Communication with Patients with Acquired Speech-Language Disorders in a Rehabilitation Hospital: Staff Perceptions and Practices

Communication between patients and healthcare providers in a rehabilitation hospital is central to the diagnosis and intervention processes. Effective patient-provider communication can lead to patient satisfaction as well as enhanced health outcomes (Hemsley & Balandin, 2014). Patients with severe speech-language disorders caused by brain damage (e.g., aphasia) often cannot use verbal or written communication channels, which leads to considerable difficulties in their communication with the hospital staff. These frequent communication breakdowns result in them experiencing inadequate and inappropriate care and feelings of distress and anger (Hemsley, Werninck, & Worrall, 2013).

During the last 15 years, research and intervention of people with aphasia are influenced by social models led by the Health Organization's International Classification of Impairment, Disability, and Functioning (WHO, 2001). These models focus on developing supports that encourage participation in the environment, even during their hospital stay (Simmons-Mackie et Al., 2007).

Augmentative and alternative communication (AAC) involves attempts to compensate for the impairments, activity limitations and participation restrictions of individuals with complex communication needs (CCN) (Fried-Oken, Beukelman & Hux, 2012). In recent years, evidence has been gathered describing proficient use of AAC by people with aphasia to facilitate their daily interactions with those around them (Garrett & Lasker, 2013).

One way to improve patient-provider communication is to incorporate specific communication strategies and AAC tools in the arsenal of communication resources for healthcare providers (Wilson-Stronks & Blackstone, 2013). However, professionals who work with patients with aphasia, including physicians, nurses and therapists, often lack communication skills needed to interact with those patients and assist them to communicate as effectively as possible (Legg, Young, & Bryer, 2005; O'Halloran, Grohn & Worrall, 2012). A comprehensive review of the literature highlighted the need for the education and training of various communication partners of people with aphasia (Simmons-Mackie, Raymer, Armstrong, Holland, & Cherney, 2010).

Many patients at the sub-acute stage following brain damage at the Loewenstein Rehabilitation Hospital experience severe speech and language difficulties. In recent years, AAC has become an integral part of the intervention process of the Speech Language Pathologists (SLPs) at this hospital. During general staff meetings, they encounter the difficulties expressed by professionals from various disciplines regarding their frustration at the inadequate level of communication with patients with aphasia. In response to this frustration and in accordance with the literature described above, the SLPs aim to expand AAC usage outside their own treatment settings by implementing a continuing education program that would increase and improve communicative interactions between healthcare providers at the hospital and patients with severe speech-language disorders.

Aim:

The purpose of study reported in this abstract was to gather information on the perceptions and practices of healthcare providers regarding their interactions with patients with acquired speech-language disorders prior to and following an educational and practical workshop on AAC.
Method:
During stage 1 (prior to the workshop), a comprehensive questionnaire consisting of multiple-choice and open-ended questions querying eight topics (e.g., scope and quality of communication with patients with communication disorders; satisfaction with the ability to communicate with them and suggestions for improving those conversations) was sent to 150 staff members including physicians, nurses, physiotherapists, occupational therapists, psychologists and social workers. One hundred and two (68%) completed the questionnaire. During stage 2, 100 of the professionals participated in a two 90-minute workshop sessions on theoretical and practical topics related to AAC. During stage 3 (following the workshop), 46 participants completed an extended questionnaire querying nine topics. Thirty participants completed all research stages.

Results:
The findings point to significant change in the healthcare providers' practices and perceptions following the workshop. With regard to practices, workshop participants reported greater use of AAC aids while communicating with patients with speech-language disorders (pre-workshop = 17.2% versus post-workshop = 36.7% and greater use of AAC aids to better understand what the patients clients were communicating (37.9% versus 58.6%). Healthcare providers reported more communicative interactions with the patients (23.3% versus 50%) and reduced avoidance of conversations with them (10.3% versus 0%).

With regard to perceptions, the professionals reported improved satisfaction with their ability to convey messages to the patients (20% versus 43.3%) and their ability to understand the patients (13.3% versus 26.7%). Moreover, 86.7% of the participants reported that the workshop matched or went beyond their expectations. Nevertheless, 76% of the participants referred to a need for specific guidance in order to improve their personal communication skills.

Conclusions:
The instructional workshop raised staff awareness of their role as communication partners and of the strong need for continuous support to implement the usage of AAC aids and strategies. The next phases of this program are to provide one on one specific guidance in the use of AAC strategies to the staff in the rehabilitation departments and further examination of the changes in staff practices and perceptions over the long term.

References:


**Declaration of Interest Statement**

The authors disclose they have no financial or other interest in objects or entities mentioned in this paper.
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