

## Communication problems in healthcare homes in the UK

Student ID: 2018712

Teacher Name: Afzal Munna

Course: BMSW4004

### Problem Solving and Decision Making

Date

|                                                                       |    |
|-----------------------------------------------------------------------|----|
| Contents Background .....                                             | 3  |
| Impact of the problem .....                                           | 4  |
| Factors that may affect the communication processing care homes ..... | 4  |
| Decision-making process and legislation.....                          | 6  |
| Fishbone Analysis .....                                               | 7  |
| SWOT Analysis .....                                                   | 8  |
| Strengths .....                                                       | 9  |
| Weaknesses .....                                                      | 10 |
| Opportunities .....                                                   | 10 |
| Threats .....                                                         | 10 |
| Plus Minus Interesting (PMI).....                                     | 11 |
| Solutions.....                                                        | 12 |
| Solution 1: change environmental factors .....                        | 12 |
| Solution 2: integrate technology in the communication process.....    | 12 |
| Preferred solution and implementation .....                           | 13 |
| Monitoring and review of the implementation .....                     | 13 |
| Conclusion .....                                                      | 14 |
| References .....                                                      | 15 |

### Background

When it comes to health issues, certain segments of the population are more vulnerable than others. Whether it be children who are at risk of contracting new illnesses, or the elderly, taking care of these segments of the population is an important responsibility of the healthcare system (Robbins et al., 2013). While many people may view hospitals as the primary sources of healthcare, there are many other facilities that play a key role in providing healthcare to vulnerable parts of the population. Care homes play a major role in taking care of the elderly, particularly those that are suffering from prior medical conditions or those who are in a vulnerable condition (Devi et al., 2021). The importance of care homes within the healthcare industry in the UK has been studied thoroughly. Many care homes deal with patients that are suffering from illnesses such as dementia, co-morbidity, musculoskeletal problems, and a variety of other illnesses. These problems are most commonly seen in the elderly. Because many elderly people may not have full-time caretakers, having a care home facility is crucial for the health of these patients. A good care home has the responsibility of doing routine checkups, ensuring that medication is administered on time, doing therapy, and a variety of other duties. Therefore, the role that care homes play in public healthcare should not be undermined. In many of these cases, patients may be suffering from serious illnesses which require highly

specialized care (Stocker et al., 2018). Care homes also deal with one of the most vulnerable parts of the population, which is why they're often required to have higher quality standards than a standard hospital or other healthcare facilities. To maintain these standards communication between the staff and management is very important. Many patients may require specific treatments and each aspect of their care may have to be viewed separately. By taking these factors into account, the care home will be able to take the needs of all patients into account (Gordon et al., 2018). However, with so many varied treatments, it becomes difficult for the employees and staff of care homes to manage. Therefore, the reliance on effective communication is key to the successful treatment of patients in a care home. Communication between staff and the patients is also a major issue in many cases. Due to the vulnerable nature of the patients, there is often conflict between the staff who are administering a specific treatment and the patients who are unwilling to receive the medication. There are many other areas where a lack of proper communication may cause problems for all parties involved in a care home facility. Overcoming these issues requires a significant change in the communication strategy and proper identification of the exact issues

that are causing the communication problems. This report will cover the main issues involved in communication amongst staff in care homes and discuss various solutions which can be used to improve the communication process and subsequently, the quality of healthcare.

### Impact of the problem

One of the main issues of poor communication in care homes is that it has a direct negative effect on patient health. Many patients may require specialized treatment, and a lack of such treatment may cause health problems (Kupeli et al., 2018). Poor communication between different levels of staff in the care home may also result in administering the wrong medication to patients, which could have serious health consequences. Similarly, a lack of proper communication has been cited as one of the primary reasons for the lack of trust in healthcare institutions, discontinuity of treatment, and a variety of other negative effects. Care homes that are more open and communicate with their patients on their treatment process are more likely to have patients who are willing to complete their tenure or are required to recover with them. On the other hand, communication issues may cause certain patients to develop a mistrust of staff in care homes, which will affect their willingness to take medication or receive other forms of treatment (Ozavci et al., 2021). Similarly, poor communication regarding quality standards may cause problems for the integrity of the care home. Legislation on healthcare facilities includes emphasis on maintaining quality standards in terms of hygiene, patient treatment, recording data, and other aspects. Having poor communication may cause problems within the facility, which will affect the level of compliance of the care home. Therefore, poor communication on every level in a care home will have significant negative effects on the integrity of the healthcare facility (Brown, 2018).

### Factors that may affect the communication processing care homes

Several factors play an important role in communication in any organization. These factors can be applied to care homes as well. Other factors are more specific to care home facilities and they play an important role in ensuring that good communication practices are followed in these facilities (Howick et al., 2018). One of the main factors that affect communication is the mode through which information is conveyed. Having the right platform through which information is conveyed is important as it facilitates the communication process. The main categories of communication are verbal, non-verbal, and expressions. Verbal communication is one of the

most frequently used methods as it is the simplest. It is much easier to convey a verbal message than to have it written down. Similarly, giving verbal instructions to staff may be easier for managers as it saves them time and effort and, in some ways, it can improve productivity. However, verbal communication has its downsides as well (Anderson et al., 2019). Many modern organizations have

employees who may not be as fluent in certain languages. Given them, verbal instructions may cause issues in the quality of communication. Secondly, in the setting of a healthcare home, having verbal instructions regarding patient medication or other crucial aspects of patient care may be detrimental. There is human error involved in the processing of information, which may cause staff to come back for further clarification (Schroyen et al., 2018). A misunderstanding or noise factor during the communication process may also affect the quality of information delivered therefore, verbal communication may not always be suitable for scenarios where information is sensitive and details should be taken into account. Furthermore, verbal communication may cause ambiguity and confusion if the manager is not there to clarify. This may result in serious problems such as the deliverance of wrong medication or worse. Therefore, certain functions of care homes should not rely on verbal communication as it often causes the most communication errors (Hassan, 2018).

In many other areas of professional care, written communication may be used. Non-verbal forms of communication are usually more effective provided the information can be reviewed more than once. Many care homes in the UK have a provision of given written instructions to the staff as this helps reduce any issues in the communication process. Written instructions are more reliable and can be used as proof that one party was thorough in communicating the right information (Omura et al., 2018). This makes it easier for all stakeholders to understand their duties and responsibilities and perform accordingly. Written communication in care homes may involve instructions on what to cover for the day, which medication to administer to patients amongst other tasks. Written communication may be set through email, text message, or a variety of other methods. However, in care homes, formal methods are preferred, which written communication is often more effective in reducing the effects of miscommunication, it is not perfect. There is always the scope of human error in the deliverance of the instructions, the impact of typing mistakes, misunderstanding of the information by the recipient, and other factors. These issues may cause problems in the communication process (Pilnick et al., 2010).

Another major cause of poor communication in care homes is the quality of the staff. Having highly qualified staff means that there is less room for error and misunderstandings can be avoided. Studies have shown that there is a direct relationship between the experience of nursing staff and the quality of healthcare. Patients are more likely to respond positively to staff who understand various communication techniques and how to deal with different types of patients (Osbourne and Clarke, 2008). Because many patients in care homes may be suffering from dementia or other similar illnesses, having knowledge and experience dealing with such patients can facilitate better communication between the staff and the patients. Similarly, the misunderstanding regarding certain medications or methods of treatment and care may be reduced if the staff is more qualified or experienced. Misunderstandings account for the majority of issues in medication deliverance in care homes. These issues can be resolved through more qualified staff. However, care homes that have new staff or internees may have to take extra precautions and ensure that they understand instructions carefully before performing their duties (Adil, 2008).

Lastly, there are many internal weaknesses in the communications system which may result in a lack of quality communication. Many care homes have a system of providing written instructions to staff, but not all have a system that requires staff to clarify that they have understood the instructions clearly. In many cases, simply giving written instructions is not enough. More experienced staff may need to demonstrate or discuss the instructions with staff before they get started with their day (Thomas et al., 2013). Similarly, managers would have briefings and feedback sessions to ensure that all instructions are clear and no misconceptions or misunderstandings have arisen. These measures often form part of the system used in a care home to ensure that communication is thorough between staff and management. However, in many cases, care homes do not implement such thorough checks and balances to ensure effective communication and this often results in poor communication between employees in the organization (Quigley et al., 2019).

## Decision-making process and legislation

Several regulations care homes have to follow to maintain high-quality standards. One of the major regulations is the Care Home Regulations Act of 2001. This act covers several aspects of care homes which include the appointment of staff and managers, the implementation of safety

procedures, the conduct of care, fitness of employees, amongst other factors. Under these regulations, the fitness of employees stipulates that employees should not have any physical disability that may affect their performance or their ability to carry out their duties. This means that any barrier that may cause issues in communication due to physical disability may be included in this (Glaize et al., 2019). Employees should be of sound hearing and should have a good command of the language of instruction used in the care home. Employees should also not have any hearing issues which may affect the quality of communication. Similarly, they should have experience and expertise regarding written communication methods and be qualified to read medical prescriptions or follow certain treatment procedures. These requirements are important to ensure that the employees are fit enough to maintain the integrity of the care home and perform their duties properly (Gray et al., 2019).

## Fishbone Analysis

A fishbone diagram, also called a cause and effect diagram, helps in the process of brainstorming where the identification of the possible reasons/causes of a problem becomes easier. It helps us sort ideas into categories and helps in creating a visual representation of the cause and effect relationship.

The main concern that we are focusing on here is the poor/lack of communication between staff members and between staff members and managers/supervisors. Creating a fishbone diagram gives us a clear picture of the various different aspects that contribute to this issue and the specific concerns under those aspects as well. This is extremely useful with regard to the present problem since this analysis can help us understand what are the different aspects of healthcare and the healthcare that needs to be focused on so as to improve communication within care homes in order to ensure effective service.

This SWOT analysis mentions that these are concerns related to all aspects that could possibly affect the service and the quality of it within care homes. The following is the SWOT diagram followed by a detailed discussion on each of the facets of the SWOT diagram.

## SWOT Analysis

When looking into the decision-making process on communication methods used in care homes, it is important to analyze the different factors that may affect the quality of communication in these settings. One of the main areas where communication plays an important role in the care home is inpatient care. Therefore, having the right communication method and system in place is

one of the important aspects of decision-making in this organization (Hansen and Devlin, 2019). The different factors that influence or affect communication in care homes can be analyzed using a SWOT analysis.

**Strengths** ● Qualified Staff ● Advanced Information Systems ● Good Leadership **Weaknesses** ● New and inexperienced staff ● The communication management system used is poor

## Opportunities

- Introduction to new technologies
- Opportunities to renovate or get a

new communication systems **Threats** ● Uncooperative child.

## Strengths

- Qualified staff; having qualified staff is an important aspect of ensuring effective communication in care homes. Qualified staff are more key to understand specific instructions the first time and will not be affected by misunderstandings or a lack of knowledge on the subject matter. This includes knowledge of treatment procedures and medication (Dionne-Odam et al., 2019).
- Advanced information systems: information systems play a key role in communicating information in care homes. Information systems include all infrastructure that is used to communicate information between management and staff or between the organization and the patients. Having a good system of tracking, recording, and monitoring data can help with facilitating better communication in care homes (Gray et al., 2019).
- Good leadership: strong leaders are also good at communicating their ideas to team members and staff. Good communication skills involve active listening and requesting clarity in case instructions were unclear. This way, the instructions will be clear and employees will have more confidence in performing their duties (Glaize et al., 2019).

## Weaknesses

- New staff; new staff may not be aware of the procedures involved in the care home, which may cause miscommunication. Inexperienced staff may also find it difficult to understand more complex instructions. This may cause the care home to invest extra time and resources in training their staff adequately. Lack of technical expertise is a major problem as it prevents the effective implementation of certain instructions (Brown, 2018).
- Lack of proper systems: information management systems play an important role in business communication. Having poor systems may cause problems in the gathering and distribution of information in the care home. This includes systems that manage patient data, employee records, employee duties, etc. these systems are an important [part of the way information is circulated throughout the organization (Anderson et al., 2019).

## Opportunities

- New technology: new technology can help with improving communication in an organization. Many new technologies such as voice-over systems can help managers provide feedback while the staff is performing their duties. This may help reduce the errors before they cause significant damage.
- New communication systems: new communication research has revealed that by installing a sense of group accountability and other tools, the mistakes made due to poor communication will decrease. By implementing a good communication system, the care home can improve the quality of communication between staff and reduce any misunderstandings (Schroyen et al., 2018).

## Threats

- Lack of patient cooperation: patient cooperation is essential to the success of any communication system. When patients do not cooperate with staff, it can cause problems for the care home. This threat can be mitigated by using various techniques to convince patients of a certain treatment plan, according to their personality.
- Tougher government restrictions: while many government regulations are meant to maintain the quality of treatment in care homes, some regulations may interfere with the efficiency of communication in the organization. For example, regulations that require every detail of treatment to be recorded via written means may cause additional strain on the staff and may result in more likelihood of mistakes (Quigley et al., 2019).

The above analysis shows that there are many gaps in the communication systems of care homes which result in communication problems between staff. This may result in lower quality healthcare, administering the wrong medication, or confusion amongst employees of the care home. However, some opportunities can be used to implement better communication systems, allowing staff to gain more confidence and reduce the number of errors caused by miscommunication.

### Plus Minus Interesting (PMI)

It is important to critically think and brainstorm over the present concern regarding the communication issues within care homes so as to put things into perspective and the 'Plus Minus Interesting' (PMI) enables us to do so. By looking at the positive (Plus), negatives (Minus), and other aspects that are neither but can benefit from attention (Interesting), we can foster a discussion taking into consideration multiple points of view which can be beneficial to the concern at hand.

### Plus Minus Interesting

- Compassionate staff

members

- Fully trained and

competent staff

- Staff that is

proactive and ready

learn ● There is a communication gap between staff members ● There are environmental distractions present that hinder effective communication ● Lack of technological aids used for ● The lights at the home care may not be in the best shape which contribute to the environment factors that lead to ineffective communication ● Getting more technological aids/devices for smooth

communication communication between staff members within the care homes

Through the PMI analysis I have understood how at the very core, concerns related lack of infrastructure as well as human error are some of the main reasons behind poor communication within care homes.

### Solutions

#### Solution 1: change environmental factors

One of the main causes of poor communication is distractions caused by environmental factors. this could be external noise, poor lighting, and other factors. by changing the environment in which communication takes place, it is possible to reduce the level of miscommunication and make the process more pleasant. This can be done by optimizing the healthcare facility to ensure minimum external noise, use better lighting and create an environment that facilitates better communication. Research has shown that simply improving the lighting can increase the efficiency of communication (Gordon et al., 2018).

#### Solution 2: integrate technology in the communication process

Many modern organizations have improved interpersonal communication between employees by facilitating them with technological devices. With a wide range of technological devices designed to improve the efficiency of communication, staff can now combine both verbal and non-verbal communication. Technology also helps improve the efficiency of staff and reduce mistakes caused by miscommunication. Many care homes have started to implement a system where staff can consult

with other staff if they are having difficulty understanding certain instructions or procedures. This helps create a team environment that is beneficial to the staff. Similarly, electronic devices can be used to research and access information related to patient treatments and medication in case there is ambiguity in the instructions provided by the manager. Furthermore, having a record of patient and staff data makes it easier to notice any trends in

communication issues and will help remove many communication barriers (Hansen and Devlin, 2019).

#### Preferred solution and implementation

While technological factors are also useful in facilitating communication, solution 1 would be more applicable in this case. Many care centers in the UK may not have effective lighting and noise design, which may be the main cause of poor communication between staff, management, and patients. While other factors such as the experience of staff and fluency in language should be taken into account, it is already a legal requirement that the staff is fully trained before working in a care home. Therefore, by changing environmental factors and reducing background noise, the care home can become an area where communication is facilitated more effectively (Brown, 2018).

The implementation plan for this solution may involve significant changes to the care home's infrastructure and layout. This may result in increased costs, which may need the approval of the upper management. Noise-reducing barriers can be installed along with a design used to keep background noise out. Similarly, better lighting can be installed in the facility. However, this does not merely include more lighting as many people may conceive. Having lighting at the right places is crucial to creating an environment to facilitate communication. Nowadays, many experienced architectures may guide the placement of lighting to enhance the environment of a building. While these minor adjustments may seem insignificant, research has proven that they may have a significant impact on the efficiency of employees as well as their overall work ethic and mood (Omura et al., 2018).

#### Monitoring and review of the implementation

Once the new system is implemented, it should be monitored to give an idea of its efficiency and the impact it has on improving the communication process. While other solutions may produce faster results, changing the setting and environment may require long-term monitoring before the exact impact is noticed. The care home's management should take the number of errors caused by poor communication before the implementation of new infrastructure and after. These numbers should be reviewed over a few months to get an accurate idea of the impact it has had on employees (Howick et al., 2018). Other feedback methods could include an employee questionnaire, which looks at the overall effect that a change in environment has on employee

performance and satisfaction. This will have several benefits, apart from improving communication efficiency. It will also have an impact on the satisfaction and motivation of employees and will have a positive effect on the patients as well (Devi et al., 2021).

#### Conclusion

Miscommunication in care homes is a major issue that may have serious consequences and health risks for patients. Care homes often house vulnerable segments of the population, which is why it is important to ensure that accurate medication and proper treatment are administered to them. Having poor communication processes and a lack of accountability may cause the quality of healthcare to drop. It may also result in major problems such as the wrong administration of medication. However, environmental factors such as lighting and noise are often a major cause of miscommunication in such

facilities. By improving the environment, the care home can create a better atmosphere that facilitates communication between both patients and staff as well as staff and management.

## References

- Adil, M., 2008. Risk communication in healthcare: An overview. *Journal of Communication in Healthcare*, 1(4), pp.363-372.
- Anderson, R.J., Bloch, S., Armstrong, M., Stone, P.C. and Low, J.T., 2019. Communication between healthcare professionals and relatives of patients approaching the end-of-life: a systematic review of qualitative evidence. *Palliative medicine*, 33(8), pp.926-941.
- Brown, M.M., 2018. Transitions of care. In *Chronic illness care* (pp. 369-373). Springer, Cham.
- Devi, R., Chadborn, N.H., Meyer, J., Banerjee, J., Goodman, C., Dening, T., Gladman, J.R., Hinsliff-Smith, K., Long, A., Usman, A. and Housley, G., 2021. How quality improvement collaboratives work to improve healthcare in care homes: a realist evaluation. *Age and Ageing*.
- Dionne-Odom, J.N., Ejem, D., Wells, R., Barnato, A.E., Taylor, R.A., Rocque, G.B., Turkman, Y.E., Kenny, M., Ivankova, N.V., Bakitas, M.A. and Martin, M.Y., 2019. How family caregivers of persons with advanced cancer assist with upstream healthcare decision-making: a qualitative study. *PLoS One*, 14(3), p.e0212967.
- Glaize, A., Duenas, A., Di Martinelly, C. and Fagnot, I., 2019. Healthcare decision-making applications using multicriteria decision analysis: A scoping review. *Journal of Multi-Criteria Decision Analysis*, 26(1-2), pp.62-83.
- Gordon, A.L., Goodman, C., Davies, S.L., Dening, T., Gage, H., Meyer, J., Schneider, J., Bell, B., Jordan, J., Martin, F.C. and Iliffe, S., 2018. Optimal healthcare delivery to care homes in the UK: a realist evaluation of what supports effective working to improve healthcare outcomes. *Age and Ageing*, 47(4), pp.595-603.
- Gray, T.F., Nolan, M.T., Clayman, M.L. and Wenzel, J.A., 2019. The decision partner in healthcare decision-making: A concept analysis. *International journal of nursing studies*, 92, pp.79-89.
- Hansen, P. and Devlin, N., 2019. Multi-criteria decision analysis (MCDA) in healthcare decision-making. In *Oxford Research Encyclopedia of Economics and Finance*.
- Hassan, I., 2018. Avoiding medication errors through effective communication in healthcare environment. *Movement, Health & Exercise*, 7(1), pp.113-126.
- Howick, J., Moscrop, A., Mebius, A., Fanshawe, T.R., Lewith, G., Bishop, F.L., Mistiaen, P., Roberts, N.W., Dieninytė, E., Hu, X.Y. and Aveyard, P., 2018. Effects of empathic and positive communication in healthcare consultations: a systematic review and meta-analysis. *Journal of the Royal Society of Medicine*, 111(7), pp.240-252.
- Kupeli, N., Leavey, G., Harrington, J., Lord, K., King, M., Nazareth, I., Moore, K., Sampson, E.L. and Jones, L., 2018. What are the barriers to care integration for those at the advanced stages of dementia living in care homes in the UK? *Health care professional perspective*. *Dementia*, 17(2), pp.164-179.
- Omura, M., Stone, T.E., Maguire, J. and Levett-Jones, T., 2018. Exploring Japanese nurses' perceptions of the relevance and use of assertive communication in healthcare: A qualitative study informed by the Theory of Planned Behaviour. *Nurse education today*, 67, pp.100-107.
- Osbourne, J.A. and Clarke, M., 2008. Factors motivating the acceptance of new information and communication technologies in UK Healthcare: A test of three models. In *Information*

Communication Technologies: Concepts, Methodologies, Tools, and Applications (pp. 1036-1046). IGI Global.

Ozavci, G., Bucknall, T., Woodward-Kron, R., Hughes, C., Jorm, C., Joseph, K. and Manias, E., 2021. A systematic review of older patients' experiences and perceptions of communication about managing medication across transitions of care. *Research in Social and Administrative Pharmacy*, 17(2), pp.273-291.

Pilnick, A., Hindmarsh, J. and Gill, V.T. eds., 2010. *Communication in healthcare settings: policy, participation and new technologies*. John Wiley & Sons.

Quigley, F., Moorhead, A., Bond, R., Zheng, H. and McAloon, T., 2019, September. A Virtual Reality Training Tool to Improve Weight-Related Communication Across Healthcare Settings. In *Proceedings of the 31st European Conference on Cognitive Ergonomics* (pp. 19-22).

Robbins, I., Gordon, A., Dyas, J., Logan, P. and Gladman, J., 2013. Explaining the barriers to and tensions in delivering effective healthcare in UK care homes: a qualitative study. *BMJ open*, 3(7), p.e003178.

Schroyen, S., Adam, S., Marquet, M., Jerusalem, G., Thiel, S., Giraudet, A.L. and Missotten, P., 2018. Communication of healthcare professionals: Is there ageism?. *European Journal of Cancer Care*, 27(1), p.e12780.

Stocker, R., Bamford, C., Brittain, K., Duncan, R., Moffatt, S., Robinson, L. and Hanratty, B., 2018. Care home services at the vanguard: a qualitative study exploring stakeholder views on the development and evaluation of novel, integrated approaches to enhancing healthcare in care homes. *BMJ open*, 8(3), p.e017419.

Thomas, S.K., Hodson, J., McIlroy, G., Dhami, A. and Coleman, J.J., 2013. The impact of direct healthcare professional communication on prescribing practice in the UK hospital setting: an interrupted time series analysis. *Drug safety*, 36(7), pp.557-564.