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# IDENTIFYING BARRIERS IN COMMUNICATION WHILE DISCUSSING SENSITIVE TOPIC DURING SPINAL CORD INJURY REHABILITATION

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## BACKGROUND

Rehab professionals act as caregivers and educators.

Staff-patient interactions can be complex when discussing sensitive topics.

Barriers can be institutional, environmental, behavioural, and communicative.

## AIMS AND OBJECTIVES

To identify challenges in sensitive discussions as staff may feel uncertain or uncomfortable discussing delicate care topics, impacting communication effectiveness.

To assess the impact on Patient Education as limited open dialogue can reduce opportunities for patient education and understanding in sensitive care areas.

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# INCLUSION CRITERIA

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## Patients

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Patients over 18 years

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Traumatic and non-traumatic spinal cord injury

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Neurogenic bladder and bowel dysfunction

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Admitted to NRH for a minimum of three weeks before being invited to participate.

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## Staff

- ❖ IDT whose role it is to discuss sensitive topics - Doctors, Nurses, Physiotherapists, Occupational Therapists and Psychologists
- ❖ IDT who have worked in spinal rehabilitation for a minimum of 6 months.

# M E T H O D O L O G Y

THE PARTICIPANTS:  
WHO IS YOUR TARGET AUDIENCE?



THE SURVEY:  
SETTING GOALS FOR SUCCESS



THE QUESTIONS:  
GATHERING INSIGHTS, NOT DATA



Approval for the study was obtained from Ethics Committee.

Participants were provided with an information leaflet outlining the study.

Informed consent obtained

Patients and members of the Interdisciplinary Team (IDT) completed structured survey questionnaires.

Data was securely collected and analysed using Microsoft Forms and Excel within the NRH domain to maintain confidentiality and data integrity.

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# QUESTIONNAIRE

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Total of 10 items on each questionnaire

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Demographic details

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5-Point Likert Scales questions were used

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One open-ended questions: to allow expression of opinions not covered within previous questions

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**Estimated completion time:** 10 minutes

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## 5-POINT LIKERT SCALE



Strongly  
disagree

Disagree

Neutral

Agree

Strongly  
agree

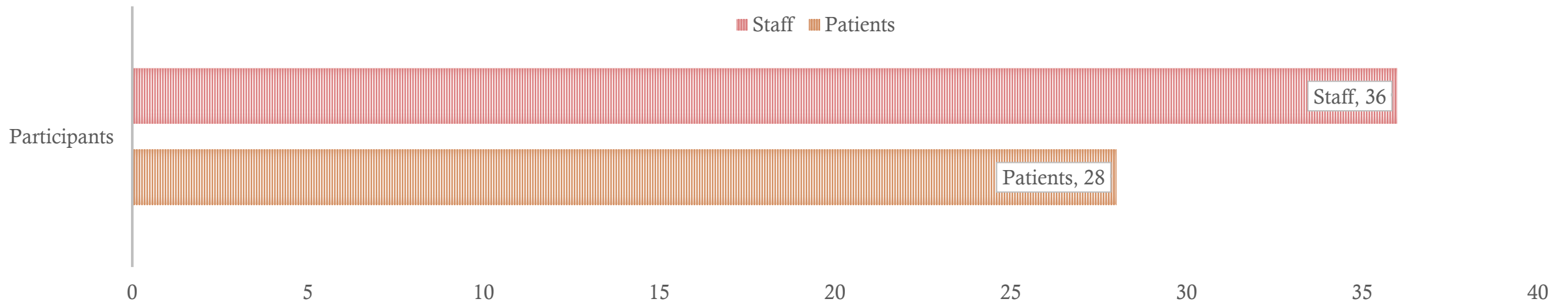
## Proposed sample

- ❖ 28 patients
- +
- ❖ 28 staff

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# RESPONSES

Data collection from November 2023- August 2024



28 Patients

36 Staff

62% of nurses completed the survey

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**Challenges in collecting patient data:** Consultants had to ask patients for consent. Consent was obtained from patients, but the survey questionnaires weren't returned or were incomplete.

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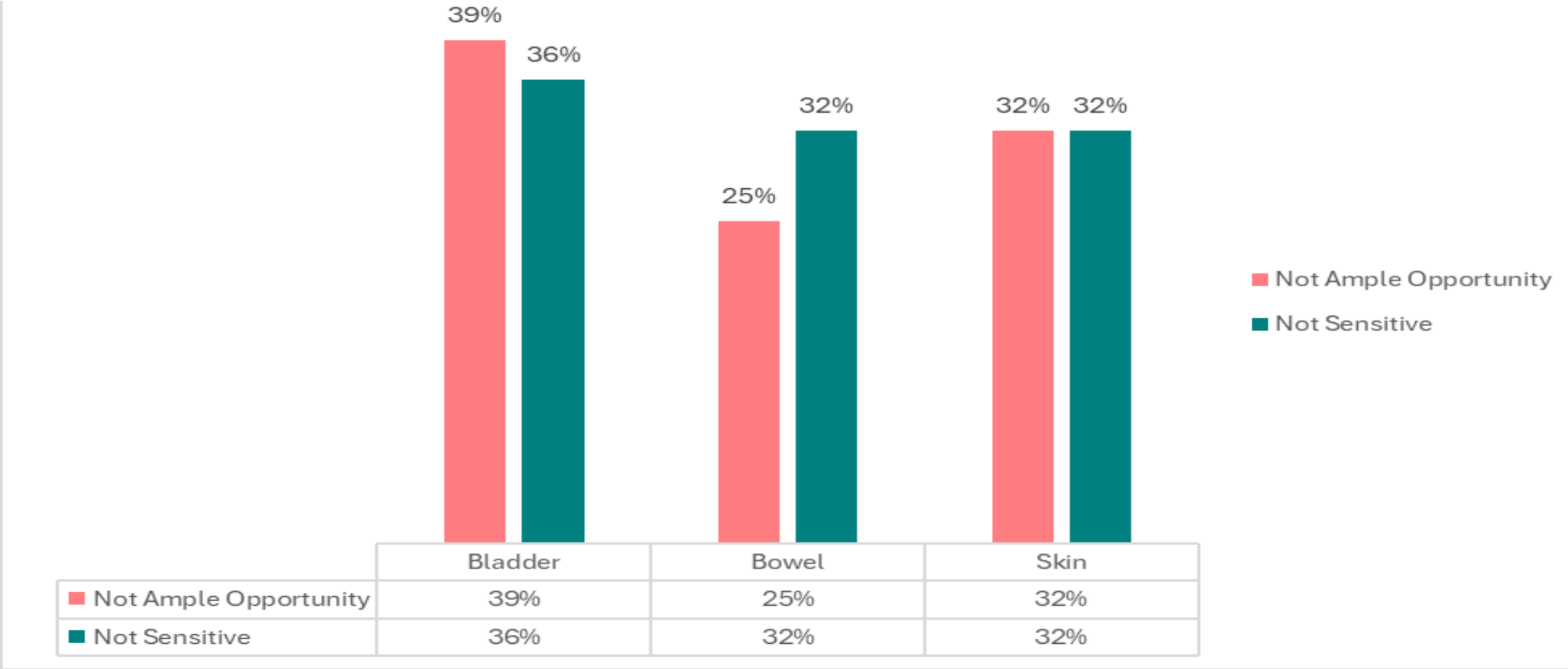
**Positive feedback from patients:**

- **79% recognised education as a very important part of their rehabilitation journey**
  - **68% answered that general rehabilitation goals were very well explained**
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**4. On a scale of 1-5 can you rate if these aspects of your care were dealt with in a sensitive manner. Please rate each one separately.**

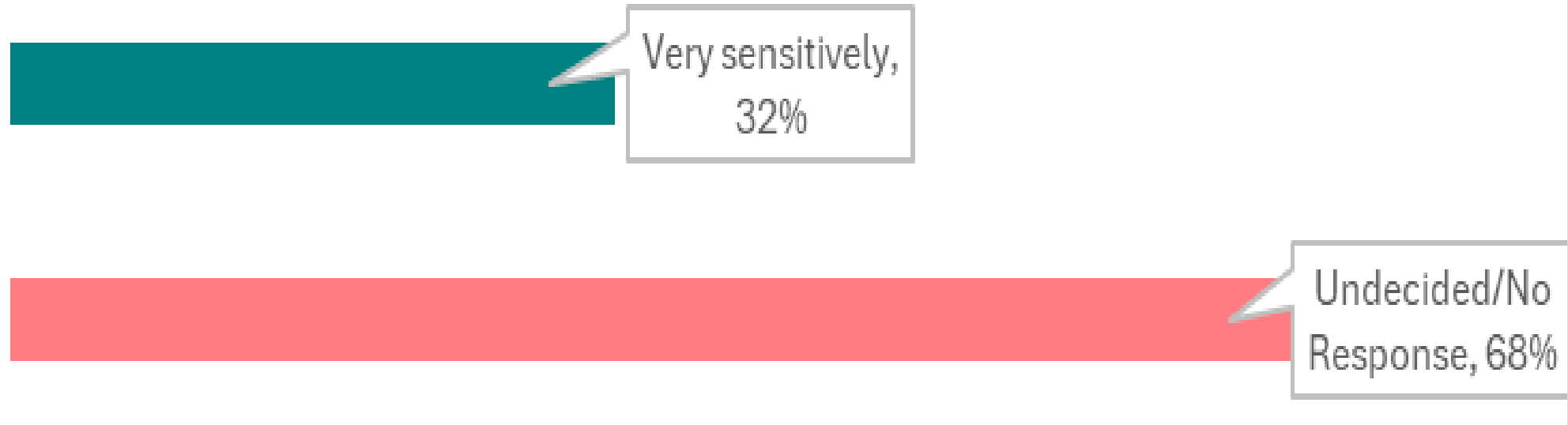
	Aspects of Care	Very Sensitive (1)	Fairly Sensitive (2)	Undecided (3)	Insensitive (4)	Very Insensitive (5)
a.	Bladder management					
b.	Bowel management					
c.	Skin care					
d.	Sexual well- being/ State if not applicable (N/A)					

# PATIENT FEEDBACK ON SENSITIVE TOPICS



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## **Patients have their say about sexual wellbeing education**



**Does lack of response indicate discomfort or a lack of engagement? This needs to be explored further.**

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## **PATIENT IDENTIFIED BARRIERS**

1) Language

2) Anxiety

3) Noise

## **PREFERRED LEARNING STYLE FOR PATIENTS**

1) One to one  
sessions

2) Visual Diagrams

3) Educational  
Videos

## **LESS PREFERRED LEARNING STYLE FOR PATIENTS**

1) Written  
Information

2) Group sessions

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# PATIENT FEEDBACK

How can we make it more comfortable to discuss skin, bladder, bowel, and sexual well-being?

“Opportunity for more one-to-one discussion”

“Try to recognise the sensitivity while discussing these intimate care issues”

“Keep it simple not too much medical jargon”

“Better educated staff who I feel I can openly discuss intimate issues with”

“One-to-one sessions would make it easier to talk”

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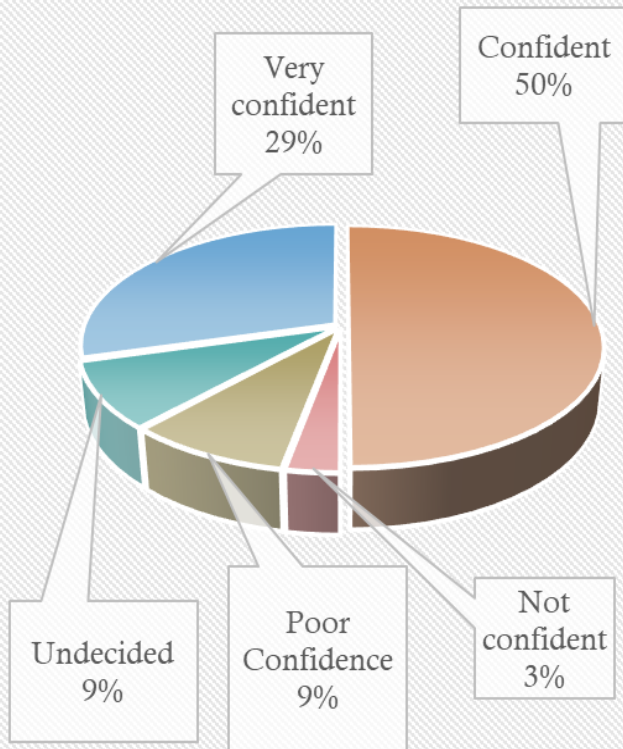
# **STAFF SURVEY INSIGHTS**

83% staff <5 years  
experience

31% nurses completed spinal  
course

Confidence gaps identified  
in teaching sensitive topics

## Confident teaching bladder management

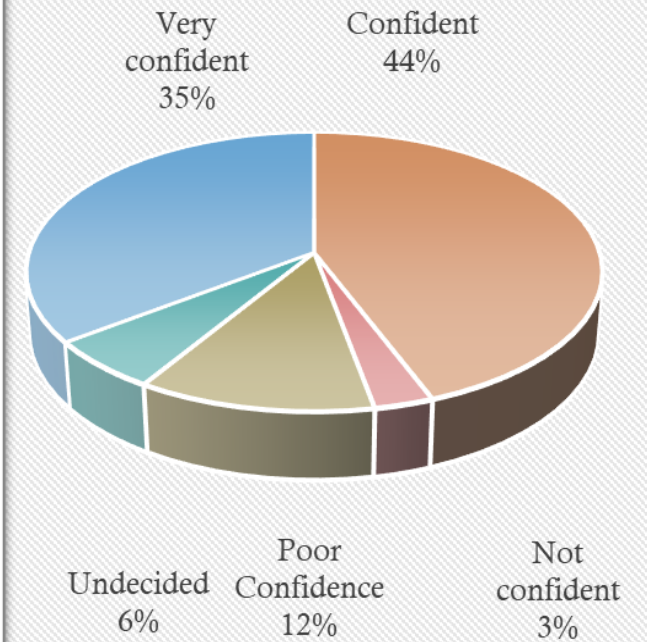


**21% of the staff stated that they were undecided/lacked confidence in teaching bladder and bowel**



**This findings identifies the areas where more in-service educating is required.**

## Confident teaching bowel management



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# STAFF IDENTIFIED BARRIERS

85% reported time constraints as a barrier.

79% stated that interruptions was a barrier.

59% of staff reported language as a barrier- The staff and Patient's understanding of the word " language" needs to be explored.

56% of staff stated that patients' readiness to learn was a barrier.

Lack of privacy was considered a barrier only by 24% of staff due to single rooms

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## **Findings on Staff Confidence & Preferred Educational Tools**

Only 15% of staff were confident to discuss sexual well being.



Most effective tools: one-to-one sessions, educational videos



Fairly effective: visual diagrams, written info

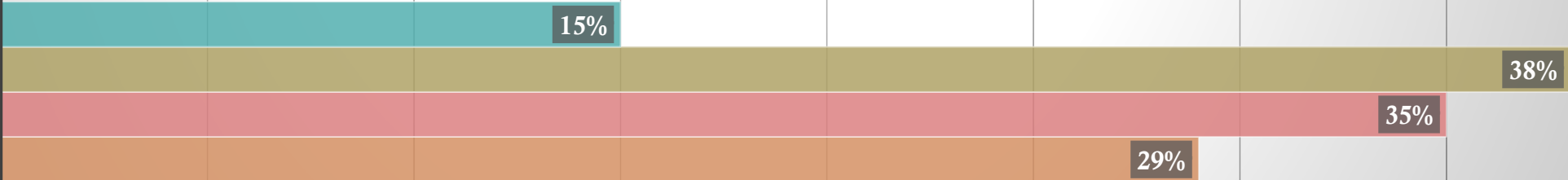


Percentage of staff who stated that they were very confident were a minority

Sexual Well-Being Skin Bowel Bladder

VERY CONFIDENT

0% 5% 10% 15% 20% 25% 30% 35% 40%



- “Less paperwork, more time for patient assessments, in general, nurses should listen and hear the patients more, providing patient-centred care rather than applying the same approach to all.”
- “Medical terms can confuse patients (be mindful of using the same language as the rest of IDT)”
- “Better documentation of what education the patient has received to avoid duplication.”
- “Having a repository of audio-visual information that patients can access as needed and review at their own pace”

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## **STAFF FEEDBACK**

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# KEY FINDINGS

Language was reported as a barrier to communication by both patients and staff.

Lack of confidence was identified as a barrier to communication by staff, whereas embarrassment and anxiety were identified by patients as a barrier.

Both staff and patients reported one-to-one sessions as the most effective way of education. Group sessions were identified to be fairly effective teaching tool by staff, but least preferred teaching tool by patients.

Both staff and patients suggested more education for staff as a means of improving communication between staff and patients about skin, bladder, bowel, and sexual well being.

One staff member thanked us for conducting the research project as they recognise the need for change in practice and the importance of this kind of research to facilitate change

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Time

More staff completed  
the survey than patients

Difficulty finding  
patient participants

Poor response rate for  
sexual well-being



# NEXT STEPS

Design quality improvement plan based on results from the study:

- ❖ Focus on standardisation of language used to discuss sensitive topics
- ❖ Organise training for staff to increase confidence in discussing skin, bladder, bowel and sexual well-being
- ❖ Scenarios/ role play
- ❖ Practical workshops to increase confidence
- ❖ Staff rotation to urology department to observe nurse lead clinics and gain experience
- ❖ One-to-one discussions
- ❖ Monthly feedback from patients and staff on educational needs
- ❖ Patient weekly education session that runs for 12 weeks

