Communication barriers : are you one of them?

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Article for Submission: *Communication Barriers – Are You One of Them?*

by

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Approval Page

This Scholarly Project Paper, submitted by Tara Luedtke and Keleah Goldammer in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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Title: Article for Submission: Communication Barriers – Are You One of Them?

Department: Occupational Therapy

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# TABLE OF CONTENTS

ACKNOWLEDGEMENTS........................................................................................................ vi

ABSTRACT................................................................................................................................... vii

CHAPTER

I. INTRODUCTION.................................................................................................................... 1
   Key Concepts/Terminology................................................................................................. 3
   Organization of Project...................................................................................................... 4

II. REVIEW OF LITERATURE................................................................................................. 5
   Introduction......................................................................................................................... 5
   Literacy............................................................................................................................... 7
   Barriers to Effective Communication................................................................................ 8
   Healthcare Professionals................................................................................................. 13
   Strategies to Minimize or Decrease Barriers................................................................. 17
   Occupational Therapist Academic Preparation for Communication......................... 23
   The Proposed Program.................................................................................................... 24

III. METHODOLOGY................................................................................................................. 27

IV. PRODUCT.......................................................................................................................... 30
   Introduction......................................................................................................................... 30
   Product Description.......................................................................................................... 30
   Theoretical Design........................................................................................................... 31
ACKNOWLEDGEMENTS

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ABSTRACT

Problem: “Many hospital administrators and clinicians are not aware there are laws and regulations that support the provision of language access service, both for people who are deaf or hard of hearing and those with limited English proficiency” (Wilson-Stronks, 2010, p. 14). “It is estimated that about 20 million people (one in 15) in the United States speak and understand little or no English” (U.S. News & World Report, 2007, ¶4). The language inconsistency within the healthcare system is hindering the care given to these clients. According to Jay Feldstein, corporate chief medical officer for the AmeriHealth Mercy Family of Companies, “Low health literacy is a problem that leads to poor medical outcomes for millions of Americans and costs the healthcare industry an estimated $60 billion a year” (AmeriHealth Mercy Family of Companies, 2009, ¶1). In some cases, the occupational therapists themselves are barriers by not taking the necessary steps to gain a better understanding of who the client is and accommodating to individualized communication needs.

Methods: An extensive literature review on the population affected by communication barriers within the healthcare system was conducted. The literature revealed the need for more effective methods of communicating in order for healthcare professionals to provide more efficient care for their clients. As the literature review progressed, it became apparent that because there were so many forms of communication barriers, not all of them would be included within the realm
of this project. The authors decided to address the areas of health literacy, language, visual, auditory, and cognitive barriers.

Conclusions: The purpose of the scholarly project and resulting article, *Communication Barriers – Are You One of Them?*, was to increase occupational therapists’ awareness of the impact of communication barriers within the healthcare system and provide them with strategies and resources to overcome these barriers. The article is written for the adult learner utilizing Malcolm Knowles’ Adult Learning Theory of Andragogy. It is hoped that this article contributes to improving the effectiveness of the healthcare professional’s communication methods to provide a higher quality of care for each client. There are many communication barriers within the healthcare system that need to be addressed. Occupational therapists have the skills necessary to address and overcome these barriers; however, additional awareness and knowledge of available resources will enhance their ability to utilize these skills. *Communication Barriers – Are You One of Them?* is a tool that occupational therapists can use to increase their awareness of communication barriers and broaden their knowledge base on how to overcome them with the resources provided.
CHAPTER I
INTRODUCTION

Communication barriers generate significant risks for our clients, the occupational therapy profession, and our healthcare system. We need to ask: 1. are healthcare professionals aware of these barriers and 2. are they able to find and utilize resources and/or strategies to overcome these barriers. Currently, there is a lack of occupational therapy research or published articles regarding communication barriers and the knowledge level and understanding of occupational therapists (OTs).

“It is estimated that about 20 million people (one in 15) in the United States speak and understand little or no English” (U.S. News & World Report, 2007, ¶4). Because the majority of healthcare professionals in the United States speak English, this poses a problem. In addition to language barriers, low health literacy levels of clients are also an issue. “Many written materials used for client education require a reading ability equivalent to grade ten schooling or higher” (Chapman & Langridge, 1997, p. 408). Cotugna, Vickery, & Carpenter-Haefele (2005) state that eighth grade is the estimated average reading level in the United States, although many read at lower levels. The purpose of this scholarly project is to increase the awareness of various barriers that affect communication. Communication Barriers – Are You One of Them? is an informative article that presents the issue and provides the occupational therapist with educational resources and strategies.
The theoretic framework that was used to guide the design of this article is based on Malcolm Knowles' Adult Learning Theory of Andragogy which is designed for the adult occupational therapy learner. Andragogy is "the art and science of helping adults learn" (Knowles, 1968, p. 351). The following is a listing of each assumption by Knowles (1980, pp. 44-45). The authors also present how each assumption fits within the context of the article:

1. As a person matures his or her self-concept moves from that of a dependent personality towards one of a self-directing human being. The article is based on the belief that the occupational therapist is a self-directed learner and requires only the information and resources to strengthen his or her clinical skills.

2. An adult accumulates a growing reservoir of experience, which is a rich resource for learning. The professional already has experience from practice; the article presents additional resources to utilize in future experiences.

3. The readiness of an adult to learn is closely related to the developmental tasks of his or her social role. The article presents barriers; the professional will be intrigued to learn how to overcome the barriers within the everyday roles as a professional.

4. There is a change in time perspective as people mature—from future application of knowledge to immediacy of application. Thus, an adult is more problem centered than subject centered in learning. Because the article is relevant to current issues, the professional will be able to apply it to their immediate practice.
Knowles later refers to a fifth and sixth assumption:

5. *The most potent motivations are internal rather than external* (Knowles & Associates, 1984, p. 12). The article presents barriers that the professional will want to overcome and will therefore be motivated to learn about additional resources.

6. *Adults need to know why they need to learn something* (Knowles, 1984). The article relates to the practice of OTs and the importance of overcoming barriers; therefore, it is evident why they need to learn.

Occupational therapists have the skills necessary to address and overcome communication barriers; however, additional awareness and knowledge of available resources will enhance their ability to utilize these skills. *Communication Barriers – Are You One of Them?* is a tool that occupational therapists can use to increase their awareness of communication barriers and broaden their knowledge base on how to deal with barriers more effectively with the resources provided.

**Key Concepts/Terminology**

The following are key concepts and terminology that will be used throughout this scholarly project:

- For purposes of this project, a communication barrier is anything that prevents effective communication within the healthcare system among healthcare professionals and between healthcare professionals and their clients/family members.

- The term “health literacy” is defined by The U.S. Department of Health and Human Services as “the degree to which individuals have the capacity to obtain,
process and understand basic health information needed to make appropriate health decisions and services needed to prevent or treat illness” (n.d., ¶1).

• Cultural competence is defined as, “a set of attitudes and skills that make it possible for organizations and staff not only to acknowledge cultural differences but also incorporate these differences in working with people from various cultures” (Bucher, 2010, p. 67).

• Andragogy is “the art and science of helping adults learn” (Knowles, 1968, p. 351).

**Organization of Project**

The scholarly project is presented in the following four chapters. Chapter II presents the review of the literature that was used to explore the communication barriers impacting healthcare; the result was the design of the article. Chapter II also presents the theoretical framework that guided the development of the scholarly project. Chapter III describes the methodology of the literature review and the process used in designing the product of *Communication Barriers – Are You One of Them?*. Chapter IV describes the organization of the product and how it will be used in clinical practice. The product is shown in its entirety in this chapter. Chapter V consists of the limitations, recommendations, and conclusion of the material covered throughout the scholarly project.
CHAPTER II
LITERATURE REVIEW

Introduction

The term “health literacy” is defined by The U.S. Department of Health and Human Services as “the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions and services needed to prevent or treat illness” (n.d., ¶1). Helen Osborne, MEd, OTR/L states, “I was fascinated to learn almost 50 percent of adults have difficulty reading and understanding health information” (Keefe, 2008, p. 1). “Low health literacy is a problem that leads to poor medical outcomes for millions of Americans and costs the healthcare industry an estimated $60 billion a year” (AmeriHealth Mercy Family of Companies, 2009, ¶1). “Many written materials used for client education require a reading ability equivalent to grade ten schooling or higher” (Chapman & Langridge, 1997, p. 408). Cotugna, Vickery, & Carpenter-Haefele (2005) state that eighth grade is the estimated average reading level in the United States, although many read at lower levels.

Baker et al. (2007) examined the association between health literacy and mortality among elderly persons, considering the variables of annual income, education, chronic conditions, physical and mental health, health behaviors, and reading comprehension. Out of a total 3,260 participants, 2,094 had adequate health literacy, 366 had marginal health literacy, and 800 had inadequate health literacy. During an average follow-up of 67.8
months, 815 of the participants died. It was found that those with inadequate health literacy were more than two times more likely to die during follow-up than those with adequate health literacy. In addition to inadequate health literacy, if an individual speaks a language other than English in a country whose primary language is English, the issue is compounded. According to the U.S. Census (2007), roughly 19.7 percent of Americans age five and older speak a language other than English at home. “It is estimated that about 20 million people (one in 15) in the United States speak and understand little or no English” (U.S. News & World Report, 2007, ¶4).

The question is, are healthcare professionals, especially occupational therapists (OTs), aware of these statistics and the growing evidence, research, and literature? “Many hospital administrators and clinicians are not aware there are laws and regulations that support the provision of language access service, both for people who are deaf or hard of hearing and those with limited English proficiency” (Wilson-Stronks, 2010, p. 14). There is a growing amount of research indicating that low health literacy can have a significant impact on the client. A study conducted at Northwestern University’s Feinberg School of Medicine revealed that “older people with inadequate health literacy had a 50 percent higher mortality rate over five years than people with adequate reading skills” (Northwestern University, 2007, ¶2).

Based on this growing body of research and literature, The Joint Commission presented new standards for hospitals that became effective January 2010. These standards focus on effective communication with clients, taking into consideration the client’s diverse background, culture, language, and any health literacy issues (The Joint Commission, 2010). The challenges with communication within the healthcare system
are hindering the care given to these clients and are increasing the cost of healthcare.

An extensive literature review was conducted to identify the population(s) affected by communication barriers within the healthcare system. The literature supports the need for more effective methods of communicating so that healthcare professionals can provide efficient care for their clients. The literature reviewed, presented in this section, will focus on: 1) introduction to literacy; 2) barriers to effective communication; 3) health professionals; 4) the best practices to decrease barriers; 5) the role of occupational therapy; and 6) the proposed article prepared for submission. The purpose of the article is to inform occupational therapists about communication barriers, their impact if not addressed, and to provide resources and strategies to overcome these barriers.

**Literacy**

The National Literacy Act of 1991 defines literacy as “an individual’s ability to read, write, and speak English and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one’s goals, and to develop one’s knowledge and potential” (Berkman et al., 2004, p.1). The federal government measures adult literacy in five levels (The Literacy Cooperative, 2009, ¶1):

- **Level 1 Literacy**, a person can:
  - Locate one piece of information in a sports article
  - Locate the expiration date on a driver’s license
  - Total a bank deposit entry

- **Level 2 Literacy**, a person can:
  - Interpret appliance warranty instructions
  - Locate an intersection on a street map
  - Calculate postage and fees when using certified mail

- **Level 3 Literacy**, a person can:
  - Write a brief letter to explain a credit card billing error
  - Use a bus schedule to choose the correct bus to take to get to work on time
• Determine the discount on a car insurance bill if paid in full within 15 days

Level 4 Literacy, a person can:
• Explain the difference between two types of benefits at work
• Calculate the correct change when given prices on a menu

Level 5 Literacy, a person can:
• Compare and summarize different approaches lawyers use during a trial
• Use information in a table to compare two credit cards and explain the differences
• Compute the cost to carpet a room in a house

These levels are significant to use as a guide to understanding a client’s general capabilities. Literacy, in general terms, translates to health literacy. If a person has literacy limitations, it only makes sense that he or she will be limited with health literacy as well.

Healthcare professionals need to have a clear idea of how health literate their clients may be. For example, levels 1 and 2 likely correlate with a “poor” level of health literacy, whereas level 3 may correlate with a “fair” level of health literacy. Levels 4 and 5 represent the higher levels of health literacy. When literacy levels of clients are unknown, it is more difficult to communicate health information to them; they may not understand the information at all. This proves to be one of the significant communication barriers that can result in various potential negative outcomes which will be expanded upon later in the literature review. There are other barriers that need to be identified, and these are presented in the next section.

**Barriers to Effective Communication**

Language is a complex process that allows humans to interact more effectively and efficiently. Language is one of the primary means to share experiences with others and feel like a part of the process. When this is disrupted, significant problems arise in
the areas of verbal, written, technological, and body language; these areas comprise the majority of methods in which humans communicate.

Verbal

Bischoff & Denhaerynck (2010) conducted a study in which they examined the link between the costs of healthcare and language barriers. Within their study, data was collected on all participants’ healthcare costs, including consultations, examinations, interventions, clinic stays, and medication. Data about language barriers was also obtained, but because it was not mandatory for physicians to record language barriers in the clients’ files, language barriers were only reported when a client’s condition required more exhaustive communication (Bischoff & Denhaerynck, 2010). Results indicated that those who had language barriers and received interpreter services faced healthcare costs that were higher initially. This population, however, had fewer visits to the health maintenance organization (HMO) than clients who faced language barriers and did not utilize interpreter services. This is likely related to problems being solved within fewer visits and therefore more long term costs were reduced (Bischoff & Denhaerynck, 2010). As stated prior, language is not only verbal; written language is also essential to consider for all clients and client/clinician interaction.

Written

Finding the correct level of educational material can be difficult and often its importance can get minimized or overlooked by healthcare professionals. Saieer & Keenan (2005) found that inadequate health literacy can result in difficulty accessing healthcare, following instructions from a physician, and taking medications properly. Also in the study, it is believed that 90 million adults have fair to poor literacy (refer to
previously mentioned literacy levels on pages seven and eight) and those who are 60 years of age or older are at the lowest literacy level. There are many impacts of illiteracy, including having a difficult time filling out forms, following directions, registering for health insurance, and signing documents without reading or having full understanding of them. Behaviors indicative of illiteracy include bringing someone who is literate to appointments, asking to take material home to read, asking for help, inability to keep appointments, making excuses such as “I forgot my glasses”, noncompliance with medications or interventions, postponing decision making, and watching or copying others (Safeer & Keenan, 2005).

Although understanding health literacy is important, it can also be helpful to identify the client’s computer literacy level, especially considering how much information/knowledge is shared via the computer and internet. Healthcare professionals often will recommend internet websites for clients’ home programs or related outpatient services and treatments. If a client is not computer literate or does not know how to effectively use a computer, it is not likely that he or she will be able to follow through with these recommendations.

**Communication Technology**

The use of computers has become integrated into our society as a means of communication, so it is important to realize that each person has a different computer literacy level. Many people of different economic statuses and generations often have difficulty even turning a computer on due to lack of education or exposure. In a study of homeless men, for example, four of the seven participants had never used a computer, and none had ever owned a computer (Swenson, Bunch-Harrison, Brumbaugh, Kutty, &
FitzGerald, 2005). Although the use of computers is a more recent addition to the way we communicate, the use of body language has always been one of the methods by which people have communicated.

**Body Language**

People use body language as a way to communicate different feelings, wants, needs, and to portray various emotions. It is important to pay attention to a client’s gestures and facial expressions because these may be speaking louder than their words. Clients may not know how or be able to voice their concerns, but professionals can have a better understanding of what the clients need based on their body language. Wolske (2004) states that “each person’s nonverbal communication paints a different picture...learning to decipher these clues isn’t a usual part of the curriculum in allied health programs, yet these valuable business skills are necessary...”(¶1). Additionally, it is important to remember that body language can be understood differently among different cultures (Bucher, 2010). Bucher (2010) gives an example of an individual who does not frequently make eye contact for cultural reasons and feels that this might be interpreted as dishonesty to those from other cultures.

Because a person’s nonverbal cues are such a vital part of the communication process, it is important for healthcare professionals to be aware of this to reduce miscommunication and improve the overall therapeutic relationship. One of the main components of body language is eye contact, which makes vision an important part of the communication process.
Visual and Auditory Barriers

Visual deficits may be more common than people know, and it is important to recognize that vision aids in learning, identification, and management of the world around us (Goldstand, Koslowe, & Parush, 2005). Healthcare professionals need to recognize a person’s deficits in this area and take this into consideration when communicating with audio, visual, or written educational materials or instructions. Healthcare professionals need to utilize assessments in the areas of vision and hearing to aid in planning supportive, compensatory, and instrumental strategies to improve client performance and outcomes (Scheiman, 1997; Schneck, 2001). It is also important to take into consideration that a client may appear to have a visual deficit but is instead experiencing limitations due to cognitive impairments.

Cognitive Barriers

Cognitive impairments involve problems in areas such as memory, thought process, judgment, and attention. According to the World Health Organization (2009), “the number of persons aged 60 years and older will increase two-fold to 1.2 billion people by 2025. This finding has important healthcare and caregiver implications as the prevalence of cognitive impairment is positively related to advancing age” (¶2). Despite the effect age can have on cognition, it is not the only influence. Radomski, Davidson, Voydetich, and Erickson (2009) conducted a study involving deployed service members who had sustained a traumatic brain injury and indicate that traumatic brain injuries may lead to cognitive disabilities. Mayo Clinic (2008) adds that individuals with a history of strokes are at a higher risk for developing mild cognitive deficits.
In addition to the physical or mental health issues that affect cognition, DiMatteo (2004) found that as many as 188 million visits to healthcare providers over a fifty year period resulted from complications involving medication noncompliance. Higher rates of noncompliance have been found among those who are cognitively impaired, have low literacy levels, are older, do not have insurance, or have multiple drug regimens (DiMatteo, 2004). Lau (2008) suggests that there is a need for further research to examine how medication management/adherence can be improved and better suited to the needs of the consumers, many of whom are facing cognitive limitations.

When healthcare professionals are competent in various effective communication methods, they will be able to utilize these methods to meet the client’s individual cognitive needs. Cognitive-related communication barriers influence the quality of care that individuals receive, increase the risk of adverse events, and contribute to the ultimate cost of healthcare. These are all areas that healthcare professionals are encouraged to think about, as there are laws and regulations that govern overall healthcare practice.

**Healthcare Professionals**

Healthcare professionals are mandated by their state and national organizations to be aware of laws and legislation regarding client treatment standards. There are laws that apply specifically to communication, such as Title VI of the Civil Rights Act of 1964: Language Access for LEP Persons; Section 504 of the Rehabilitation Act of 1973; and the Americans with Disabilities Act: Effective Communication for People Who Are Deaf/Hard of Hearing. There are also CLAS standards, which is a collection of culturally and linguistically appropriate services. It contains mandates, guidelines, and recommendations issued by the U.S. Department of Human Services Office of Minority
Health. The purpose of the CLAS standards is “to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services” (Office of Minority Health, n.d., ¶1). As stated prior, the objective of The Joint Commission Standards is also to decrease communication barriers between clients and professionals, as well as between colleagues. These standards are also in place to provide support for the ethical treatment of clients.

Ethics

Various professions and healthcare facilities are guided by their own code of ethics. In general, these are in place for healthcare professionals to reference for any question regarding professional conduct and client treatment. For example, the Occupational Therapy Code of Ethics (2010) is used to promote and maintain high standards of conduct for OTs within the profession. It requires OTs to uphold clients’ rights and to prevent harm. The Code of Ethics ensures that OTs maintain a collaborative relationship with the client, their families, significant others, and caregivers in setting goals. Without an understanding of the client’s cultural background, communication becomes difficult and decreases the client centeredness of care. This correlates with the ethical standard that OTs are to understand and be prepared to deal with service affected by economic status, age, ethnicity, race, geography, religion, culture, and disability. Each of these areas has the potential to become a barrier because of differing values and beliefs between the healthcare professional and the client. When these views are conflicting, they may negatively influence the way in which the professional is able to communicate with the client. All of the above are necessary for a healthcare professional to truly become culturally competent.
Cultural Incompetence

Cultural competence is defined as “a set of attitudes and skills that make it possible for organizations and staff not only to acknowledge cultural differences but also incorporate these differences in working with people from various cultures” (Bucher, 2010, p. 67). Cultural incompetence is the complete opposite. Bucher goes on to say, “your failure to develop diversity consciousness will, in all likelihood, have far-reaching and serious consequences” (p. 69).

DeGrace (2003) emphasizes cultural competence in relation to family dynamics by creating goals that encourage the being of a family and encourage meaningful activities versus simply the ‘doing’ of family tasks. DeGrace suggests to set goals that are based on the family’s culture and values and find the rituals and routines that help build that family, preserving a sense of what is meaningful to the family. Without looking at the family as a whole, the intervention becomes detached and ineffective. Often healthcare providers become wrapped up in setting and reaching goals with their client and forget to look at the intimacy of the family as a unit.

An example of the importance of consulting the family as a unit as well as defining roles is present in a phenomenological study by Alvarado (2004). In this study, two women of Mexican heritage were interviewed about their experience participating in their child’s early intervention program. Because of the language barrier, the therapist and mothers were unable to communicate effectively regarding intervention and goals. The mothers were not able to express their ideas and preferences for intervention and therefore were forced to simply agree with the therapist. Each mother expressed feelings of helplessness. This type of interaction leads to interventions that are not family or client
centered. It may also interfere with the rights and role of the mother as the decision maker. This example shows the healthcare professional not communicating effectively with the client or client’s family. Miscommunication does not only occur between client and professional; it also occurs between healthcare providers as well.

**Interprofessional Miscommunication**

It is expected of healthcare professionals to know how to communicate with one another to effectively do their jobs and provide clients with the highest quality of care possible. The communication or lack of communication between professionals causes negative outcomes or challenges for clients in the healthcare system. Arora et al. (2010) investigated older clients’ experiences with problems they faced after being discharged from the hospital and the understanding and expectations of communication between their hospital physician and their primary care physician (PCP). They also explored the relationship between clients’ experiences and whether their PCPs were aware that their clients had been hospitalized. Results show that clients were twice as likely to experience a problem such as readmission after discharge due to poor communication between inpatient hospital physicians and PCPs, more specifically, PCPs being unaware of the hospitalization. If the communication between these two professionals was improved, the PCP would be better able to continue follow-up care with the client, including medications, tests, and appointments. This communication reduces problems for the clients such as repeat trips to see a healthcare professional. “The lack of effective personal and professional communication can contribute to poor health outcomes” (Williams, 2007, ¶2).
Halverson et al. (2010) conducted a study to identify types of communication errors in the operating room and then evaluated whether communication skills would affect the frequency or type of errors that were observed. Observation of operating room procedures was conducted, and Halverson et al. found that 56 errors were observed within 76 hours before the training was implemented (2010). Following the observation, a Team Training Curriculum was implemented. Surgeons, surgery residents, anesthesia providers, nurses, and other operating room personnel were the trainees. The curriculum focused on communication skills including information on transfer techniques, which refers to reading back verbal requests and "handing off" communication from team member to team member. After the Team Training was completed, 20 errors were observed within 74 hours (Halverson et al., 2010). These results imply that healthcare professionals may show improved communication and therefore produce fewer errors when communication skills training takes place.

There is considerable evidence regarding the barriers within the healthcare system involving communication. There is also considerable research that indicates these barriers need to be addressed for better outcomes for the clients, as well as the healthcare system in general. The next section will provide strategies to minimize or decrease barriers in the areas of education, translation, evaluations in respective languages, and the utilization of professional cultural competency.

**Strategies to Minimize or Decrease Barriers**

Finding strategies to overcome the communication barriers within the healthcare system is one of the important roles as well as an ethical responsibility of the professional. To provide services that are client centered and reflect the client's unique
learning needs and/or preferences is the most valuable objective for the professional to address.

Education

When designing educational materials, healthcare professionals need to consider the cognitive ability, primary language, communication skills, vision, and level of education of their clients. Practitioners need to remember that when they provide their clients with written materials not equivalent to the client’s literacy level, the client will likely be unable to understand the material and it becomes less effective. There are many resources to help the healthcare professional identify or address their client’s literacy level without making the client feel embarrassed. Often it begins simply with developing a healthcare environment that is shame free and supportive for the client. Cornett (2009) presents additional suggestions to establish an environment that promotes health literacy for clients. These include:

1. Check forms, simplify, and use clear, non-medical terms where possible.
2. Offer all clients help in completing the forms in an area where they cannot be overheard by others.
3. Use videotapes, audiotapes, pictures, demonstrations, and other visuals.

It is imperative that healthcare professionals seek to gain an understanding of their client’s literacy level and to accommodate the client’s needs with additional resources or educational materials. In regard to computer literacy, research suggests that health promotion web-based applications can improve health knowledge, attitudes, emotional well-being, and reduce the amount of unnecessary care (Eng et al., 1998). By exploring different educational avenues and having a variety available, professionals are better able
to discover and utilize the client’s preferred learning method, which aids in more effective communication.

The educational needs of the client are not the only ones to be addressed; the educational needs of the healthcare professional are also important to consider. Many healthcare professional programs and medical schools are now adding courses to their curriculum to strengthen their students and future clinicians with the communication skills and strategies their clients need to succeed. The University of North Dakota is an example of an institution that has implemented an interprofessional healthcare course (University of North Dakota School of Medicine and Health Sciences, n.d.,¶1). This course was designed to assist students across various healthcare disciplines in learning about each other’s roles and how to communicate effectively as members of a healthcare team. According to the University of Wisconsin-Madison (n.d.,¶4), interprofessional healthcare teamwork facilitates: effective and efficient patient care; professional growth and job satisfaction; an understanding of how healthcare professionals can work together to enhance public health, prevention, and interdisciplinary research; and elimination of delays in care services. It is evident that there is a need to be able to communicate effectively across the healthcare system based on the requirement of this course for a variety of students preparing to become healthcare professionals. One way of improving communication is teaching healthcare professionals how to access and effectively utilize translators.

Translators

Geographic location greatly affects the need and/or availability for translator services and multilingual therapists. Regardless, it is essential that healthcare
professionals become familiar with the system in their facilities for acquiring translator services. It is important that healthcare professionals feel comfortable and competent when working with interpreters as members of the team. McEvoy, Santos, Marzan, Green, and Milan (2009) conducted a study to determine the effectiveness of teaching third year medical students how to use interpreters. Each student who participated had previously taken part in a session titled Cross-Cultural Communication-Using an Interpreter. After completing the session, the majority of study participants felt the session was beneficial because they felt better equipped to communicate with clients with limited English proficiency and interpreters (McEvoy et al., 2009). Utilizing interpreter services and feeling comfortable doing so can result in more efficient and valuable interactions, and most importantly, a greater level of care for the client.

Translators, or interpreters, can have a substantial impact on overcoming language barriers when working with clients. When healthcare professionals encounter challenges to understanding what their clients are trying to communicate and vice versa, valuable time can seem wasted and frustrations may run high. More professionals need to be educated in other languages or a more diverse workforce needs to be cultivated. Even though translators may be fluent in the client’s language, they may not be educated about the culture, and therefore culturally relevant evaluations in the client’s respective language are optimal.

**Evaluations in Respective Language**

Many communication barriers can be eliminated by having a supply of tests, assessments, and questionnaires that have been translated into different languages. For these documents to have the same meaning and function for use with other cultures,
extensive work must be done. According to Su and Parham (2002) there are three steps to translating a document, which include conducting a cultural translation to accommodate language and cultural differences, a back-translating iterative process to correct errors, and finally, a pretest to refine the translation through the opinions of clients. There were 46 revisions made to the questionnaire translated in the study by Su and Parham (2002); this demonstrates how extensive the process of translation can be, yet how crucial it is.

Although evaluations in the client’s respective language are preferred, at times this may not be an option. In such cases, translator services would be beneficial to obtain at least some of the client’s basic information. Because this can be such an extensive process, it may also be preferable to have the client’s healthcare professional become more competent in the client’s respective culture.

Professional Cultural Competency

“Cultural competency is one of the main ingredients in closing the disparities gap in health care. Quite simply, health care services that are respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse patients can help bring about positive health outcomes” (U.S. Department of Health & Human Services, n.d., ¶2). “The most important rule of effective communication is to make sure that the professional has a clear understanding of the patient’s background, culture, education level, occupation, and beliefs. Learning this information can break many barriers when applying effective healthcare communication” (Williams, 2007, ¶2).

Odawara (2005) emphasized that an understanding of a client’s cultural values, customs, and lifestyle will increase their engagement in meaningful occupation and move them towards healing. With the knowledge of the client’s culture, the healthcare
professional is better able to adjust his or her actions and provide a positive and more meaningful experience for the client. A way to increase knowledge of the client’s culture is to ask them questions in a respectful manner and help them feel comfortable talking about their beliefs, values, and overall goals for therapy.

In general, cultural competency is the professional’s ability to utilize translator services, provide culturally relevant educational materials, and be able to locate or accommodate for the lack of evaluations in the client’s respective language. Without this healthcare professionals are not able to provide clients with the care and services they legally and ethically deserve.

Summary

The review of literature has identified several communication barriers within the healthcare system. These barriers contribute to increased healthcare cost, lack of client centered care, personal and professional stresses, medical errors, readmissions, and in the most unfortunate of cases, fatalities. The causes of many communication barriers include: low (health) literacy levels; cultural incompetence; lack of translation systems or limited understanding of how to effectively use the systems/services; lack of culturally diverse evaluations; visual and hearing impairments; and cognitive limitations. The question arises: how are occupational therapists prepared to deal with communication barriers? To more clearly define the direction of the article, Communication Barriers - Are You One of Them?, the authors decided that the next step was to review what academic preparation occupational therapists receive in regard to communication with clients and cultural competence.
Occupational Therapist Academic Preparation for Communication

The academic process is designed to meet accreditation standards determined and mandated by the Accreditation Council of Occupational Therapy Education (ACOTE). Occupational therapy students in a Master degree level program must demonstrate knowledge or varying degrees of competency in the following standards (ACOTE, 2007):

- “B.1.7: Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology. (p. 656)

- B.4.2: Select appropriate assessment tools based on client needs, contextual factors, and psychometric properties of tests. These must be relevant to a variety of populations across the life span, culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process. (p. 657)

- B.4.7: Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context. (p. 657)

- B.5.16: Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety. (p. 658)

- B.5.17: Apply the principles of the teaching-learning process using educational methods to design educational experiences to address the needs of the client, family, significant others, colleagues, other health providers, and the public. (p. 658)

- B.5.18: Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner” (p. 658) (ACOTE, 2007).

Overall, occupational therapists are required to learn how to educate and communicate effectively with their clients and clients’ families although the level of competency is not objectively established. Occupational therapists’ level of awareness regarding communication barriers and the need to demonstrate competency to minimize
or decrease these barriers is questionable. It is questionable because of the noticeable lack of current research or publications regarding this topic in the occupational therapy literature. If awareness and the need to demonstrate competency are present, the question arises as to why OTs are not publishing this knowledge or the strategies they are utilizing to gain cultural competence in the areas presented.

The Proposed Program

Article for Submission: Communication Barriers – Are You One of Them?

Communication Barriers – Are You One of Them? has been developed with the emphasis on communication barriers and resources to minimize these barriers within the individual occupational therapy practice areas and the profession as a whole. “Lack of communication creates situations where medical errors can occur. These errors have the potential to cause severe injury or unexpected patient death. Medical errors, especially those caused by a failure to communicate, are a pervasive problem in today’s healthcare organizations” (O’Daniel & Rosenstein, 2008, p.1).

One goal of this article is to improve the effectiveness of the occupational therapist’s communication methods and strategies so he or she can provide efficient, high quality care for each client. Another goal is to increase the occupational therapist’s overall cultural competency.

Theory

The theoretic framework that was used to guide the design of this article is based on Malcolm Knowles’ Adult Learning Theory of Andragogy because it is designed for adult learners. Andragogy is “the art and science of helping adults learn” (Knowles, 1968, p. 351). The following is a listing and description of each assumption by Knowles (1980,
(pp. 44-45). The authors also present how each assumption fits within the context of the article:

1. *As a person matures his or her self-concept moves from that of a dependent personality towards one of a self-directing human being.* The article is based on the belief that the occupational therapist is a self-directed learner and requires only the information and resources to strengthen his or her clinical skills.

2. *An adult accumulates a growing reservoir of experience, which is a rich resource for learning.* The professional already has experience from practice; the article presents additional resources to utilize in future experiences.

3. *The readiness of an adult to learn is closely related to the developmental tasks of his or her social role.* The article presents barriers; the professional will be intrigued to learn how to overcome the barriers within the everyday roles as a professional.

4. *There is a change in time perspective as people mature—from future application of knowledge to immediacy of application.* Thus, an adult is more problem centered than subject centered in learning. Because the article is relevant to current issues, the professional will be able to apply it to their immediate practice.

Knowles later refers to a fifth and sixth assumption:

5. *The most potent motivations are internal rather than external* (Knowles & Associates, 1984, p. 12). The article presents barriers that the professional will want to overcome to ensure personal and professional integrity.

6. *Adults need to know why they need to learn something* (Knowles, 1984). The article relates to the practice of OTs and the importance of overcoming barriers; therefore, it is evident why they need to learn.
Conclusion

The goal of *Communication Barriers – Are You One of Them?* is to improve the effectiveness of the occupational therapist’s communication methods and strategies so he or she can provide efficient, high quality care for each client. The Joint Commission (2010) has recently produced the *Roadmap for Hospitals: Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care*; this will be one of the resources presented within the article. The Joint Commission’s new product is relevant and current, and some OTs may not even know of its existence. With the creation of this article, other resources beyond the *Roadmap* that are relevant to occupational therapy will be presented. The product is included in its entirety in Chapter IV, while Chapter III will present the methodology used to design the product.
CHAPTER III

METHODOLOGY

The process for developing the article began with choosing an area in which both authors found interest. Based on a few personal experiences, the authors chose the topic of communication barriers within the healthcare system. One such experience involved a client who was unable to speak due to complications from his spinal cord injury. Before optimal means of communicating with this client were discovered, interactions with the client took an extended amount of time; the client became frustrated; and it was unclear if the client’s intended message was actually being conveyed. Another experience was related to a difference in primary language between the client and healthcare professionals at a skilled nursing facility. Due to this barrier, the client was scared, confused, did not understand what was being asked of him, and did not know how to communicate his wants and needs. His family decided they needed to take him home because much of their days were spent playing the role of interpreters. Although they knew he would not receive the level of care he needed at home, the family members were not able to take the time needed off of work to be at the skilled nursing facility interpreting.

A literature review was conducted to obtain information about communication barriers from professional sources such as journal articles, textbooks, and websites. As the literature review progressed, it became apparent that because there were so many
forms of communication barriers, not all of them would be included within the realm of this project. It also became apparent that occupational therapists would be encountering these barriers, at times unintentionally being a barrier themselves. OTs could therefore benefit from suggestions on how to communicate more effectively. The authors decided to address the areas of health literacy, language, visual, auditory, and cognitive barriers. Based on the findings within the literature review, the authors concluded it would be beneficial to develop a resource guide for effective communication for healthcare professionals. After much research with this topic in mind, it was brought to the authors’ attention that The Joint Commission had published a product similar to what the authors had intended to create.

The authors then decided to shift their efforts toward formulating an article that would benefit occupational therapists in a similar manner but through a different medium. The authors wrote an article because they saw this as an opportunity to reach occupational therapists across the world. Whether the article is published in *OT Practice* or *ADVANCE for Occupational Therapy Practitioners*, it will be available both in a magazine and on the World Wide Web. Once this was established, the authors needed to decide how the article would be designed. The article focuses on increasing occupational therapists’ awareness of communication barriers and provides resources to overcome them.

Malcolm Knowles’ Theory of Andragogy was chosen to guide the scholarly project. This theory was chosen instead of a theory specifically pertaining to occupational therapy because Knowles’ theory specifically focuses on the adult learner; occupational therapists are the adult learners who will be able to use the article as a means of
educational learning. The assumptions of this theory include: 1. as a person matures his or her self-concept moves from that of a dependent personality towards one of a self-directing human being; 2. an adult accumulates a growing reservoir of experience, which is a rich resource for learning; 3. the readiness of an adult to learn is closely related to the developmental tasks of his or her social role; and 4. there is a change in time perspective as people mature—from future application of knowledge to immediacy of application. Knowles later refers to a fifth and sixth assumption: 5. the most potent motivations are internal rather than external (Knowles & Associates, 1984, p. 12), and 6. adults need to know why they need to learn something (Knowles, 1984). An article that is based on these same assumptions will empower occupational therapists to be active learners and problem-solvers within their practice.

The authors decided on Communication Barriers – Are You One of Them? as the title of the article. The authors wanted to create a title for the article that would grab the attention of therapists and entice further reading. The thought process behind this title was to encourage occupational therapists to reflect upon their own influence/impact on communication barriers within the healthcare system. Once the decision is made to read the article, it is the authors’ goal that the content will provoke further self-reflection and hopefully a change in the way occupational therapists communicate with their clients and other healthcare professionals. The product is presented in its entirety in Chapter IV.
CHAPTER IV

PRODUCT

Introduction

The purpose of the article, *Communication Barriers – Are You One of Them?*, is to present occupational therapists (OTs) with research and statistics that increase their knowledge and awareness about the communication barriers within the healthcare system. It acknowledges that the occupational therapists at times can be a contributor to these barriers. The article presents varying communication barriers and negative outcomes due to these barriers; it then presents strategies and resources that OTs can utilize in overcoming them.

Product Description

*Communication Barriers – Are You One of Them?* was developed after an extensive literature review on the impacts of communication barriers within the healthcare system. The barriers include: language, literacy, body language, visual and auditory, and cognitive barriers. These barriers and their impact on clients and the overall healthcare system are discussed first, followed by resources and strategies in each respective category. It is intended for the article to be published in a magazine designed for occupational therapy.
Theoretical Design

Malcolm Knowles’ Theory of Andragogy was chosen to guide the design of the article. This theory was chosen instead of a theory specifically pertaining to occupational therapy because Knowles’ theory specifically focuses on the adult learner; occupational therapists are the adult learners who will be able to use the article as a means of educational learning. The assumptions of this theory include:

1. As a person matures his or her self-concept moves from that of a dependent personality towards one of a self-directing human being.

2. An adult accumulates a growing reservoir of experience, which is a rich resource for learning.

3. The readiness of an adult to learn is closely related to the developmental tasks of his or her social role.

4. There is a change in time perspective as people mature - from future application of knowledge to immediacy of application.

Knowles later refers to a fifth and sixth assumption:

5. The most potent motivations are internal rather than external (Knowles & Associates, 1984, p. 12).

6. Adults need to know why they need to learn something (Knowles, 1984).

An article that is based on these same assumptions will empower occupational therapists to be active learners and problem-solvers within their practice.

Conclusion

*Communication Barriers – Are You One of Them?* is a resources for occupational therapists to use to increase their awareness regarding communication barriers in their practices as well as to learn about the different resources and strategies available to them. The communication barriers within the healthcare system have the potential to be
prevented by OTs when the necessary actions are taken. The product will now be presented in its entirety.
ARTICLE FOR SUBMISSION:

COMMUNICATION BARRIERS – ARE YOU ONE OF THEM?

Tara Luedtke, Keleah Goldammer, & Dr. LaVonne Fox
Communication Barriers - Are You One of Them?

INTRODUCTION

Sei una barriera della comunicazione? Terapisti occupazionali bisogno di diventare più attivo nella rimozione delle barriere communication per i loro clienti.

Imagine if you were a client and you received your home program written this way. If you have difficulty deciphering the words, putting them together into a message you can understand, or have trouble associating them with your past experiences, then it’s rather useless to you. This could result in being unable to complete your home program, and consequently be labeled as non-compliant, your therapy outcomes could be poor, and you could miss a significant opportunity to improve your health. The point is, when many of our clients look at the handouts we are providing them or we speak in our ‘healthcare jargon’, we could just as well be speaking Italian (or any other language) to them. In fact, what was written in the beginning of this paragraph was Italian: Are you a communication barrier? Occupational therapists need to become more active in removing communication barriers for their clients.

Communication barriers generate significant risks for our clients, the occupational therapy profession, and our healthcare system. We can probably all remember at least one situation in which our client’s culture differed from our own. There are times when these encounters can be exciting and educational. There are times, however, when language, literacy, and cultural backgrounds can become a barrier. When we don’t take the time to get to know the client, understand his or her cultural background, and make
accommodations to be able to interact effectively with that client, we miss out on the opportunity to build relationships and provide the client with our best practices. Our clients could be missing out on information on prevention, caring for a health condition, how to access our services, or how to become more independent. “The lack of comprehensible and useable written and spoken language is a major barrier to health communication targeting primary and secondary disease prevention and is a major contributor to the misuse of healthcare, patient noncompliance and rising healthcare costs” (Calderon & Beltran, 2004, ¶1). The costs of communication barriers in general are immense to our overall healthcare system. “According to researchers from the University of Maryland, poor communication in U.S. hospitals costs the nation $12 billion per year” (Zieger, 2009, ¶1).

A review of the literature presents numerous articles and research studies regarding healthcare disparities and communication barriers. Currently, the occupational therapy research or published articles regarding communication barriers is limited. This has an impact on the occupational therapists’ knowledge level and understanding of such barriers. So are occupational therapists aware of these barriers and their impact, and if so; are they able to find and utilize resources and/or strategies to overcome these barriers? This article will present a select few communication barriers plus resources and strategies that occupational therapists (OTs) can use to overcome these barriers.

**Language Barriers**

During a level one fieldwork experience, a situation presented itself to one of the authors in regard to communication barriers between a client and the healthcare staff, which included an occupational therapist. The staff was unable to communicate with the
client due to language differences. The client was confused, scared, and not able to cooperate because he did not understand what was being asked of him. The staff called in the client's daughter to play the role of an interpreter several times a day. The daughter became frustrated that the staff was unable to perform their duties without her assistance and ended up taking the client, her father, home. She knew that even with the help of her brother, they were not going to be able to provide the necessary care for their father; they found it difficult to leave work and be at the hospital for more than half the day. Because the facility did not have an interpreter qualified in the language needed, the client's care was compromised, as well as the rights of the family.

In a study by Bischoff & Denhaerynck (2010) individuals who had language barriers and received interpreter services faced healthcare costs that were higher initially but had fewer visits to the health maintenance organization (HMO) than clients who faced language barriers and did not utilize interpreter services. Fewer visits were likely related to problems being solved in a shorter amount of time due to use of interpreters, and therefore long term costs were reduced (Bischoff & Denhaerynck, 2010). “Many healthcare providers do not provide adequate interpreter services because of the financial burden....However, these providers fail to take into account both the consequences of not providing the services and the potential cost benefits of improving communication with their patients” (Jacobs, Shepard, Suaya, & Stone, 2004, p3).

“Many hospital administrators and clinicians are not aware there are laws and regulations that support the provision of language access service, both for people who are deaf or hard of hearing and those with limited English proficiency” (Wilson-Stronks, 2010, p.14). The most recent are the New Joint Commission standards that have been
implemented as of January 2011 regarding effective communication with clients. These standards take into consideration the client’s diverse background, culture, language, and health literacy issues.

**Literacy Barriers**

There is a growing amount of literature and research indicating that low health literacy can have a significant impact on the client. The term “health literacy” is defined by The U.S. Department of Health and Human Services as “the degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions and services needed to prevent or treat illness” (n.d., ¶1). Jay Feldstein, corporate chief medical officer for the AmeriHealth Mercy Family of Companies, states, “low health literacy is a problem that leads to poor medical outcomes for millions of Americans and costs the healthcare industry an estimated $60 billion a year” (AmeriHealth Mercy Family of Companies, 2009, ¶1). When literacy levels of clients are unknown, it is more difficult to communicate health information to them; they may not understand the information at all. This proves to be one of the significant communication barriers that can result in various potential negative outcomes.

Safeer & Keenan (2005) found that inadequate health literacy can result in difficulty accessing healthcare, following instructions from a physician, and taking medications properly. It is believed that 90 million adults have fair to poor literacy, and those who are 60 years of age or older are at the lowest literacy level (Safeer & Keenan, 2005). There are many impacts of illiteracy, including having a difficult time filling out forms, following directions, and signing documents without reading or having full
understanding of them. Behaviors indicative of illiteracy include: bringing someone for assistance to appointments, asking to take material home to read, asking for help, inability to keep appointments, making excuses such as “I forgot my glasses”, noncompliance with medications or interventions, postponing decision making, and watching and copying others (Safeer & Keenan, 2005). These are just a few of the signs that can be red flags for occupational therapists to adjust their educational styles and materials.

**Body Language Barriers**

It is important to remember that body language can be understood differently among different cultures (Bucher, 2010). Bucher (2010) gives an example of an individual who does not frequently make eye contact for cultural reasons and feels that this might be interpreted as dishonesty to those from other cultures. People use body language as a way to communicate different feelings, wants, needs, and to portray various emotions. It is important to pay attention to a client’s gestures and facial expressions because these may be speaking louder than words. Wolske (2004) states that “each person’s nonverbal communication paints a different picture... learning to decipher these clues isn’t a usual part of the curriculum in allied health programs, yet these valuable business skills are necessary...” (2004, ¶1). Because a person’s nonverbal cues are such a vital part of the communication process, it is important for occupational therapists to be aware of this to reduce miscommunication and improve the overall therapeutic relationship.
Visual and Auditory Barriers

Visual deficits may be more common than people know, and it is important to recognize that vision aids in learning, identification, and management of the world around us (Goldstand, Koslowe, & Parush, 2005). Healthcare professionals need to recognize a person’s deficits in this area and take this into consideration when communicating with audio, visual, or written educational materials or instructions. Healthcare professionals need to utilize assessments in the areas of vision and hearing to aid in planning supportive, compensatory, and instrumental strategies to improve client performance and outcomes (Scheiman, 1997; Schneck, 2001). It is also important to take into consideration that a client may appear to have a visual deficit but is instead experiencing limitations due to cognitive impairments.

Cognitive Barriers

Cognitive impairments can also have a major impact on communication; there may be a problem in the areas of memory, thought process, and/or judgment. According to the World Health Organization (2009), “the number of persons aged 60 years and older will increase two-fold to 1.2 billion people by 2025. This finding has important healthcare and caregiver implications as the prevalence of cognitive impairment is positively related to advancing age” (2009, ¶2). Despite the effect age can have on cognition, it is not the only influence. There is an increased risk of cognitive impairments with conditions such as traumatic brain injury and stroke as well. Cognitive-related communication barriers impact the quality of care that individuals receive, increase the risk of adverse events, and contribute to the ultimate cost of healthcare. Every communication barrier has its own cost; a lack of client-centeredness is one of the most
important. In the following section are a select few resources and strategies for occupational therapists to use as a starting point to decrease communication barriers and to become more client-centered and culturally competent.

RESOURCES

Presented in this section are some examples of available resources and strategies to use to address the communication barriers encountered in everyday practice. Occupational therapists are also mandated by their state and national organizations to be aware of laws and legislation regarding client treatment standards, which will be presented below. This list is not comprehensive but will give occupational therapists a place to start.

Language

- Title VI of the Civil Rights Act of 1964: Language Access for Limited English Proficiency Persons - prohibits discrimination against individuals based on race, color, or national origin. These individuals have the right to access appropriate programs and services.

- New Joint Commission Standards - designed to improve the safety and quality of care for clients using client-centered communication

- CLAS (Culturally and Linguistically Appropriate Services) standards – The purpose is “to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services” (U.S. Department of Health & Human Services, 2001, p.2).

- A Roadmap for Hospitals, produced by The Joint Commission (2010), contains a resource guide, Appendix E, that consists of “many Web sites, toolkits, articles,
and other information that can serve to inform the development of practices that best meet diverse patient needs, support quality and safety, and aid in compliance with law, regulation, and accreditation standards (2010, p. 77).

• Have a supply of tests, assessments, and questionnaires that have been translated into the preferred language of the client.

• Become familiar with the system within your facility for acquiring translator services.

• More therapists need to be educated in other languages or a more diverse workforce needs to be cultivated.

**Literacy**

• When designing educational materials, consider the cognitive ability, communication skills, and level of education of your clients.

• Cotugna, Vickery, and Carpenter-Haefele (2005) suggest making sure educational materials given to clients are at a 5th-6th grade reading level.

• Website containing links to additional resources on health literacy:
  

**Body language**

• Be aware of gestures and facial expressions as they may be communicating what the client is not able to express in words.

• Be aware of your own nonverbal communication to make sure you are not communicating negatively to the client:
  
  http://helpguide.org/mental/eq6_nonverbal_communication.htm
Visual & Auditory

- Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act: Effective Communication for People Who Are Deaf/Hard of Hearing – Hospitals must provide aids such as interpreters, telecommunication devices, and large print materials to individuals to ensure effective communication.
- Utilize visual screening prior to communicating with visual or written educational materials or instructions (i.e. The Motor-Free Visual Perception Test-Revised).

Cognitive

- Take memory, thought process, and judgment into consideration when working with individuals with cognitive limitations.
- Utilize assessments such as the Mini-Mental State Examination to understand the client’s cognitive capabilities and accommodate to the client’s individual learning style.
- Palliative Care Nursing: Quality Care to the End of Life by Marianne Matzo & Deborah Witt Sherman (2010) – Table 15.3 provides communication strategies to use with those with cognitive impairments

General

- The Occupational Therapy Code of Ethics (2010) - This document is used to promote and maintain high standards of conduct for OTs within the profession. It requires OTs to uphold clients’ rights and to prevent harm. OTs are to understand and be prepared to deal with how services can be affected by economic status, age, ethnicity, race, geography, religion, culture, and disability.
• The Accreditation Council of Occupational Therapy Education (ACOTE, 2007) - is committed to the establishment, promotion, and evaluation of standards of excellence in occupational therapy education. ACOTE has identified 6 standards that address culture, diversity, education, and communication: B.1.7, B.4.2, B.4.7, B.5.16, B.5.17, B.5.18.

• Provider’s Guide to Quality & Culture - This website contains useful information related to cultural competence and health care:
http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=Eng lish&ggroup=&mgroup=

• Occupational therapists should participate in opportunities for research, knowledge translation, and program development in literacy and health.

• Occupational therapists should be providing evidence of their knowledge and publishing effective strategies in overcoming communication barriers.

SUMMARY

The goal of this article is to help occupational therapists understand the significance and negative impacts of communication barriers within the healthcare system. It is hoped that ultimately this will improve the effectiveness of the occupational therapist’s communication methods and strategies so he or she can provide efficient, high quality care for each client. The process of delivering healthcare is complicated and each of us tries our best under sometimes very difficult and hectic conditions. There are some things that need to be fixed more systemically within the healthcare system, but there are also some things we as occupational therapists do have control over and there are resources and strategies that we can use to become part of the solution versus part of the
problem. Grazie per diventare parte della soluzione. (Thank you for becoming part of the solution).
References


CHAPTER V

SUMMARY

*Communication Barriers – Are You One of Them?* was designed to increase occupational therapists’ awareness of communication barriers within their practice and provide them with strategies and resources to help overcome these barriers. In some cases the occupational therapist is found to be one of the first barriers the client will come in contact with if the OT is not prepared for individual client communication needs. Some of the areas in which communication barriers occur include: health literacy, language, visual, auditory, and cognitive barriers. There are many communication barriers that impact practice; however, because there are so many, it was not feasible to address each area within the scope of this project.

Communication barriers inhibit the ability of the healthcare professional and the client to communicate effectively and as a result, the quality of care is compromised. In addition to overall quality of care, client centeredness, the therapeutic relationship, and interprofessional collaboration are also affected by these barriers. *Communication Barriers – Are You One of Them?* introduces a variety of resources that would be beneficial to therapists who experience difficulties communicating with their clients. The article is to be submitted to an occupational therapy clinical journal, either *OT Practice* or *ADVANCE for Occupational Therapy Practitioners*. Although it addresses occupational
therapists specifically, the article can also be useful for other disciplines within the healthcare system.

**Limitations**

There are a number of limitations to this product:

1. The literature review that was conducted was primarily focused on OT literature, which leaves room for further research in other professional areas.
2. One magazine the authors are submitting the article to requires membership; the other does not.
3. There is a general focus on communication barriers; not all areas were covered comprehensively, and not all possible barriers were identified and presented.

**Implementation**

Clinical strengths of this article include:

1. It promotes awareness of a variety of communication barriers that occur during everyday practice.
2. It provides strategies for immediate clinical application.

Roadblocks to implementation include:

1. OT professionals may have unresolved or unidentified biases due to lack of self-reflection.
2. An OT department might not feel that it is necessary to address communication barriers.

Projected outcomes of implementation include:

1. The article is accepted for publication.
2. Feedback is received from readers; there is no way to directly measure with the exception of this.

Recommendations

Recommendations include:

1. It is important to produce further studies and publications in this area due to lack of evidence regarding occupational therapists’ awareness of communication barriers within practice.

2. The Accreditation Council on Occupational Therapy Education (ACOTE) needs to consider identifying additional standards on how to prepare occupational therapists to effectively identify and address communication barriers.

3. Occupational therapists need to remember that both ethically and legally it is essential to remain informed of current standards, laws, and regulations on communicating effectively with their clients.

4. Therapists should be prepared to work with a client population within the healthcare system that is always changing. Different types of communication barriers will continue to arise.

5. Occupational therapists should become proactive with the awareness they gain and resources that are presented in the article.

Conclusion

Occupational therapists need to examine their awareness of communication barriers within their practice and determine which strategies for overcoming them are most effective for the therapists’ unique situations. By implementing these strategies, the therapist will be able to provide client centered care, build therapeutic relationships, and
promote an overall greater level of care for his or her clients. *Communication Barriers – Are You One of Them?* supplements the knowledge and experience already possessed by occupational therapists and supports them in their continued learning.
REFERENCES


