

# Improving the effectiveness of communication in hospitals for people with communication difficulties: results of an online Phase II survey

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**Background** In a recent paper a working group set up by the Lay Advisory Committee of the Royal College of Physicians of Edinburgh (RCPE) had looked into the problems of patients with severe communication difficulties in hospital (*J R Coll Physicians Edinb* 2017; 47: 211–3). The present online survey expands on this with the objective of garnering the views of physicians on this matter.

**Method** An invitation aimed at physicians to complete an online survey was made through the recently published paper. The survey was open between September and December 2017.

**Results** There were 83 completed surveys. A total of 69 of the returns were UK based, with the remainder from Asia, Australia, Africa and non-UK Europe and one unidentified location. The majority (44) were consultants, the remainder included those in core medical training, general practice and psychology. A wide range of medical departments were represented in the returns, with the largest returns coming from care of the elderly and acute medical departments. Four key themes were highlighted by responders: time, training, resources and environment.

**Conclusion** Based on these results, the working group have embarked upon the next phase of the project with three main tasks: firstly, to work with the RCPE to disseminate the survey findings to a wider audience; secondly, to collate the detailed suggestions for improvement to be used alongside the survey findings and any subsequent documentation or advice; thirdly, to formulate with the RCPE a strategy to promote good practice in hospitals related to the experiences of patients with severe communication difficulties.

**Keywords:** environment, resources, severe communication difficulties, suboptimal care, survey, time, training

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## Introduction

In the modern clinical setting, there is an increasing emphasis on the central importance of effective interpersonal communication, especially so with patients. It was suggested that when interacting with a person with perceived communication difficulties, the opportunities for a major breakdown of communication are increased. A working group of the Royal College of Physicians of Edinburgh's (RCPE's) Lay Advisory Committee (LAC) was tasked with looking into this perceived difficulty with particular reference to adult acute and emergency medical services that had been brought to the attention of the LAC by a practicing physician. A wide working definition of severe communication difficulty was adopted, in that a severe communication difficulty was considered to be such that it significantly affected an individual's ability to detect, comprehend or apply language and speech to engage in discourse effectively with others. At an early stage of the work this definition was preferred rather than identifying specific

conditions. The working group was strongly influenced by the 'Hello, my name is' campaign,<sup>1</sup> initiated by Dr Kate Granger, which has demonstrated the power and effectiveness of clear, direct communication. Building on her legacy the working group believed that, not just for those patients with communication difficulties, there is a second question, 'How can I help?' (with your hospital experience/visit). Effective communication poses not only a difficulty shared but also a mutual responsibility accepted between physician and patient.

The first phase of the work undertaken by the working group, based on literature and personal experiences, was summarised in a paper published in the *Journal of the Royal College of Physicians of Edinburgh* in September 2017.<sup>2</sup> After general discussion of issues related to communication difficulties, including the physical environment, the paper suggested actions that might be most effective in supporting people with communication difficulties in a medical emergency

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**Table 1** Regularity of incidents involving patients with severe communication difficulties

Frequency	Percentage
Every day	34%
Every week	31%
Every month	35%

Percentages rounded up/down and some multiple responses from individuals

or hospital situation. These included training, the physical environment, the use of facilitators/family members to support those patients with severe communication difficulties and team working. Further to this and to help move the project forward, the working group were of the view that in their role as advisors to the RCPE, they had an opportunity to garner the views of the physician on this matter, and to this end they included a link to an online survey in the paper. This research report summarises the survey findings.

## Method

The survey used the 'Survey Monkey' platform.<sup>3</sup> The survey was run from mid-September to the end of December 2017. The survey contained 10 questions and was designed to take about 15 min to complete. Questions related to the ability to recognise a patient with severe communication difficulties, frequency of events, guidance and training, barriers to communication, and the impact of communication difficulties, as well as questions to identify, in a general manner, the respondents geographic location, role and specialism.

## Results

There were 83 completed surveys. A total of 69 of the returns were UK based, with Scotland contributing 42 returns. Of the remainder there were seven from Asia, three from Australia, two from Africa, one from non-UK Europe and one unidentified location.

The working group would like to thank respondents for taking the time to complete the survey.

**Table 2** Guidance found helpful when encountering patients with severe communication difficulties

Guidance	Percentage
No or very limited access to formal guidance	25%
Noted the importance of team members, especially speech and language therapists and nurses	20%
Noted the importance of family members of the patients and carers	20%
Found communication aids such as sign boards and pictograms useful	12%

Percentages rounded up/down and some multiple responses from individuals

**Table 3** Barriers to effective communication when interacting with patients with a severe communication difficulty

Barrier	Percentage
Lack of time inhibited effective communication	88%
The physical environment inhibited effective communication	65%
Lack of support was a barrier i.e. speech and language therapist, physical resources and time	52%

Percentages rounded up/down and some multiple responses from individuals

The majority (44) of respondents were consultants; the remainder included those in core medical training, general practice and psychology. A wide range of medical departments were represented in the returns, with the largest returns coming from care of the elderly and acute medical departments.

Table 1 shows the regularity of incidents involving patients with severe communication difficulties. Within the three choices of daily, weekly and monthly, there was an even spread across the departmental locations and specialism of respondents.

- The only exception was in care of the elderly where all the respondents answered either daily or weekly, and none answered monthly.
- Within acute and general medicine, intensive care, rehabilitation and specialisms, the responses were evenly spread across all options.

A total of 87% of the respondents felt confident in their ability to identify a patient with severe communication difficulties.

Table 2 details the guidance that was found to be helpful when encountering patients with severe communication difficulties. Only two respondents reported that they had accessed specific support materials, which were from the National Autistic Society<sup>4</sup> and the Mental Welfare Commission.<sup>5</sup>

Table 3 describes barriers to effective communication when interacting with patients with a severe communication difficulty.

## Training

Just under half of the respondents noted that they had received very little or no formal training in working with patients with communication difficulties. Many noted that they were self-taught through experience.

- A small number recalled undergraduate training but many felt this was too distant without subsequent reinforcement to be an effective support.
- About one-quarter reported that postgraduate-specific training in a wide range of areas, such as stroke care, end-of-life care, safeguarding etc., had been helpful when working with patients with severe communication difficulties.

### Effect of communication issues/barriers on physicians

Over 75% of the responses were patient outcome focussed and could be grouped under three main headings:

- concern that the communication issues/barriers may result in suboptimal care/misdiagnosis;
- concern about a lack of trust developing and subsequent difficulties in care, complaints and frustration for patient and medical staff; and
- the increased likelihood of misunderstandings developing over proposed courses of action and issues of consent.

A total of 20% were concerned about the need for additional time in consultations and the knock-on effect for other appointments/patients.

In responding to the question about the effects of communication issues/barriers on physicians, a small number did note that these issues and communication barriers can trigger feelings of inadequacy, stress and failure for the physician.

From the multitude of written responses to questions that the survey generated a number of other themes were also mentioned in passing, and one recurring theme was undiagnosed or unacknowledged deafness, resulting in confused outcomes.

### Discussion

Whilst the number of survey returns was relatively low, the working group are of the view that they constitute a valid reflection of practice, given the cross section of departments and roles of respondents, and that they are a very useful tool to help formulate the next phase of the work stream.

The survey returns broadly supported the arguments put forward in the initial article, 'How can I Help? Improving the effectiveness of communication in hospitals for people with communication difficulties'.<sup>2</sup> In particular the main themes were identified as:

- training
- resources
- environment


The lack of adequate provision of the above, often resulted in a fourth factor, the lack of time.

The survey returns allowed for a significant degree of comment by respondents. These form a useful training and planning resource. They have been collated in Appendix 1 and grouped under five main headings:

- barriers for physicians created through communication difficulties;
- time;
- training and guidance/techniques found to be supportive;
- resources; and
- environment.

Despite many third-sector organisations producing practical guidance to support people with severe communication difficulties, the survey results suggest that these are having a very limited impact on clinicians and practice. In the next phase of the work stream, discussion with third-sector organisations to help find ways to make the guidance more available and accessible, in busy clinical settings, should be explored.

The RCPE/LAC working group welcome the findings from the survey and hope to contribute to practical actions that may help to address the four themes identified above. To this end they are:

- work with the RCPE to disseminate the outcomes to a wider audience;
- collate the detailed suggestions for improvement into an appendix to go alongside the research report and any subsequent briefing/training documents; and
- work on formulating, with the RCPE, a strategy to influence and improve practice in hospitals related to the experiences of patients with severe communication difficulties, their clinicians and departmental/patient support teams. The working group believe this should involve working with established bodies such as Health Improvement Scotland<sup>6</sup> and also patient and third-sector organisations. 

### Online Supplementary Material

Appendix 1 is available with the online version of this paper, which can be accessed at <https://www.rcpe.ac.uk/journal>.

### References

- 1 'Hello, my name is campaign'. 2018. <http://hellomynameis.org.uk> (accessed 08/05/17).
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