonesia	Correlational cross-sectional study; internal inpatient ward, Poso Regional Hospital; inpatients	Nurse therapeutic communication	Inpatient satisfaction
(Gunawan et al. (2025) Indonesia	Quantitative cross-sectional study; inpatient ward; 100 respondents	Phases of nurse therapeutic communication	Patient satisfaction
(Maulidia et al., 2025) Indonesia	Survey; simple linear regression; cardiac outpatient service; 180 respondents	Therapeutic communication	Patient satisfaction
(Yuliani et al., 2025) Indonesia	Quantitative cross-sectional study; Emergency Department (ED); 99 respondents	Service-quality dimensions including empathy, responsiveness, and assurance	Patient satisfaction with emergency services
(Rawat et al., 2025) India	Descriptive cross-sectional study; tertiary-care hospital; patients receiving nursing care	Nurses' empathic communication skills	Patient satisfaction with empathic communication
(Alshalawi et al., 2025) Saudi Arabia	Quantitative cross-sectional study; Emergency Department; 401 patients and 60 ED nurses	Nurse–patient communication	Patient satisfaction
(Höglander et al., 2023) International literature	Integrative review; nursing-communication research; registered nurse–patient communication studies	Registered nurse–patient communication	Future directions for nursing-communication research
(Al-Kalaldeh et al., 2020) Jordan / Palestine	Qualitative / observational barrier study; Emergency Department; nurses and patients in ED	Barriers to effective nurse–patient communication	Communication barriers
(Berna et al., 2023) Switzerland	Randomized controlled trial; Emergency Department; 251 adult ED patients requiring peripheral intravenous catheter placement	Positive communication and empathic nurse-delivered message	Procedural pain and anxiety

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Forms of Empathy-Based Therapeutic Communication

Nurse–Patient Communication

Nurse–patient communication was one of the most frequently reported forms of empathy-based therapeutic communication in the included studies. It was implemented across various healthcare settings, including emergency departments, inpatient wards, intensive care units, and general nursing services. Key strategies included providing clear information, practicing active listening, acknowledging patients' emotional needs, offering emotional support, and establishing therapeutic interpersonal relationships (Alshalawi et al., 2025; Dewi et al., 2024; Hayati et al., 2023; Rawat et al., 2025; Sitorus et al., 2024).

The included studies also described the use of structured therapeutic communication throughout the nursing care process. In emergency settings, communication often needed to be concise while remaining clear, responsive, and sensitive to patients' emotional conditions and families' information needs. Overall, these findings highlight the role of nurse–patient communication in facilitating information exchange, emotional support, and therapeutic relationships across different nursing contexts (Berna et al., 2023; Gunawan et al., 2025; Maulidia et al., 2025).

Patient-Centered Communication

Patient-centered communication was frequently identified as a form of empathy-based therapeutic communication in the included studies. This approach emphasizes patients' active involvement in the care process by acknowledging their needs, values, preferences, and concerns. In primary care and specialist settings, it is reflected in consultations tailored to individual patient needs, whereas in hospital settings, it involves providing clear information and facilitating two-way communication throughout care delivery (Duncan et al., 2025; Gräfe et al., 2026; Iyer et al., 2023).

The synthesis further indicates that patient-centered communication is adapted to patients' characteristics, clinical conditions, and healthcare contexts. Despite variations in implementation, the approach emphasizes open dialogue, respect for patients' perspectives, and the provision of understandable information to support their participation in care decisions. These characteristics position patients as active partners in the healthcare process rather than passive recipients of care (Kadji & Schmid Mast, 2021).

Shared Decision-Making

Shared decision-making was identified as a form of collaborative communication between healthcare professionals and patients in the clinical decision-making process. This approach integrates clinical evidence and available treatment options with patients' values, preferences, and individual circumstances. It involves explaining treatment alternatives, discussing their potential benefits and risks, and encouraging patients to participate actively in decisions concerning their care. This approach has been reported in primary care, cardiovascular care, and clinical consultations that require patient involvement (Duncan et al., 2025; Noseworthy et al., 2022).

The synthesis further indicates that shared decision-making relies on two-way communication that enables patients to ask questions, express their concerns, and communicate their treatment preferences before decisions are made. Educational materials and structured consultations may also support discussions between healthcare professionals and patients. By incorporating patients' perspectives into clinical decisions, shared decision-making can reflect an empathetic approach to care that respects patient autonomy and promotes collaborative partnerships in the healthcare process (Duncan et al., 2025; Noseworthy et al., 2022).

Empathic Physician–Patient Communication

Empathic physician–patient communication was identified as a form of empathy-based therapeutic communication in the included studies. This approach emphasizes physicians' ability to establish therapeutic relationships by providing clear information, recognizing patients' emotional needs, using appropriate verbal and nonverbal communication, and responding with sensitivity and respect for patients' perspectives. It has been examined in primary care, oncology services, and clinical consultations involving the communication of diagnoses and treatment options (Campos et al., 2024; Kadji & Schmid Mast, 2021; Kühne et al., 2021).

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The synthesis further highlights several communication strategies that may facilitate empathetic interactions, including recognizing patients' verbal and nonverbal cues, encouraging them to express their feelings and concerns, using understandable language, and adapting information delivery to their clinical circumstances. Some studies also report communication training for physicians and the use of nonverbal communication techniques to support more empathetic clinical encounters (Campos et al., 2024; Iyer et al., 2023; Rogge et al., 2024). Together, these strategies emphasize the importance of responding to both the informational and emotional needs of patients during clinical consultations.

Family-Involved Communication

Family-involved communication was identified as a form of empathy-based therapeutic communication in the included studies, particularly in healthcare settings involving critically ill patients or individuals with communication limitations. This approach involves family members in the exchange of information and discussions about the patient's condition and care plan, positioning them as potential partners in the care process. It is particularly relevant in intensive care units (ICUs) and emergency departments, where family members may provide additional patient information and support during care delivery (Hayati et al., 2023; Yuan et al., 2023).

The synthesis further indicates that family-involved communication can be facilitated through strategies such as video visitation, regular information updates, and direct discussions between healthcare professionals and family members regarding the patient's condition and treatment plan. These strategies may help maintain communication and provide emotional support, particularly when patients have difficulty communicating or require assistance from their families. However, family involvement should remain consistent with the patient's preferences, confidentiality requirements, and applicable consent procedures (Al-Kalaldeh et al., 2020; Hayati et al., 2023; Yuan et al., 2023).

Structured Communication Model (AIDET)

The structured communication model is a systematic approach to patient communication designed to promote empathy, improve information delivery, and support positive interactions between healthcare professionals and patients. One commonly used framework is AIDET, which stands for *Acknowledge, Introduce, Duration, Explanation, and Thank You*. This framework provides healthcare professionals with a structured guide for communicating with patients, particularly when explaining procedures, delivering health education, and providing medical and nursing services. Its systematic approach may help improve patients' understanding of care procedures and enhance their overall healthcare experience (Li et al., 2022; Yang et al., 2023).

Overall, the synthesis of 28 articles identified six main forms of empathy-based therapeutic communication: nurse–patient communication, patient-centered communication, shared decision-making, empathic physician–patient communication, family-involved communication, and structured communication models such as AIDET. Although these approaches are implemented across different healthcare settings and vary in their specific applications, they share several core principles, including patient-centered interactions, empathetic engagement, clear information delivery, and the involvement of patients and their families in the healthcare process. The outcomes associated with these forms of empathy-based therapeutic communication are discussed in the following section.

Outcomes of Empathy-Based Therapeutic Communication

A synthesis of the 28 included articles showed that various forms of empathy-based therapeutic communication had relatively consistent outcomes across healthcare settings. Although the communication interventions implemented varied, most studies reported five key outcomes: increased patient satisfaction, increased trust in healthcare professionals, strengthened therapeutic relationships, increased patient involvement in decision-making, and improved patient care experiences. These outcomes were found across a variety of care settings, including emergency departments, inpatient settings, primary care, oncology services, cardiovascular services, and intensive care units.

Improving Patient Satisfaction

Improved patient satisfaction was the most frequently reported outcome in the included articles. Nearly all studies demonstrated that empathy-based therapeutic communication was implemented as part of patient-centered care and was associated with

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patient and family satisfaction assessments across various healthcare settings. This outcome was reported in emergency departments, inpatient care, primary care, cardiovascular care, oncology care, and intensive care units (Alshalawi et al., 2025; Campos et al., 2024; Dewi et al., 2024; Djala, 2021; Gunawan et al., 2025; Hayati et al., 2023; Maulidia et al., 2025; Obaidi et al., 2025; Qomarudin, 2026; Rawat et al., 2025; Sitorus et al., 2024; Smerat et al., 2025).

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Increasing Trust in Health Workers

Increased trust in healthcare professionals was one of the outcomes reported in the included studies. This outcome was associated with several forms of empathy-based therapeutic communication, particularly nurse–patient communication, patient-centered communication, and empathic physician–patient communication. Across different healthcare settings, trust was reflected in the quality of interpersonal relationships between patients and healthcare professionals throughout the care process (Campos et al., 2024; Kadji & Schmid Mast, 2021; Kühne et al., 2021; Rawat et al., 2025).

Strengthening the Therapeutic Relationship

Strengthening the therapeutic relationship was also a frequently reported outcome in the included studies. This outcome was found in communication that emphasized interpersonal interactions, attention to the patient's emotional state, and open communication between healthcare providers and patients. Therapeutic relationships were reported in various care settings, including primary care, inpatient care, oncology services, and emergency departments (Campos et al., 2024; Duncan et al., 2025; Hayati et al., 2023; Kühne et al., 2021).

Increasing Patient Involvement in Decision Making

Increased patient involvement in decision-making was primarily reported in studies examining shared decision-making and patient-centered communication. These approaches encourage patients to participate actively in clinical decisions by providing them with information about available treatment options, opportunities to express their preferences and concerns, and the ability to collaborate with healthcare professionals in determining appropriate treatment plans (Duncan et al., 2025; Gräfe et al., 2026; Noseworthy et al., 2022).

Improving Patient Service Experience

Improved patient care experience is a reported outcome of various forms of empathy-based therapeutic communication across healthcare settings. This outcome has been found in studies evaluating patient experiences during care, including primary care, inpatient care, intensive care units, and emergency departments (Duncan et al., 2025; Li et al., 2022; Rogge et al., 2024; Yuan et al., 2023).

DISCUSSION

Key Findings of the Scoping Review

This scoping review provides a comprehensive overview of the development of empathy-based therapeutic communication in various healthcare settings. A synthesis of the 28 included articles shows that empathy-based therapeutic communication has evolved in six main forms: nurse–patient communication, patient–patient communication, and patient–patient communication, centered communication, shared decision-making, empathic physician–patient communication, family-involved communication, and structured communication models such as AIDET. Although developed in different service contexts, all of these forms of communication share common characteristics: emphasizing empathetic communication, clear information delivery, respect for patient needs, and patient and family involvement in the healthcare process (Campos et al., 2024; Duncan et al., 2025; Li et al., 2022; Noseworthy et al., 2022; Yuan et al., 2023).

In addition to identifying communication forms, this review also shows that various empathy-based therapeutic communication approaches are consistently associated with five key outcomes, namely increased patient satisfaction, trust in healthcare professionals, therapeutic relationships, patient involvement in decision-making, and patient care experiences (Campos et al., 2024; Duncan et al., 2025; Muller-Schoof et al., 2024; Obaidi et al., 2025; Rawat et al., 2025; Smerat et al., 2025).

The consistency of these findings across countries, research designs, and service settings suggests that empathy has evolved from a mere

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interpersonal skill to a crucial component of patient-centered care (Höglander et al., 2023). This finding aligns with the concept of patient-centered care, which places communication as the foundation for forming a partnership between healthcare professionals and patients to achieve quality, individualized care (Duncan et al., 2025; Gräfe et al., 2026; Höglander et al., 2023).

The findings in this review also demonstrate the development of the therapeutic communication paradigm in healthcare practice. While initially focused on conveying information between healthcare professionals and patients, recent evidence suggests that therapeutic communication has evolved into a more collaborative, adaptive, and integrated process with various service approaches (Duncan et al., 2025; Höglander et al., 2023; Noseworthy et al., 2022). This development suggests that empathy is no longer viewed as an individual characteristic of healthcare professionals, but as a component that can be integrated into various clinical communication models (Campos et al., 2024; Rawat et al., 2025). This provides a strong conceptual foundation for the development of a more systematic and adaptive empathy-based therapeutic communication model tailored to the needs of modern healthcare.

Evolution of Empathy-Based Therapeutic Communication in Health Services

The results of the scoping review indicate that empathy-based therapeutic communication has evolved into various approaches tailored to patient characteristics, healthcare professionals, and service contexts. The six identified forms of communication—nurse–patient communication, patient-centered communication, shared decision-making, empathic physician–patient communication, family-involved communication, and the structured communication model (AIDET)—illustrate that therapeutic communication is no longer understood as a one-way delivery of information, but as an interactive process oriented toward patient needs (Campos et al., 2024; Duncan et al., 2025; Li et al., 2022; Noseworthy et al., 2022; Yuan et al., 2023).

This development indicates a paradigm shift in healthcare services towards a more collaborative and patient-centered approach, where communication is an important part of building partnerships between healthcare professionals and patients (Duncan et al., 2025; Gräfe et al., 2026; Höglander et al., 2023).

These findings also align with Watson's Human Caring Theory, which places interpersonal relationships, empathy, and respect for human dignity at the core of nursing practice. The various forms of communication found in this review demonstrate that caring principles have been adapted in various care settings, health through different communication approaches, but still share the same goal: building effective, empathetic, and patient-centered communication (Watson, 2008). This demonstrates that empathy-based therapeutic communication has evolved into a critical component of modern healthcare practice, supporting the creation of quality, patient-centered care (Höglander et al., 2023).

Outcomes of Empathy-Based Therapeutic Communication on Patient Satisfaction

The results of the scoping review showed that various forms of empathy-based therapeutic communication were consistently associated with increased patient satisfaction, trust in healthcare professionals, therapeutic relationships, patient involvement in decision-making, and more positive service experiences (Campos et al., 2024; Duncan et al., 2025; Obaidi et al., 2025; Rawat et al., 2025; Smerat et al., 2025).

The consistency of these outcomes across various care settings demonstrates that empathy is a key component in building effective communication between healthcare professionals and patients. These findings reinforce the idea that patient satisfaction is influenced not only by clinical outcomes but also by the quality of interactions established during the care process (Alshalawi et al., 2025; Ito et al., 2024; Rawat et al., 2025).

These findings align with the concept of patient-centered care, which emphasizes the importance of communication as a means of understanding patient needs, values, and preferences throughout the care process. Empathetic communication enables healthcare professionals to build trusting relationships, increase patient involvement in decision-making, and create more meaningful care experiences (Duncan et al., 2025; Höglander et al., 2023; Noseworthy et al., 2022). From the perspective of Human Caring Theory, communication based on

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empathy is a form of caring relationship that supports the creation of a therapeutic relationship through presence, attention, and respect for the patient's dignity (Watson, 2008).

The results of this review also show that although the communication methods used vary, the reported outcomes are relatively consistent. This indicates that the success of therapeutic communication is not determined by the type or model of communication used, but rather by the ability of healthcare professionals to integrate the principles of empathy into every interaction with patients (Campos et al., 2024; Falatah et al., 2022; Höglander et al., 2023; Rawat et al., 2025). Therefore, empathy can be viewed as a fundamental element underlying various therapeutic communication approaches in efforts to improve the quality of patient-centered care.

Implications for Nursing Practice and the Development of an Empathy-Based Therapeutic Communication Model

The findings of this scoping review highlight empathy-based therapeutic communication as an important component of patient-centered healthcare. The forms of communication identified suggest that effective clinical communication extends beyond the delivery of information to include recognizing patients' emotional needs, establishing therapeutic relationships, supporting patient participation in decision-making, and involving family members when appropriate. These findings underscore the importance of integrating empathy-based communication competencies into nursing education, clinical training, and continuing professional development to support consistent and context-sensitive implementation across healthcare settings.

Although various forms of empathy-based therapeutic communication have been reported in the included studies, the approaches appear to differ in their objectives, components, and clinical applications. The studies address several complementary approaches, including nurse–patient communication, patient-centered communication, shared decision-making, empathic physician–patient communication, family-involved communication, and structured communication frameworks such as AIDET. This diversity highlights the potential value of a more integrated conceptual framework that brings together the relational, emotional, informational, and participatory dimensions of therapeutic communication. However, the findings of this review alone do not establish that no comprehensive model currently exists; this possibility requires further examination of existing models and frameworks.

Building on the synthesized findings, this scoping review provides a conceptual foundation for the proposed Empathy-Based Therapeutic Communication Model (KTE Model). The proposed model aims to integrate core principles of therapeutic communication and empathy with patient-centered care, patient and family involvement, and structured communication strategies. In nursing practice, particularly in emergency departments, such a framework could help organize communication competencies into a more systematic and adaptable approach that responds to patients' clinical conditions, emotional needs, and communication requirements. Further research is needed to refine the model, assess its feasibility and acceptability among healthcare professionals and patients, and evaluate its effectiveness in clinical practice.

Research Limitations and Recommendations for Further Research

This scoping review has several limitations that should be considered when interpreting its findings. First, the literature search was conducted in only three sources: Scopus, PubMed, and Google Scholar. Consequently, relevant studies indexed in other databases may have been missed. Second, the review was restricted to publications written in Indonesian or English for which full-text articles were available. These language and accessibility restrictions may have resulted in the exclusion of potentially relevant studies. Third, heterogeneity in study designs, participant characteristics, communication approaches, and healthcare settings limited direct comparisons across studies. Accordingly, the review primarily mapped the available evidence rather than systematically comparing the effectiveness of different communication approaches.

Despite these limitations, this review provides an overview of the forms of empathy-based therapeutic communication reported in the included studies and their associated outcomes across healthcare settings. Future research should focus on developing and empirically validating an integrated Empathy-Based

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Therapeutic Communication Model that incorporates the communication components identified in this review. Subsequent studies should examine the model's feasibility, acceptability, and implementation across different healthcare contexts, particularly in nursing practice and emergency departments. Evaluations should also investigate its potential effects on patient satisfaction, therapeutic relationships, patient participation, and the quality of nursing care using appropriate research designs and validated outcome measures.

CONCLUSION

This scoping review mapped the available evidence on empathy-based therapeutic communication across various healthcare settings. The synthesis of 28 included articles identified six main forms of communication: nurse–patient communication, patient-centered communication, shared decision-making, empathic physician–patient communication, family-involved communication, and structured communication frameworks, including AIDET. Five key outcomes were reported across the included studies: patient satisfaction, trust in healthcare professionals, therapeutic relationships, patient involvement in decision-making, and positive patient care experiences.

These findings highlight the relevance of empathy-based therapeutic communication in patient-centered healthcare. Although the included studies describe diverse communication approaches, their components, implementation strategies, and clinical applications vary across settings. The findings suggest an opportunity to develop a more integrated conceptual framework that brings together the relational, emotional, informational, and participatory dimensions of therapeutic communication. Accordingly, this review provides a conceptual foundation for the proposed Empathy-Based Therapeutic Communication Model (EMC Model). Further research is required to refine and validate the model and evaluate its feasibility and effectiveness in clinical practice, particularly in nursing care and emergency departments.

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