**Funding and Conflicts of Interest**

No funding was received related to this study. The authors declare no conflicts of interest.

**Author Contributions**

HG conceived of and designed the review. The review was conducted by both authors. Both authors contributed equally to the write up and approved the final manuscript.

**Reporting Guidelines**

This manuscript meets the reporting guidelines in the PRISMA-SCR extension.

**Abstract**

Background

Receptionists are key parts of emergency departments, helping ensure the functioning of the department as a whole. However, there appears to be a dearth of research about them and their role. This study set out to map current research about receptionists in emergency departments.

Methods

The study used a scoping review framework. A research question was developed with SPICE, which was used to target searches on key databases. Identified papers were dual screened by two reviewers blinded to each other’s decisions. Included papers had data extracted onto a standardised template before being analysed using research synthesis by configuration.

Results

23 studies published from 1974 to 2024 met the inclusion criteria. Few studies focussed on receptionists specifically, instead including them as part of a larger population. Findings were grouped into four themes: Assessment, Experiences, Beliefs, and Interventions.

Conclusions

There exists limited research about receptionists in the emergency department. What evidence there is suggests receptionists in emergency departments experience workplace violence as well as mental pressure. There is some evidence that receptionists have input into triage assessment processes. Recommendations for practice are made, and the need for further research into all aspects of the emergency department receptionist role is highlighted.

**Background**

Emergency departments (EDs) are constantly busy places with patients arriving at all hours. One of the first people that the patients will see is the receptionist, who will take down their details and register them to ensure they are seen (NHS Gateshead Trust, 2023). They are vital to the functioning of the ED and have constant interactions with both patients and other staff. Given the nature of EDs as complex environments with interdependency between all its systems (Leventhal and Schreyer, 2020), it is important that all facets of these systems are understood to ensure efficacy in their functions.

Following an initial search of the literature by the authors, it was identified that there was little published about receptionists in EDs. Categorising available literature is important for both practice and research because it informs about what is already known on the topic, whilst helping identify gaps for future research. To ensure comprehensive understanding of this topic, it was elected to conduct a scoping review of the literature base. Scoping reviews (Arksey and O'Malley, 2005) are designed to identify literature and describe the research field in a structured manner, and so was selected to explore this topic.

**Aim**

Map the current research about receptionists in emergency departments, including exploring the different roles they take on and the effects of this on their mental health.

**Methodology**

This scoping review was conducted using the framework established by Arksey and O'Malley (2005).

Identifying the research question

The research question was developed using SPICE, with Setting as EDs, Population as receptionists, Intervention as any primary research, no fixed Comparison, and any methods of Evaluation. The question was kept broad to ensure full capture of studies that involved receptionists in the ED. The final research question was: What is the current state of research concerning receptionists in emergency departments?

Identifying relevant studies

Medline, CINAHL and academic search complete were identified as suitable databases, with the first two selected as they represent significant databases that contain published research in the health and social care fields, and the third as a more generalised database to help widen the search. Databases were searched on 24th April 2024 using keywords established from the question. Synonyms were added, and Boolean operators, truncations and adjacencies were used to ensure full capture. The final search strings for Medline consisted of:

"emergency department" or ed or a&e or "accident and emergency" or “emergency adj2 department” or “accident adj2 emergency”

And

"ward cler\*" or receptioni\* or ancillary or “ward adj2 clerk”.

Grey literature was also searched, consisting of key websites including clinicaltrials.gov, Scopus and Bielefeld Academy Search Engine, the first 50 pages of Google Scholar were checked, and reference lists of included studies were consulted.

Study Selection

Results from searches were uploaded to Endnote for deduplication, before being transferred to Rayyan for screening. Screening consisted of first a title/abstract screen, followed by full text screening of included studies. All studies were double screened by two reviewers (HG, AZ) working independently whilst blinded to each other’s decisions. Any disagreements were resolved via discussion between the two reviewers. Studies were screened against the inclusion and exclusion criteria developed from the research question, shown in **Table 1.** Studies were not limited by date or geographic location to ensure the full range of research was captured. Any inclusion of receptionists, whether they were the focus of the paper or just incorporated in larger samples was considered relevant for this review.

Charting the Data

Data was extracted into a standardised extraction table by HG, with results checked by AZ, consisting of: authors, year of publication, study location, study aims, total participants, participants who work as receptionists, methodology, data analysis, and key findings.

Collating, Summarizing and Reporting the Results

Studies were brought together, and the key demographics extracted and mapped to provide information about what underpins the evidence. Studies were grouped by aims and data within the groups were compared and synthesised, using research synthesis by configuration as described by Sandelowski et al. (2011).

**Results**

Initial searches resulted in 2864 reports after deduplication. Title and abstract screening resulted in 94 reports being moved forward to full text review. Four full texts were unable to be accessed, 28 did not included receptionists in their samples, 27 were not about EDs, and 12 were not primary research. 23 studies were included in the final analysis.

Studies ranged from 1974-2024, with most published after 2000 (n=15) and over half since 2010 (n=12). Geographic locations were varied, most from the UK (n=8) and USA (n=7), although studies were included from Turkey (n=2), Australia (n=1), New Zealand (n=1), Canada (n=1), Switzerland (n=1), Pakistan (n=1) and Mozambique (n=1). 14 studies used quantitative methods, eight used qualitative and one used a mixed methods approach. 15,776 participants were recorded, 334 of which were in receptionist roles. However, four studies did not report how many receptionists were part of their participant groups, and 10 further studies reported no participant information at all. Eight studies specifically focused on receptionists and their role, but only four of these studies sampled solely receptionists, none of which reported participant numbers.

Four groups were established reflecting the aims of the studies: Assessment, Experiences, Beliefs, and Interventions.

Assessment

Seven studies explored the role of receptionists when patients first present to EDs. All studies in this group had a specific focus on receptionists. Most studies in this section were older (Shah and Carr, 1974, Fitzgerald et al., 1986, Hughes, 1989, Mallett and Woolwich, 1990) and reflect time periods before modern formalised triage systems were developed.

Shah and Carr (1974) described the triage system at a hospital in Canada, with receptionists directing patients to either an emergency area or a screening clinic, and highlighted that nurse practitioners may be more effective. Fitzgerald et al. (1986) compared urgency assignments of nurses, doctors, and receptionists in an ED in Scotland. They found no significant differences between mean doctor/nurse scores and those assigned by the reception staff, suggesting a degree of efficacy in receptionist’s abilities to identify acuity. Hughes (1989) conducted an observational study in an ED in England, exploring use of discretion by receptionists assessing patients, finding discretion in categorisation of injuries, and that receptionists were categorising at a glance. Mallett and Woolwich (1990) investigated the effect of introducing a triage system on waiting times in an ED in England. Whilst overall times to see a doctor grew, time to assessment significantly reduced. Yet, despite the nurse led initiative, a significant proportion of patients were still triaged by receptionists.

Three studies were more modern, (Goodacre et al., 2001, Quitt et al., 2009, Dekker-Boersema et al., 2019). Goodacre et al. (2001) compared patient presentation to an ED in England when initially directed to triage or to reception. Reception first only increased time-to-triage by two minutes, and time to completion was three minutes shorter when seen by a receptionist first. There was no significant difference in number of adverse events that occurred with either. Quitt et al. (2009) compared assessments by receptionists, nursing staff and doctors, finding low agreement between receptionists and doctors using Kohen’s Cappa (k=0.23), although receptionists were able to stream patients to appropriate areas with a 94% accuracy rating. Dekker-Boersema et al. (2019) implemented a training program for non-clinical staff triaging paediatric patients in Mozambique, finding training significantly decreased mortality, with excellent agreement on triage assignation between clinical and non-clinical staff.

Experiences

Six studies considered experiences of receptionists whilst working in their roles. Receptionists represented a small proportion of total mixed samples (1%-5.5%), although most studies did present individual information about receptionists.

Two considered psychological impacts, with Aisling et al. (2016) using mixed-methods questionnaires featuring established health and stress scales and open-ended questions. They identified elevated levels of psychological distress and secondary trauma amongst participants, although the sample proportion of receptionists was very low (N=4/107, 3.7%). Bales et al. (2022) considered compassion fatigue in clinical and non-clinical ED staff using an established scale. Results showed average levels of compassion satisfaction, and low levels of burnout and secondary traumatic stress, although they noted their sample was limited to one American hospital with an established system for managing compassion fatigue, potentially influencing results.

Three studies explored emergency staff’s experiences of violence (Cembrowicz and Shepherd, 1992, Siddiqui et al., 2010, Oğuz et al., 2020), although sample proportions of receptionists were low (respectively: 1/102, 1%; not reported/384; 10/182, 5.5%). Cembrowicz and Shepherd (1992) retrospectively identified 407 recorded incidents of violence against staff in an ED in England over a 10 year period, with doctors and nurses most at risk and receptionists least. Siddiqui et al. (2010) assessed emergency care providers over a year-long period in Pakistan, with 274 respondents (71%) reporting experiencing verbal abuse, and 72 (20%) physical abuse), although specific proportions of receptionists is not reported. Oğuz et al. (2020) surveyed staff in a paediatric ED in Turkey, finding 43.4% of staff had experienced violence in the last year. 40% of receptionists surveyed had been exposed to workplace violence, with only nurses and residents being affected more.

Akinbami et al. (2021) explored prevalence of SARS-Cov-2 amongst USA nursing home and hospital staff (n=11,987), including 296 hospital receptionists (2.4%). They found overall, hospital staff were less likely to test positive, with hospital reception staff significantly less likely to be positive than nursing home equivalents (4.1% vs 6.7%).

Beliefs

Three studies examined the beliefs of staff including receptionists. Two studies examined ED beliefs surrounding mental health patients (Koning et al., 2018, McCarthy et al., 2024). Koning et al. (2018) explored beliefs about self-harm of ED staff in a hospital in New Zealand. They recruited 15 participants including receptionists, but demographics of respondents were not presented. The paper found mostly positive attitudes towards patients who self-harm. Staff believed there were multiple factors influence a person to self-harm and different degrees of harm; that staff education is important for supporting patients; and that the overall health system was not effective for mental health patients, requiring specialist input. McCarthy et al. (2024) explored perspectives of staff in six EDs in the UK towards patients attending with suicidal crisis, interviewing 23 staff including two receptionists. They identified factors affecting staff decision-making including lack of confidence and training about how to talk to them, a lack of ED resources affecting abilities to care, and negative departmental cultures towards this patient group. They also highlighted staff perceptions that busy ED environments made it difficult to adequately care for patients in suicidal crisis, resulting in staff experiencing stress and burnout.

Gershoff et al. (2016) examined attitudes of clinical and non-clinical staff about spanking of children in two USA hospitals using quantitative survey methodology. Non-clinical staff comprised 45% of the sample at one hospital (n= 991, total sample = 2180) and 38% at the other (n=265, total sample = 709). However, although non-clinical included receptionists, the number of receptionists who responded is not known. Overall, staff were divided on whether spanking was positive or negative, although few participants expressed strong opinions in favour. Non-clinical staff were more likely to support spanking but less likely to perceive their co-workers supporting spanking.

Interventions

Seven studies looking at interventions in EDs included receptionists, although only one of these interventions was specifically targeted at receptionists. This interventional study by Rowan (2008) described the implementation in USA healthcare centres of communication skills coaching for receptionists. They suggest monthly coaching sessions focussed on challenges identified by the staff help to improve communication skills. Tabor and Vaughn (2017) evaluated the effect of simulation on competency of 128 emergency staff when managing cardiac emergencies. Their sample included receptionists, although exact numbers recruited were not presented. They found participants engaged well with simulation, and it was effective as a teaching method.

Goodwin and Shepherd (2000) developed an assault patient questionnaire and evaluated it in a UK ED. Feedback was positive, although receptionists found it difficult to ask about motives for the attack and relationships to the attacker. They found triage nurses could ask more personal questions, but reception staff had more time to complete the questionnaire. Oktay et al. (2017) evaluated a tool for staff assessing doctors’ practices at an ED in Turkey and included 8 receptionists. Nurses gave lowest scores and paramedics highest, with receptionists giving higher than average scores for professionalism. However, both paramedics and receptionists found it hard to evaluate medical residents due to unfamiliarity with being part of assessment processes.

Gururajan (2004) outlined the implementation of wireless technology in healthcare environments in Australia, trialling the technology with 20 staff including an unspecified number of receptionists. They found issues around user interfaces, communication issues with devices, and data security considerations, which they aimed to address in future studies, although these were not found by this review. Winden et al. (2014) evaluated a record-exchange tool to share information across healthcare providers, using a mixed-methods study at four EDs in the USA. They conducted focus groups with physicians, and sent surveys to non-physician staff, including receptionists. Use of the system was considered effective, although actual utilisation was low, and issues arose around consent for transfer of data and ease of use. Piasecki et al. (2005) conducted a workflow analysis of implementing a computerised entry system in an ED in the USA, interviewing ED staff before and after implementation. They calculated significant financial savings, with the most centred on nursing and receptionists, and increased staff satisfaction.

**Discussion**

This review highlights the evolving role that receptionists play in EDs, discussing their involvement in patient management, psychological challenges, and their positioning within the wider healthcare team. Receptionists often occupy a crucial but overlooked space in ED operations, where they serve as initial points of contact for patients, helping direct patient flow and offering support in high-pressure environments. This discussion synthesises findings across the identified themes—Assessment, Experiences, Beliefs, and Interventions—and critically evaluates the implications for ED practices.

Assessment and Patient Streaming

The role of receptionists in assessing patients as they first enter the ED emerged as a key theme, particularly in studies conducted before formalised triage systems were widespread. Early research (Shah and Carr, 1974, Hughes, 1989) suggested receptionists could effectively use discretion when categorising patients, though these findings must be considered in light of their historical context. Significant developments in triage practices since the 1990s may limit the applicability of older studies, which did not account for modern clinical oversight and electronic systems. More recent research (Goodacre et al., 2001, Dekker-Boersema et al., 2019) supports the idea that receptionists can accurately stream patients with minimal impact on overall ED waiting times and patient safety. However, concerns around their efficacy, particularly in the absence of adequate training, remain pertinent, as evidenced by lower agreements between receptionists and clinical staff in triage accuracy (Quitt et al., 2009).

The inclusion of receptionists in patient assessment raises questions about the scope of their role, particularly as many studies predate contemporary systems. Input of receptionists in the triage process in UK settings has been identified in studies both included in this review (Hughes, 1989, Mallett and Woolwich, 1990, Quitt et al., 2009) and in the wider literature base, both in general practice (Litchfield et al., 2017) and EDs (Oredsson et al., 2011, Gorick et al., 2024). Current UK guidance states that any triage should be conducted by an appropriately trained clinical member of staff (The Royal College of Emergency Medicine, 2017). Acuity assessments by receptionists has had negative consequences in the past, as seen in the case of Darnley v Croydon NHS trust (2019) (Okninski, 2019).The study by Dekker-Boersema et al. (2019) in Mozambique suggests that with structured training, non-clinical staff, including receptionists, can contribute positively to patient outcomes, potentially opening new avenues for expanding roles in low-resource settings. However, there is a clear need for more up-to-date and contextually relevant research, particularly in high-resource settings, where ED processes are more standardised.

Psychological and Physical Strain on Receptionists

The experiences of receptionists reflect significant psychological and physical strain, particularly in relation to exposure to workplace violence and secondary trauma. Wider research from Donald and Lindsay (2023) identified that violence against UK ED staff has increased in recent years, so the need to safeguard staff is greater now than ever. Studies from this review on violence in the ED (Cembrowicz and Shepherd, 1992, Oğuz et al., 2020) reveal that although receptionists may be at lower risk compared to clinical staff, they are still exposed to significant levels of verbal and physical abuse.. Given their position as the first point of contact, receptionists are often tasked with handling frustrated or distressed patients, yet their role in managing such interactions is typically underappreciated. This finding is consistent with psychological impacts identified by Aisling et al. (2016), who reported elevated levels of secondary trauma in receptionists, although their small sample size weakens the generalisability of these findings. However, this finding is supported by evidence of raised levels of secondary trauma in nurses in the ED (Wolf et al., 2020).

The disparity between receptionists’ exposure to stressful or violent situations and support systems available to them points to significant gap in ED managements. While clinical staff may receive more robust psychological support due to the explicit nature of their roles, receptionists, despite their frequent exposure to similar stressors, often lack equivalent resources. Bales et al. (2022) highlighted low levels of burnout among receptionists in a well-supported hospital environment, suggesting that appropriate interventions can mitigate psychological tolls of ED work. This indicates need for broader adoption of such practices, particularly given variability in receptionist experiences across different healthcare systems and countries.

Receptionists Beliefs and Attitudes

Studies examining beliefs of ED staff, including receptionists, particularly in relation to sensitive patient groups such as those with mental health issues reflect the influence of cultural and organisational factors on decision-making. Receptionists, along with clinical staff, expressed feelings of being underprepared and unsupported when managing patients in suicidal crises or presenting with self-harm (Koning et al., 2018, McCarthy et al., 2024). These findings suggest that while receptionists may share many same concerns as clinical staff, they often lack training or authority to act effectively in these scenarios, further complicating their role within the ED.

The finding that non-clinical staff, including receptionists, were more likely to support physical punishment (Gershoff et al., 2016) highlights another challenge: the potential for personal beliefs to impact professional interactions with patients. Receptionists' attitudes may shape engagement with patients and families. This points to need for targeted training that addresses not only clinical processes but also socio-cultural dimensions of patient care in the ED.

Impact of Interventions on Receptionists Performances

Only one study (Rowan, 2008) focused specifically on interventions aimed at receptionists’. This scarcity of research on targeted interventions reflects historical underinvestment in development of receptionist skills within healthcare settings. Several studies suggest improvements from training (Rowan, 2008, Tabor and Vaughn, 2017), yet there is little evidence to suggest such programs are widely implemented. The success of training interventions in other ED roles points to the potential benefits of extending similar structured training programs to receptionists, particularly given their significant role in patient experiences.

More broadly, adoption of technology, such as wireless communication systems (Gururajan, 2004) and computerised entry tools (Piasecki et al., 2005), suggests receptionists could benefit from innovations aimed at streamlining administrative tasks and improving workflow. However, without proper integration and support, technological interventions can exacerbate existing frustrations, as noted by receptionists in both studies. Therefore, any attempt to introduce new systems into EDs should be accompanied by comprehensive training and clear communication regarding use and benefits.

**Recommendations for Practice and Policy**

* This review has found that receptionists are subjected to workplace violence that affects their mental and physical health. Steps should be taken to ensure the safety of these staff, both on a local level and through national policy, and that support is offered.
* There is limited evidence to suggest that receptionists may be involved in acuity assessment when patients present to EDs. EDs need to ensure that triage is only conducted by trained members of clinical staff.
* Evidence from this review shows that there are training needs for receptionists that are not being met. Ensuring that the educational needs of receptionists are being assessed and support to achieve this training implemented is key.

**Recommendations for Future Research**

This review has identified numerous avenues for further exploration in research. Contributions to the assessment process in high-resource settings, both in terms of occurrence and accuracy is needed to better understand the implications of this practice. Deeper exploration of the emotional impact of receptionist’s work would help support the current evidence base. Further research into the experiences and working conditions of receptionists in needed to understand the barriers that they face in their working practices.

**Strengths and Limitations**

This review presents with several strengths. It was conducted by two experienced reviewers, one of whom has expertise in ED research. It is benefited from the use of a strong framework and independent checking at all stages which supports the rigour of its findings.

The review is also not without its limitations. Searches were only conducted in English, so some studies that present information on the topic may not have been captured. This review did not assess risk of bias of the included papers, so the strength of their evidence is unknown.

**Conclusions**

Whilst the established role in the UK is to register patients upon their arrival to the ED, there is more underlying this process than initially suggested. We present an initial perspective of the role and interactions of ED receptionists, with both internal and external elements that impact on their daily working lives. There is limited evidence of practices taking part beyond the role, but comparison between what the established role is and what the working practices are is made difficult by the lack of research.

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| **Table 1. Inclusion and Exclusion Criteria** | |
| **Inclusion** | **Exclusion** |
| Primary Research | Secondary research, letters, editorials or any other non-primary research |
| Staff working in emergency departments | Not working in emergency departments |
| Staff working in a receptionist role | Not working in a receptionist role |
|  | Studies not published in English |