

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

Augmentative and Alternative
Communication in Intensive Care Units in
New Zealand: Experiences of Healthcare
Professionals

A thesis presented in partial fulfillment of the requirements for the

degree of

Master of Speech Language Therapy

at Massey University, Albany

NEW ZEALAND

Alison Kaye Paulin

2016

Contents

List of Figures and Tables.....	v
Acknowledgements	vi
ABSTRACT	viii
Chapter 1. INTRODUCTION	1
1.1. Background.....	1
1.2. Rationale and Purpose of the Project.....	3
1.3. The Structure of the Thesis	3
Chapter 2. LITERATURE REVIEW	4
2.1. Augmentative and Alternative Communication.....	4
2.2. ICU Context	5
2.2.1. Changes	7
2.3. Effective Communication in Healthcare Settings.....	7
2.3.1. Impact on Physical Wellbeing.....	8
2.3.2. Impact on Psychological Wellbeing.....	8
2.3.3. Standards for Effective Communication in Healthcare Settings.....	10
2.3.4. Summary	11
2.4. Communication in the ICU.....	11
2.4.1. Patients' Perspectives	11
2.4.2. Family Members' Perspectives.....	13
2.4.3. HCPs' Perspectives and Communication Strategies Used	13
2.4.4. Summary	17
2.5. AAC in the ICU: Communication Solutions.....	18
2.5.1. Oral Communication Options	18
2.5.2. Augmentative and Alternative Communication.....	18
2.5.3. Implementation	29
2.6. The New Zealand Context	33
2.7. Conclusion	34
Chapter 3. METHODS	35
3.1. Research Questions	35
3.2. Method.....	35
3.2.1. Qualitative Methods.....	36
3.2.2. Rationale for Method Chosen.....	37

3.3. Participant Recruitment	40
3.4. Data Collection	42
3.4.1. Interview Guide Development	42
3.4.2. Pilot Interview	43
3.4.1. Semi Structured Interviews.....	43
3.4.2. Preparation of Data for Analysis.....	44
3.5. Data Analysis.....	45
3.6. Ethical Considerations	48
3.7. Summary	49
Chapter 4. RESULTS	50
4.1. Participant and DHB Information	50
4.2. Experiences Communicating with Patients who are Unable to Speak	52
4.2.1. Communication Breakdown.....	52
4.2.2. Limited Communication Attempts.....	52
4.2.3. Impact of Communication Difficulties	55
4.2.4. Summary	59
4.3. AAC Tools and Strategies used in ICUs.....	59
4.3.1. Expressive Strategies.....	60
4.3.2. Comprehension Strategies	63
4.3.3. Access Modes	63
4.3.4. Summary	64
4.4. Factors affecting Communication	64
4.4.1. Hospital and HCP related Factors	65
4.4.2. Patient Related Factors	71
4.4.3. Summary	75
4.5. Differences between DHBs.....	75
4.6. Differences between HCPs.....	77
4.7. Training.....	78
4.8. Summary	79
Chapter 5. DISCUSSION.....	80
5.1. Communication Difficulties Experienced by HCPs	81
5.1.1. Communication Breakdown.....	81
5.1.2. Limited Communication Attempts.....	82
5.2. Impact of Communication Difficulties.....	83

5.2.1. Negative Psychological Consequences for Patients and HCPs.....	84
5.2.2. Lack of Patient Consent	84
5.3. AAC Tools and Strategies used in NZ ICUs	85
5.3.1. Expressive Strategies.....	85
5.3.2. Access Modes	88
5.3.3. Comprehension Strategies	90
5.4. Barriers and Facilitators of Effective Communication	91
5.4.1. Hospital and HCP Factors	91
5.4.2. Patient factors.....	95
5.5. Differences between DHBs.....	97
5.6. Training.....	98
Chapter 6. CONCLUSION.....	99
6.1. Purpose and Rationale	99
6.2. Limitations.....	100
6.2.1. Limited Number of Participants and DHBs	100
6.2.2. Self-Selection Bias	100
6.2.3. Professions.....	101
6.2.4. Single data source.....	101
6.2.5. Bias of self-report	101
6.3. Implications for Clinical Practice	102
6.3.1. Training.....	102
6.3.2. Availability of AAC tools.....	104
6.3.3. Team practice.....	105
6.4. Implications for Future Research.....	107
6.5. Concluding Comments	108
REFERENCES.....	109
Appendix A	125
Appendix B	126
Appendix C	129
Appendix D	131

List of Figures and Tables

Figure 3-1: Example of coding process	47
Figure 4-1: HCP Factors affecting communication	66
Table 3-1: Characteristics of DHBs.....	40
Table 3-2: Alterations to interview guide following pilot interview	44
Table 4-1: Participant attributes	51
Table 4-2: DHB characteristics	51
Table 4-3: Expressive strategies reported as used.....	61
Table 4-4: Access modes reported as used	63

Acknowledgements

Firstly, I wish to acknowledge the nurses and SLTs who participated in this project. I could not have done this without your willingness to share your experiences and your practice so fully. And thanks are also due to those who assisted me in obtaining research approval and recruiting participants at the various DHBs.

I wish to thank my supervisors, Dr. Sally Clendon and Assoc. Prof. Helen Southwood. To my primary supervisor, Sally, I could not have completed this thesis without your unwavering support, your steady guidance and your cheery voice beaming into my home via Skype. To my secondary supervisor, Helen, your knowledge and useful feedback were always appreciated. To both of you, your editing knives were called into action far too much! I also wish to acknowledge Ann Smaill from Talklink Trust, and Bill Fowler and John Trainor, whose stories inspired this research.

To all of my family: I am so grateful to you - Matt who encouraged me to take on this challenge and supported me throughout it, taking on extra responsibilities in the last few months to enable me to focus on it, and even stepping in to fight my battles with Word during the last week. Felix and Ruby whose routines and time with Mum were interrupted so often over the past year. My parents, sisters and all of my extended family whose support is always there.

To Kate, who has just added *editing references* to the growing list of reward-free friend tasks she has undertaken to help me, I'm eternally grateful. To my good friends Celeste, Sally and Alisone who put up with my distraction and my rantings over the past year – Thank you! Your friendship is more important to me than I ever manage to say.

Also thanks are due to Massey University, for assistance in funding those key tools of research that made such a difference. And to John, for the hours of transcription you completed on my behalf.