Communication in Paediatric Audiology

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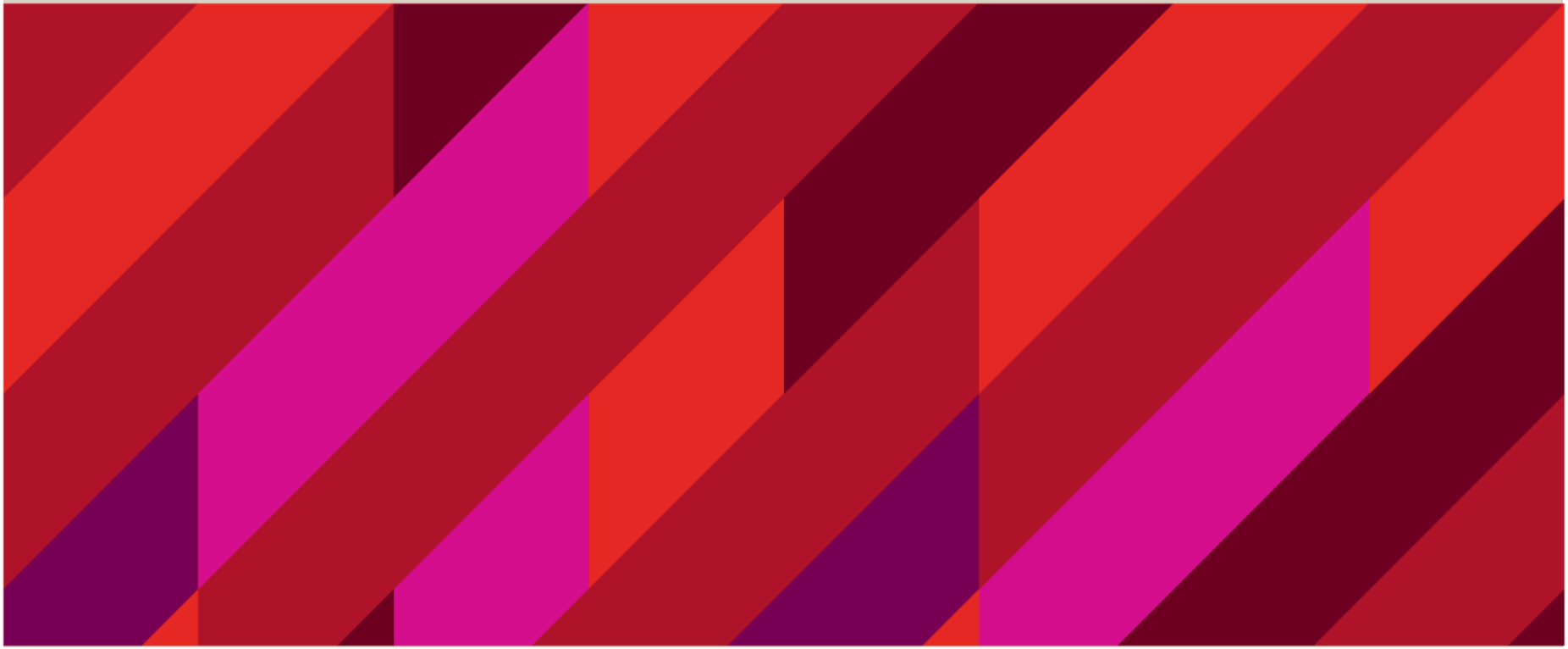

Communication in Paediatric Audiology

- There are very few studies of communication in audiology appointments
- It is important to describe practice so areas for improvement can be identified, strengths can be expanded
- We want to provide family-centred practice
  - Family-centred practice requires balanced communication
- There is an inherent power imbalance within audiology appointments
  - The professional can control the interaction
  - Need to ensure that there are opportunities for the client to participate

Communication in Paediatric Audiology

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- It is imperative that parents are not passive observers of the diagnostic process so that we **can tailor our discussion to their needs and level of understanding.**
- We may not know **how** to open to the space for equal communication
- Studies have found that parents are very sensitive to the way audiologists communicate (Hasnat and Graves 2000; Tattersall and Young 2006).
- Audiologists' manner can either help or hinder parent's acceptance of the diagnosis and habilitation (Sjoblad et al 2001)
- Positive and supportive relationships between Audiologists and parents are required for good outcomes
- These relationships are negotiated **through talk**

Aims

- Determine **who is talking** within these appointments
- Determine **what they are saying**
  - especially who is asking the questions
  - especially within the diagnostic phase
- Determine **the depth of participation**
  - active initiation of talk (statements/questions)
  - responding (answers/acknowledgments).
- Determine if audiologists are opening the space for parents to talk
- Make suggestions for clinical practice

Methods

- This is a mixed methodology study
- A **move** analysis was conducted (Eggins & Slade, 1997; Halliday 1994)
- Moves are defined as **discourse units** which may be made up of single or multiple clauses.
- The end point of a move indicates a possible point where the speaker ***can*** change, without this change being seen as an interruption.
- The speaker does not always change following a move.
- t-tests were used to determine significance

Analysis

- 9 appointments
- Analysis performed separately on different diagnostic outcomes (SNHL vs NH)
- We expected to see a difference in what occurred for SNHL and NH, however the results were remarkably similar.
- Therefore all data presented today includes both diagnostic outcomes
- Data will be reported upon across the entire appointment and also pre/post diagnostic statement.

The Moves

Initiating moves

- Ask Questions
  - Open
  - Closed
- Command
- Make Statement
  - General
  - Emotion
  - Baby
  - Hearing
  - System
- Talk directly to Baby

Responding moves

- Answer Questions
- Acknowledge
- Track
- Respond to statements/tracking

Who does the talking in these appointments?

- No significant difference between the average number of moves between audiologists and mothers (p=0.28)
  - Aud av. 350.1
  - Mother av. 285.2
- Fathers make significantly less moves than both mothers and audiologists (p=<0.001)
  - Father av. 45.8

Who asks the questions?

- Audiologists ask the majority of the questions :71% (av. 48.9)
  - Mothers 23% (av. 15.9)
  - Fathers 6% (5.8)
- Questions are mostly closed
  - Closed 80%
  - Open 20%
- Most questions are asked pre-diagnosis
- Post diagnosis very few questions are asked
  - Audiologists 9.5
  - Mothers 5.33
  - Fathers 3

Who answers the questions?

- Mothers were also found to answer the majority of questions.
- In appointments where both mothers and fathers are present mothers answered 82% of questions and fathers 18%.
- This difference was found to be significant (p=<0.01).

Who makes statements?

- Audiologists made significantly more statements than both mothers (p=<0.001) and fathers (p=<0.001)
- Mothers made significantly more statements than fathers (p=<0.01).
- Both mothers and fathers made significantly more statements in the pre-diagnosis phase than they did in the post diagnosis phase (mothers p=<0.01, fathers p=0.05).

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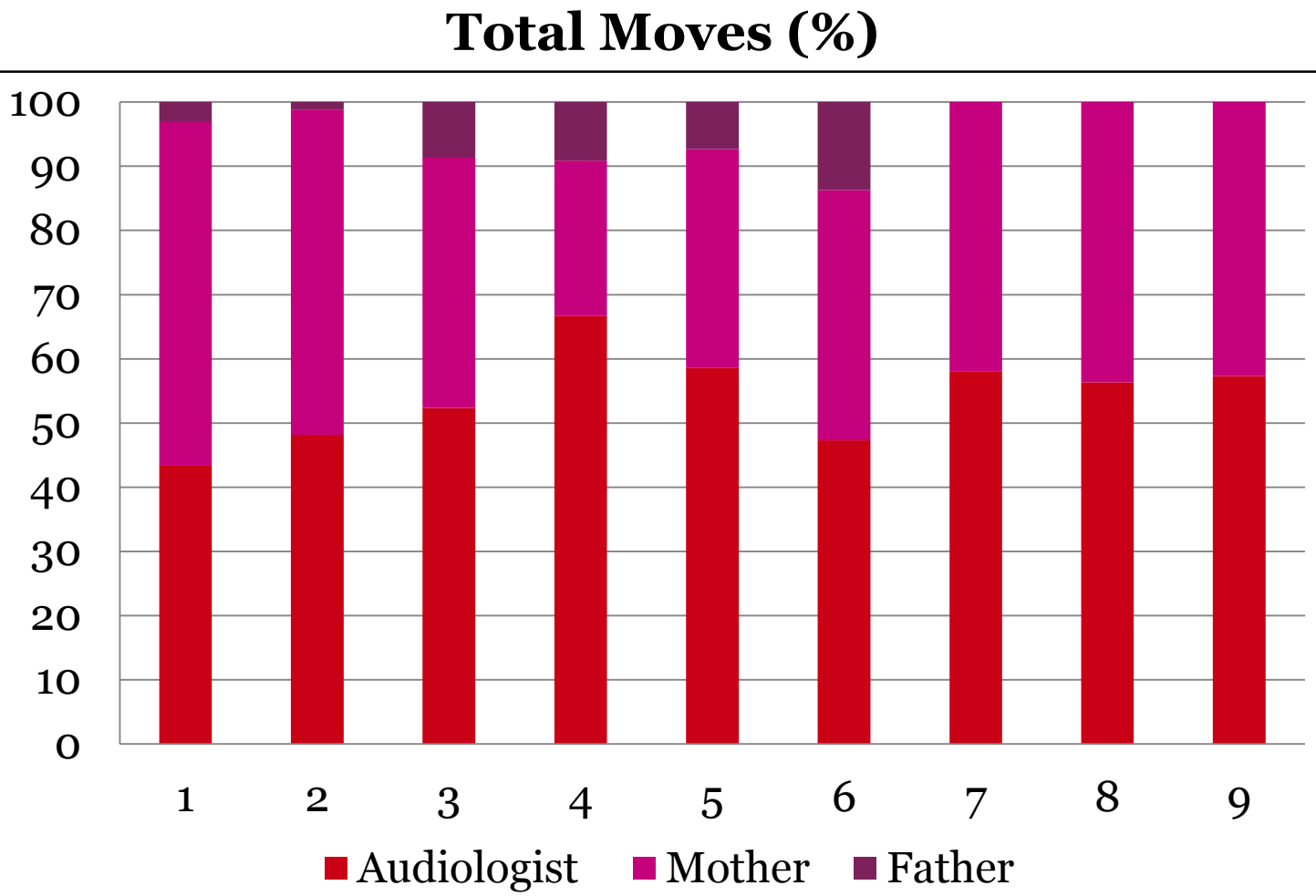

Figure 1.

The figure shows the relative contribution of each participant (mother, father and audiologist) to the discussion. It is clear that mothers and audiologists produce the bulk of the moves.

Engagement in the communication

- Audiologists had the most varied communication,
  - this varied communication persisted throughout the appointment.
- Most initiating moves were made by audiologists
- There was a change in audiologist communication pre and post diagnosis
  - questions pre-diagnosis
  - statements post diagnosis.
- Mother's depth of engagement changed pre and post diagnosis

	Pre-Diagnosis			Post -Diagnosis		
	Audiologist	Mother	Father	Audiologist	Mother	Father
Questions-Open	7					
Questions-Closed	66	8	3	9		14
Command	4					
Statement-General	81	22	12	31	6	3
Statement-Emotion		1		3	1 (crying)	
Statement-Baby	3	16			1	
Statement-Hearing	3	2		42		
Statement-System	25	2	2	46		
Talk directly to Baby	21	64	3		2	
Acknowledging	21	40	15		96	36
Answer Question	8	54	19	14	5	1
Track	11	7		6	2	1
Respond to statement/track	7	8	8	5	5	3
Total moves	**257**	**224**	**62**	**157**	**117**	**58**

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Conclusions

- Mothers and audiologists make similar numbers of moves in the appointment. Fathers make significantly less
- Audiologists ask the majority of the questions and make the majority of the statements, they have control of the interaction
- Mother and father communication changes significantly pre-diagnosis vs post diagnosis, Audiologist communication does not
- Following the diagnosis the communication of both mothers and fathers becomes less interactive, with the majority of moves becoming acknowledgements.

Conclusions

- Very few questions are asked overall in the diagnostic phase
  - limited engagement by mothers and fathers
  - audiologists are not checking parent understanding
- From our observations, the audiologist directs talk, especially talk about the baby, to the mother.

Recommendations

- In order to tailor our discussion to the needs of parents and to **understand their reactions and concerns** and **gauge their understanding** of the diagnosis and follow up procedures, we must elicit communication from the parents.
  - Parents must be actively involved within the conversation otherwise we are only guessing at their comprehension.
- Asking **open ended questions** is a relatively easy way to increase participation.
- Parents may be reluctant to communicate actively following the diagnosis of hearing loss
  - Audiologists do not need to 'fill the space' by talking themselves
- Audiologists can provide space for parents to talk by not talking themselves
- Effort should be made to **actively involve fathers**

Thank you

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- Questions?