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People in Employment Settings Research Group

YORK ST JOHN UNIVERSITY
Institute for Health and Care Improvement

Good Experience Project: Research and Evaluation to Inform the Development of a Communication Charter

Stage One Report: Literature Review and Analysis of Preliminary Data

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Contents

Executive Summary

This report provides an outline and update of the current progress and state of the Good Experience Project being undertaken by York St John University on behalf and in partnership with the Integrated Care Board (ICB) for Humber and North Yorkshire. The report provides a brief literature review outlining aspects of good practice, facilitators and barriers to communication and how this links to healthcare service provision. Workshop data that had previously been collected by the ICB is then analysed through use of NVivo 12 software to manage and categorise data. Key findings include the need when communicating with staff and patients for: (a) clarity and accessibility of information; (b) use of plain language; (c) engagement and inter-personal relations. Fundamentally, the findings bring together the notions of service quality and user satisfaction. The report concludes with the next steps being undertaken as part of the project.

1. Introduction

York St John University and the Integrated Care Board (ICB) for Humber and North Yorkshire have partnered to develop a Communications Charter for all health and care organisations across the region. The overarching aim is to develop a Charter on how healthcare organisations communicate with patients and staff, with recommendations viewed not just as a 'piece of paper' but embedded fully within each organisation. To enable this, the ICB needs to understand how to obtain key stakeholder and organisational sign-up to the Charter that will emerge from this collaborative project. There is a need to understand how to embed a Communications Charter within organisations, with a toolkit needing to be developed for its implementation. This report provides an initial scoping literature review and an analysis of preliminary data provided via the ICB, which has been analysed using a thematic approach.

2. Literature Review

This section of the report outlines some of the key messages within existing literature. As a preliminary report, the following is not intended as an exhaustive review of the literature, but a precis of key thinking and issues from within existing research and literature.

2.1 Importance of Communication

Izak et al. (2024) conducted a literature review of communication within organisations with the intention to see whether there is any degree of consensus surrounding the importance of effective communication in providing shared understanding within organisational settings in practice. They suggest that communication plays a significant role in performance within organisations and that such issues have been evaluated and analysed from a range of different perspectives. Communication is a widely studied topic among academics, but Izak et al. (2024) also acknowledging the importance of examining issues of communication in terms of practice. They identified five core characteristics associated with the purpose of communication: (1) they identify communication as a means of sharing meaning; (2) as a method of transferring information; (3) they investigate the concept of noise interruption; (4) communication as a conduit of social reality; and (5) communication as a means of enabling or obstructing knowledge transfer.

Ihlen and Vranic (2024) offer a key observation through their research on the importance of the communication choices that are made by an organisation that needs to retain an expert position and defend its practice, while also operating within the confines of a boundary formed from both a bureaucratic and a scientific ethos, as may arguably be the case in areas such as healthcare. Organisations of this nature need to both stand their ground, justify their current approaches, standpoints and positions, while also demonstrating a willingness to learn and adapt in-line with ever-changing social, cultural, political and scientific contexts.

Weetman et al. (2024) suggest that within healthcare settings, improving communication with patients, in particular, can lead to better understanding of specific contexts and situations by all involved. They focus primarily on the 'discharge communication' that takes place as patients move between different care services as a key feature in the patient journey. In their paper, they set out an approach for conducting research into this area, whilst emphasising that there is, at present, minimal research examining the experiences of those involved in such discharge and care-transition processes.

2.2 Communication and Patient Experience

As a starting point, Burt et al. (2018) examine the link between communication and patient experience, noting the emphasis that patients place on communication as a key element in how they judge their experience. Ye et al. (2010) state that communication is a critical element in the care of patients. They suggest that effective communication may have a positive impact through influencing patient behaviour, support patients in adhering to medication advice including recall and understanding of important medical information, and improving general levels of satisfaction with the overall levels of service and care received.

The *Patient and Carer Experience Annual Report 2023/24* highlighted communication as a key area within the NHS (Humber Teaching NHS Foundation, 2024). While the focus of the report was primarily Humber-specific, the nature of the issues that were examined resonate across the NHS and wider health sector.

2.3 Barriers and Facilitators to Communication

Lloyd et al. (2018) contend that effective communication about health is reliant on the message being received and acted upon. They note that communication between health professionals within multidisciplinary teams is critical and will influence the effectiveness of care provision. Poor communication can likewise have a negative impact on the care process. A central feature of communication between healthcare professionals and patients/public is use of language and terminology, which can be either enabling or constraining in developing an understanding and the building of effective relationships.

The increased use of e-mail as a means of communication has allowed asynchronous messaging and rapid message transfer, although the medical profession has been less willing to adopt such approaches as a means of communicating with patients, given potential concerns over security of information, data and guidelines provided by regulatory bodies. Such concerns have been expressed in relation to all means of electronic communication (Lloyd et al., 2018). Whilst other researchers have also acknowledged the risk associated with digital communications (e.g. Griffiths et al., 2017), Lloyd et al. (2018) concluded that electronic communication had more benefits than drawbacks, and as such, was deemed a necessity for development. They did however recognise a need for the education and training of patients, in how to use relevant means of communication.

Cook et al. (2014) identified the need to overcome barriers which affect the use of services, while also identifying potential facilitators. Key barriers include awareness, confidence in the system and use of the system, and age. Facilitators were identified as ease of use and convenience. Johnson Thornton et al. (2011) acknowledged the role of social characteristics as a key determinant of perceptions and approach to healthcare and in how patients perceive the impact and experience of process on the service. Such issues can impact on the provider-patient relationship, which in turn will affect communication channels. Huxley et al. (2015) also identified issues in communication between patients and clinicians amongst marginalised groups.

2.4 Addressing the Issues

Cleland et al. (2012) note the importance of standards of delivery in the provider-patient relationship, while, de Bruin et al. (2015) identified 20 guidelines and training initiatives to support the improvement of communication in the provider-patient relationship:

1.	Coherence – clarity
2.	Differentiation – new approaches
3.	Individual – understanding and interpretation
4.	Communal – understanding and interpretation
5.	Internalisation – benefits
6.	Cognitive participation – involvement and engagement
7.	Enrollment – active participation
8.	Initiation – willing and able
9.	Activation – getting involvement
10.	Legitimation – belief in involvement
11.	Collective Action – what needs doing
12.	Interactional workability – ease of use
13.	Skillset workability – skills and training
14.	Relational integration – confidence in approach
15.	Contextual integration – resource and policy support
16.	Reflexive Monitoring – can it be monitored / evaluated
17.	Systematisation – effectiveness to stakeholders
18.	Individual appraisal – effectiveness
19.	Command appraisal – collective effectiveness
20.	Reconfiguration – ease to change

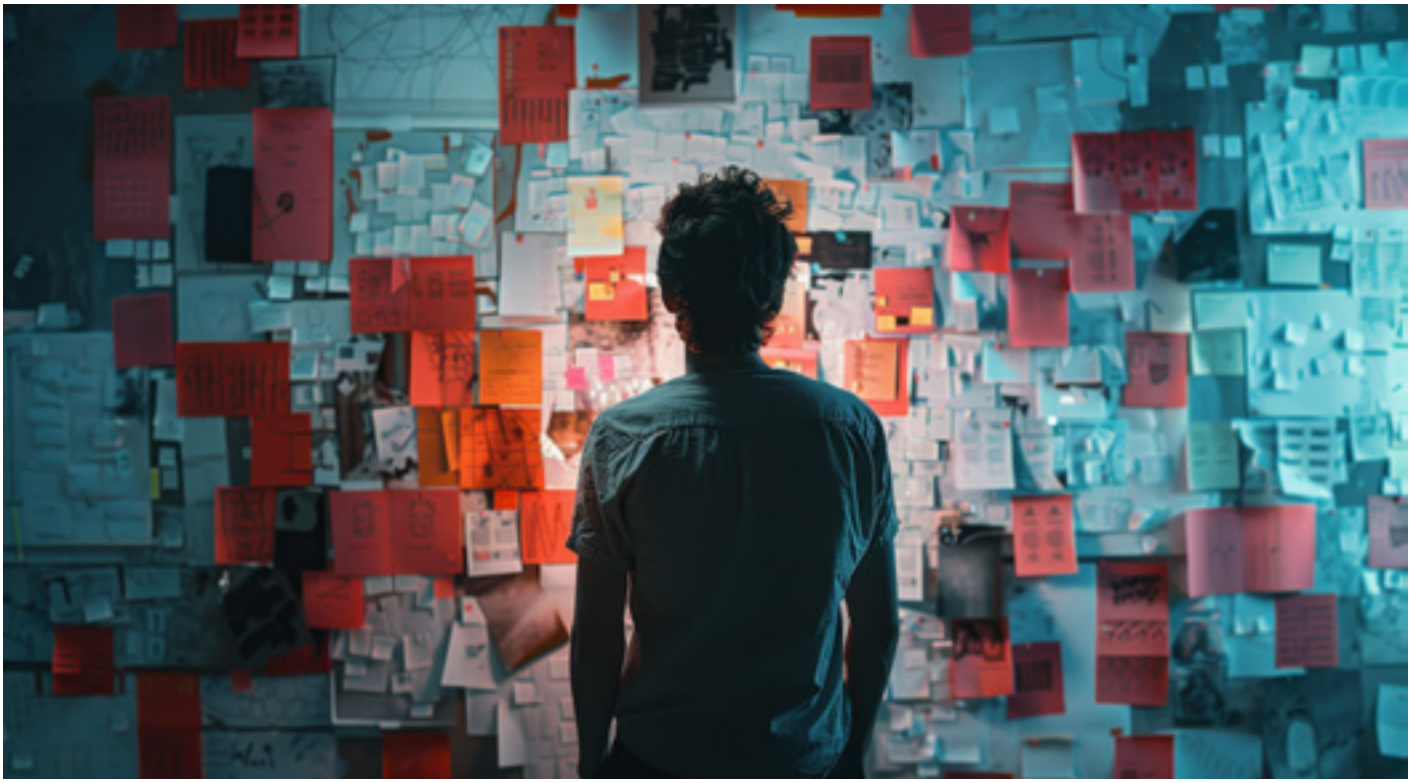
2.5 Summary

A review of the literature highlights some key issues around communication, with particular relevance and reference to the health sector. Most notably, it evidences the importance of communication throughout, including the need for effective communication between different partners and stakeholders in networks of healthcare relationships, as well as the more direct inter-relationship between provider and patient. Crucial within such networks are both internal and external stakeholders and the means of communicating with them. Notably, a one-size fits all approach is unlikely to work, particularly when dealing with such a diverse range of partners, employees and patients, all with differing needs, expectations and challenges.

The literature review highlights key barriers and facilitators within the communication process, none of which are necessarily all that surprising, but may be useful to consider as part of the process moving forward in terms of key steps to be taken and potential mitigations that may need to be considered. In particular, the whole process of communication and potential impact on differing relevant parties needs to be considered as the development of a more formal Communication Charter takes place. Of particular interest in the development of the Communications Charter is to develop support, frameworks and templates as part of the implementation phase to help those on the 'front-line' to communicate effectively with relevant stakeholders within and across such communication networks.

3. Research Methods

This preliminary report analysed qualitative data collected from anonymised public engagement feedback surveys collected from workshops conducted between September 2023 and March 2024 via the ICB. The survey aimed to understand the positive and negative experiences of communication within the NHS and private health care providers. This survey comprised a sample of 401 anonymised public engagement feedback comments. The analysis of these qualitative survey data was conducted using NVivo 12 software that facilitated data management, data coding, categorisation and theme generation.



4. ICB Workshop Findings

The initial dataset provided was wide-ranging and diverse in both scope and focus. As part of the initial data review process, it was noted that the specific research questions used to generate the data were unavailable and so the decision was taken to disregard some of the responses provided. This decision was taken to enhance the validity and reliability of the findings, as some of the provided responses were brief, vague or difficult to interpret with no further context available. Additionally, responses relating to non-NHS services were excluded to maintain the required focus on the views of participants regarding NHS services only. Findings that indicated respondents were commenting on medical or clinical service issues such as treatments or delivery of care as well as those that suggested unattainable expectations or imbalance in managing expectations, were also discounted. Such decisions were made to ensure that the analysis remained focused and relevant to the topic of communication and impact on user experience.

During the initial coding phase, we considered both positive and negative responses. A discussion of the emerging themes from this coding process follows to allow a more robust and meaningful analysis of the data that had previously been collected by the ICB.

Six main themes were generated, as shown in the table below:

Table 1: Main Themes Generated

Theme	Positive Response	Negative Response
Administrative systems	5	9
Communication choices	3	2
Accessibility of information	7	10
Effective use of technology	12	10
Clear knowledgeable delivery of information to patients	7	3
Interpersonal skills of staff	30	32
Total responses considered	**64**	**66**

4.1 Administrative systems

14 respondents provided information about the impact of information being received in a timely manner and the negative impact should this not occur. However, it should be noted that some of the data suggest that the postal delivery service may have played a role in late delivery of information/ letters, therefore having implications beyond immediate NHS stakeholder groups for how information is disseminated to service users.

4.2 Communication choices

Responses discussed the need for clear pathways of communication and the need for opportunities to speak to a real person, particularly the value of personal interaction. The need for a clear communication pathway was identified.

4.3 Accessibility of information

Service users recognised positive experiences when information was shared appropriately between NHS staff services. The importance of accessible communication formats and use of "plain language" was also reported positively by respondents. The positive impact of effective pre-appointment information and practicalities was identified, linking to the earlier theme of 'administrative systems'.

At times, some respondents identified difficulties with a "lack of clear language" and "ineffective communication between NHS service staff".

4.4 Effective use of technology

12 respondents identified their experience of the use of technology as positive, indicating that choice in how to communicate, such as text or phone, was appreciated. Others commented that a lack of access to technology and ineffective use of technology were found to have a negative impact on user experience.

4.5 Clear knowledgeable delivery of information to patients

Consistent and clear information regarding the processes involved in treatment plans were identified as important in managing user expectations and experiences. The ability to manage patient expectations and provide reassurance was also identified as important.

4.6 Interpersonal skills of staff

The role of staff was not only highlighted, but produced the highest number of user comments, representing almost 50% of total responses. Courteous and professional staff who actively listened and provided reassurance were reported to have positive impacts on the user experience. Additionally, the amount of time taken to directly engage with users was identified as a positive indicator.

5. Conclusion

Emerging links between the initial themes identified above highlight several key areas for consideration. Firstly, the method and delivery of communication are crucial for understanding the information shared. Accessibility of information also appears significant, particularly the need to present information in plain language, and providing choices in both formats of communication methods and languages to accommodate diverse needs.

Effective information sharing among staff and services is identified as important for quality service delivery, as collaboration enhances communication. Finally, fostering excellent engagement and interpersonal relationships between staff and service users is essential for improving the overall experience. These interconnected themes of clear communication and accessibility in enhancing service quality and user satisfaction provide valuable initial indicators for now proceeding to the next stage of this project.

6. Next Steps

- Undertake a bibliometric analysis of existing peer-review literature based on the key themes identified relating to issues of communication in areas linked to healthcare to further develop, expand and update the literature-base underpinning this project.
- Await the outcome of application for internal YSJU funding to provide research support.
- Await the outcome of submitted application for YSJU research ethics approval for the next stages of the research process.
- Apply for NHS research ethics approval.
- Design survey tools for distribution to staff/partners, patients and other identified stakeholders.

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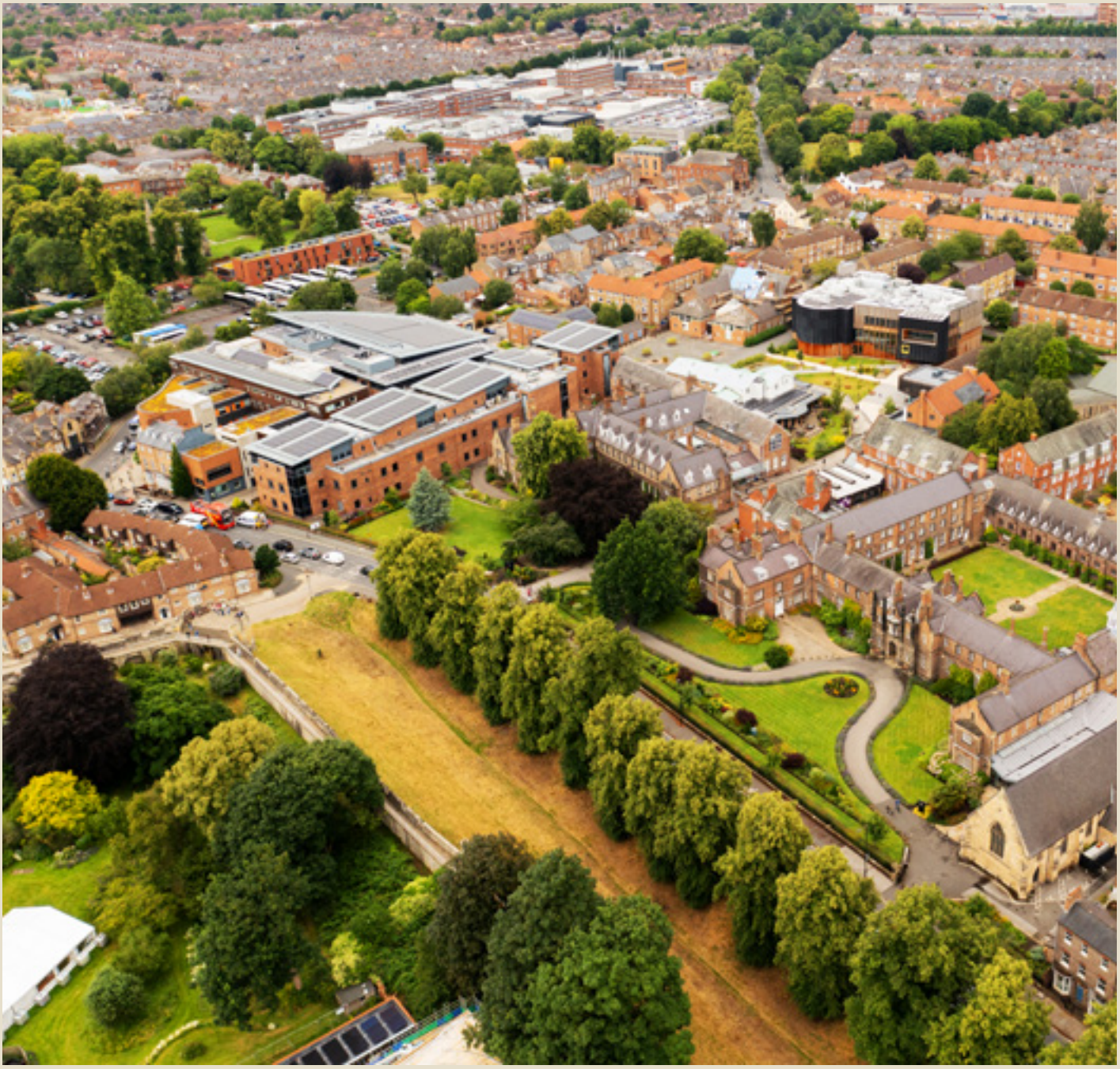

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