

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 (PSESCAD)
- Key Informant interviews

2 theoretical frameworks:

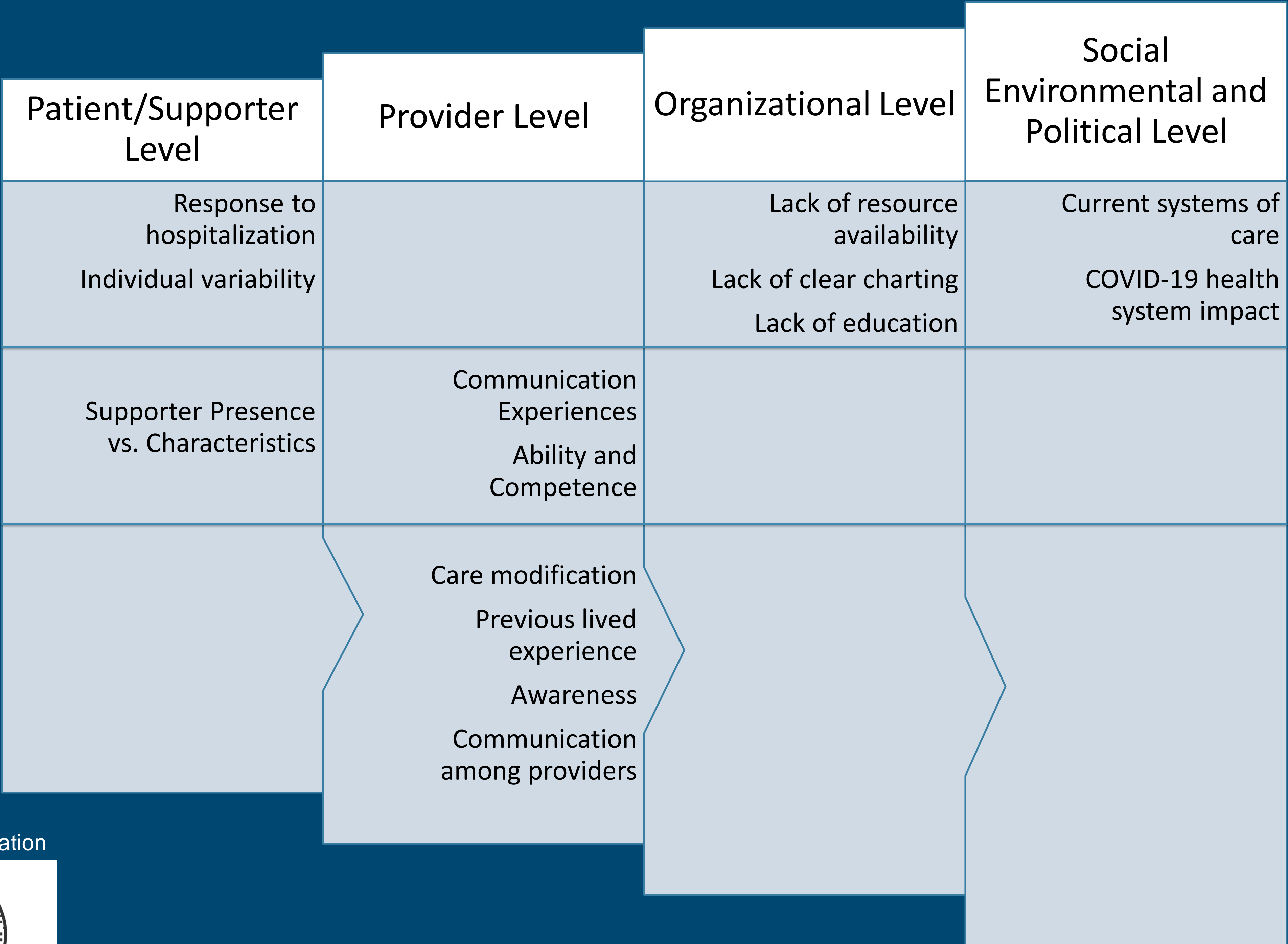
- Social Ecological Model
- FR₂A₄ME₂

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



Barriers

Combination Barriers/Facilitators

Facilitators

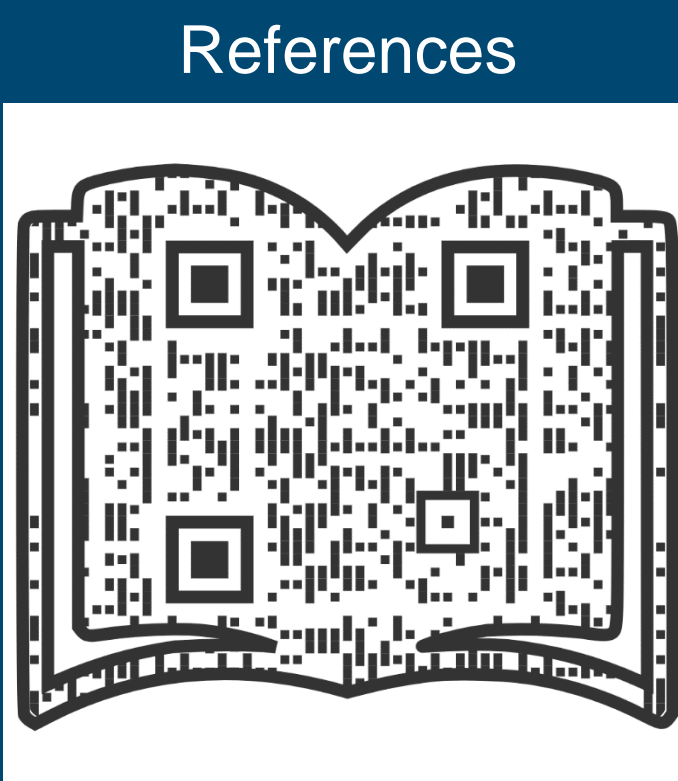
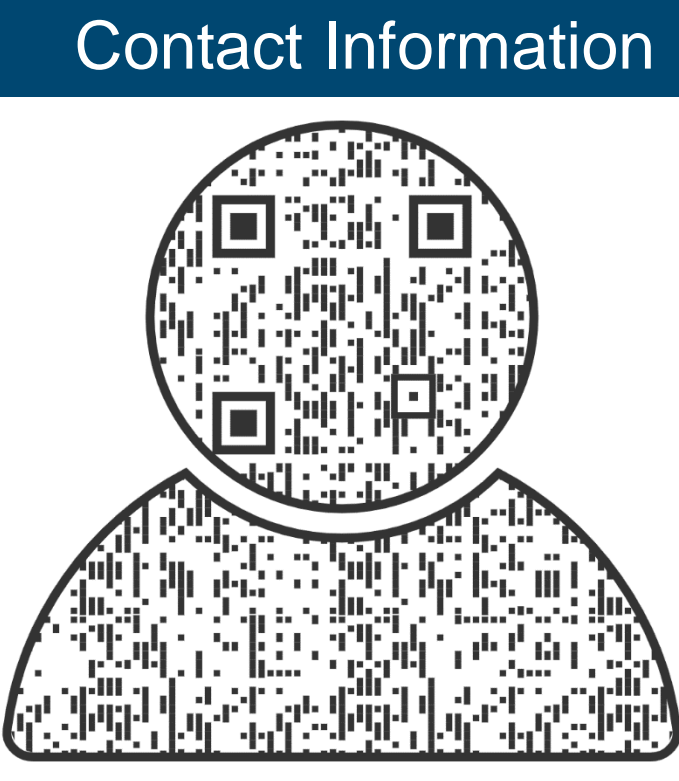


Figure 1. Social Ecological Model: Barriers and Facilitators to Patient Care

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 PSESCAD 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



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