Patients and Families' Perceptions of Quality Communication patterns used for Healthcare Professionals towards End of Life (EOL) care at the hospital setting

Karen CHENG (1), Agnes TIWARI(2), MM YEUNG (1), HC YEUNG (1) and HP CHUNG (1)
(1) Department of Surgery, Tung Wah Hospital, (2) School of Nursing, Hong Kong University

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Introduction
From the Hospital-based Patient Experience and Satisfaction Survey carried out in 7 hospitals in 2013, there showed less patients experience than the desired including (i) opportunity to talk to a doctor, (ii) able to discuss/ comfort patients about their condition and (iii) provision of information needed in patient care and recovery. There was also a wide variation in these relatively lower performance items among the 7 hospitals. Suggestion for further study to identify factors for the relatively lower performance item and to prioritize areas for continuous improvement to achieve a positive patient experience (HAHO, 2014)

Objectives
To explore the gap in the communication problems encountered for End of Life (EOL) patients and families in the hospital setting and to develop a new communication pattern of care towards EOL patients for the frontline staff based on their needs and concerns.

Methodology
This is a qualitative exploratory research design, sample size~ 5-10 cases using individual semi structure interview with audiocassette recording and the data would be transcript and develop a new communication pattern for End of Life patients at hospital setting based on the grounded communication model. Self-developed questionnaire based on the literature reviews of communication pattern. Content validity is carried out by expert consultation and questions reliability was carried out to 4 pilot cases reviewed by team meeting discussion and exploration for any questions re adjustment. The individual in-depth interview will take about 1-2 hours on a
volunteer convenience sampling to explore End of Life patients and families' perception towards quality communication till data saturation. Data was transcribed and categories into a new communication patterns for quality of service provided in hospital setting

**Result**

Based on the coding and decoding communication finding, we come out the most important factors for quality communication. They involved the 8 “A” communication pattern based on the grounded communication model we used in the daily activities. The 8”A” stands for Ask, Act, Address to feeling, Attentive by listening, Acknowledgment with concerns, Answer to questions with skill, Approach in steps and Assist coping with plan in the senders, receivers and feedback in the data findings. Therapeutic communication enables nurses to build up a rapport with patients. Having such a relationship, a mutual understanding happens between nurse and patient. By means of Ask, act, address to feeling, attentive listening, acknowledgement with concerns, answer questions with skill, approach by steps and assist coping with plan summarizing the actual needs patients and relatives for End of Life care in hospital level that enhance quality of service provided. As a conclusion, a quality communication pattern was developed and it can enhance a better patient partnership with mutual understanding and rapport to patients and families. They were inspired by theories of communication in a patient centered approach by using method of semi structure audio-taped interview review to summarizing the finding. The framework is a structural condition under which the nurses and patients and relatives interact in the hospital environmental setting. Duration of the dialogue, patients' needs and concerns for End of Life and any verbal or non-verbal communication signals. These demonstrate a good quality communication pattern for the frontline staff in the hospital setting towards quality of service development that can improve patient outcome and reduce stress and anxiety for the dying patient.