

A Multiple Methods Assessment of Factors Affecting In-Hospital Provider Communication with Adults with Communication Difficulties

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PURPOSE/BACKGROUND

To assess the factors affecting patient-provider communication from the perspective of healthcare providers (RN, MD, DO, PA, NP, SW, etc.) using a multiple methods approach.

Adults with communication difficulties due to autism and/or intellectual and developmental disabilities experience significant health disparities

POPULATION/SETTING

68 inpatient healthcare providers working in US in hospital for 1+ years

- 19 opted to participate in interviews

APPROACH/METHODS

Multiple methods study

- 2-part online survey
 - Provider Self-Efficacy Scale on Caring for Adults with Communication Difficulties (PSESCACD)
- Key Informant interviews

2 theoretical frameworks:

- Social Ecological Model
- FR₂A₄ME₂

Outcome Measures

- Provider self-efficacy using FR₂A₄ME₂ elements
- Provider previous experience
- Provider perceived barriers and facilitators to patient care and communication

Quantitative data analyzed descriptively
Qualitative data analyzed using directed content analysis and constant comparison

Providers report a lack of resources which serves as a substantial barrier to access and the provision of care for adults with communication difficulties

Patient/Supporter Level	Provider Level	Organizational Level	Social Environmental and Political Level
Response to hospitalization Individual variability		Lack of resource availability Lack of clear charting Lack of education	Current systems of care COVID-19 health system impact
Supporter Presence vs. Characteristics	Communication Experiences Ability and Competence		
	Care modification Previous lived experience Awareness Communication among providers		

Barriers

Combination Barriers/Facilitators

Facilitators

RESULTS

- Participants**
- 70.4% nurses and 81.7% female
 - Avg. age of 43.8 with ≥ 10 yrs. work experience
 - ★ >80% had no previous experience with adults with communication difficulties or special training
- Barriers**
- 8 identified, most organizational or social-environmental and political
 - ★ 100% identified lack of resource availability
- Facilitators**
- Only 52.6% had previous lived experience (PLE)
- Combination Barrier/Facilitators**
- 3 identified: 1 patient/supporter, 2 provider
 - 89.5% identified supporter presence vs. absence
 - 100% discussed communication with patients
- Outcomes**
- Barriers and facilitators noted in interviews did not differ among provider type, years of experience, or specialty
 - Facilitators were more common in those with PLE
 - Number and impact of barriers outweighed facilitators
 - Providers reported similar self-efficacy on the PSESCACD with no notable difference between MDs, RNs, APCs, etc.
 - ★ Participants described knowing a patient didn't understand, but being unable to do anything due to a lack of resources and/or skill

RECOMMENDATIONS

- Redesign healthcare education to increase knowledge and improve skills
- Increase presence and availability of augmentative resources
- Create specialized support staff
- Explore acuity-based staffing models

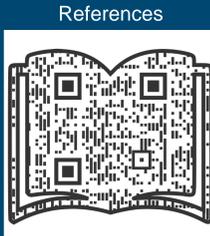
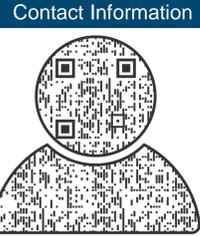


Figure 1. Social Ecological Model: Barriers and Facilitators to Patient Care