Patient-Provider Communication

Jamie L. Mude, Kouri Simon
Faculty: Julie Scherz, PhD, CCC-SLP, Douglas Parham, PhD, CCC-SLP

Department of Communication Sciences and Disorders

Abstract. A study was conducted addressing the document Advancing Effective Communication, Cultural Competence, and Patient-and-Family-Centered Care: A Roadmap for Hospitals, which was developed by JCAHO (Joint Commission on Accreditation of Healthcare Organizations). Our research question was: Does a heightened awareness of the Joint Commission standards within the health care setting lead to a more effective patient-provider interaction. A survey was posted to the listserv for American Speech-Language-Hearing Association (ASHA) Special Interest Group 2 (Neurophysiology and Neurogenic Speech and Language Disorders) and 85 Speech-Language Pathologists from across the country responded. Results from analysis of the data obtained suggested that awareness of the Joint Commission standards does not necessarily lead to a more effective patient-provider interaction.

1. Introduction

The ability to effectively communicate in a medical setting is often overlooked or taken for granted. When this ability is challenged in some way (e.g., the patient and provider speak different languages; lacking a support individual to help filter through complex medical information; waking up unable to speak after experiencing a stroke), the desired medical outcome may be altered. The Joint Commission standards were written to emphasize the importance of effective communication, cultural competence, and patient-family-centered care. This study was designed to survey Speech-Language Pathologists who work in medical settings in regards to their awareness of the Joint Commission standards and their perceptions about patient-centered care.

2. Methods and Results

In 2010, the Joint Commission released the document Advancing Effective Communication, Cultural Competence, and Patient-and-Family-Centered Care: A Roadmap for Hospitals (Roadmap) that outlined revisions to their existing accreditation standards. In this Roadmap, changes to the standards specifically focused on effective communication, cultural competence, and patient-and-family centered care. Hospitals accredited by the Joint Commission were required to comply with these new standards by January 1, 2011.

We completed a three-step process for data collection. (1) To gain a general overview of how information is communicated when a new standard or procedure for care is implemented within the hospital, we interviewed the compliance officers at both Wesley Medical Center and Via Christi Health in Wichita, Kansas. (2) Based on the interview and information in the Roadmap, we developed a twenty-three question survey to target not only general concepts from the standards, but also specific elements of practice that changed (e.g., which communication supports are available within your facility?; how do you ensure that the individual has access to adequate support persons?; how do you access an interpreter?). (3) We distributed the survey by e-mail to the listserv participants of ASHA Special Interest Group 2. Eighty-five anonymous participants completed the survey.

Our research question was to examine the participants’ definitions of effective-communication, cultural competence, and patient-and-family-centered care. To reduce potential bias, we independently went through the entire survey and pulled out those questions that would most specifically address the research question. We then reached consensus on a final list of four questions. We then independently identified the underlying themes for each question. Consensus coding was used to select three to four main themes for each question. The themes for all 85 participants’ responses on each question were coded for statistical analysis.

Chi-square analyses were run to determine if participants’ responses were different than what would be expected by chance alone on four associations: (1) the participants’ work place and their knowledge of the Joint Commission
standard, (2) their knowledge of the standard and their definition of effective communication, (3) their knowledge of the standard and their definition of cultural competencies, and (4) their knowledge of the standard and their definition of patient-and-family-centered care. Statistical analyses were run using SPSS statistical software (Version 19).

The chi-square test indicated a significant difference in the participants' workplace (i.e., hospital) and their knowledge of the Joint Commission Roadmap standards, $\chi^2 (1, n = 85) = 14.136, p = .015$ was greater than you would expect by chance alone. However, the other three associations were not significant: their knowledge of the standard and their definition of effective communication, $\chi^2 (1, n = 85) = 6.904, p = .141$; their knowledge of the standard and their definition of cultural competencies, $\chi^2 (1, n = 85) = 5.121, p = .163$; and their knowledge of the standard and their definition of patient-and-family centered care, $\chi^2 (1, n = 85) = 3.137, p = .370$.

3. Conclusions

From an analysis of the definitions, we concluded that there was not a significant relationship between knowledge of the Joint Commission standards and an effective patient-provider interaction than what would be expected by chance alone. Consideration of factors such as personality characteristics and life perspectives need to be taken into account as they may also lead to a more effective patient-provider interaction.

An additional conclusion was made that there were more individuals aware of the standard in the hospital setting than what you would expect by chance alone. However, knowing that a standard exists doesn't necessarily equate to understanding how it is actually implemented in a work setting. Further research needs to be conducted to look at the specific ways in which the standards are being implemented in the hospital setting. For example, if an individual only speaks Mandarin Chinese, and communication supports are not available in that language, what other tools are available to help educate the patient.

4. Acknowledgements

We would like to thank Dr. Julie Scherz for her constant support and guiding us through this project. Additionally, Dr. Douglas Parham for assistance with the statistical analysis, and the compliance officers at Wesley Medical Center and Via Christi Health who contributed to our knowledge of how standards are implemented throughout the hospital setting. Lastly, to all the participants from the ASHA Special Interest Group 2 for making this possible.
