A systematic review of the effectiveness of communication interventions for health care providers caring for patients in residential care settings


CRD summary
The review concluded that communication training improved health care providers’ communication skills, knowledge and outcomes for patients in long-term residential care. The intervention component that delivered this effect could not be identified. Given restricted reporting, the small number of studies and the possibility of language and publication biases, the authors conclusions should be interpreted with caution.

Authors' objectives
To describe communication interventions targeting health care providers and to assess their effectiveness.

Searching
Cochrane Central Register of Controlled Trials (CENTRAL) (October 2007 to December 2007), MEDLINE (1950 to November 2007), EMBASE (1980 to November 2007), PsycINFO (1985 to December 2007) and CINAHL (1982 to December 2007) were searched. Search terms were reported. Bibliographies of retrieved articles were handsearched for additional material. The search was limited to English-language publications.

Study selection
Randomised and non-randomised controlled trials that evaluated a communication intervention aimed at improvements to health care providers’ communication skills and knowledge and/or improved interactions with a resident (health and well being, agitation). Eligible studies took place in institutional settings (long-term care, chronic care, nursing homes). Eligible research participants were health care providers or health care consumers. Studies were excluded if the intervention had no communication outcome, the outcome was focused on family or had post-test outcome data collection.

Definitions of interventions, health care providers, consumers and residential care settings were reported in the review.

Components of the included studies varied and included cognitive, educational, behavioural and psychological components. Delivery of interventions varied between studies. Intervention duration ranged from one or two group sessions for 30 minutes to one hour. Most included studies took place in nursing homes. Participants were residents with dementia, behavioural disturbances or communication disabilities. Mean age was 82.5 years. Health care providers included nurses and nursing assistants. Outcomes assessed included knowledge and behaviour of health care providers for health care providers and observed behaviour for residents. Outcomes were measured by a variety of tools.

Two reviewers independently assessed studies for inclusion. Disagreements were resolved by a third reviewer.

Assessment of study quality
Studies were assessed using Amsterdam-Maastricht Consensus List for Quality Assessment of 11 criteria to assess risk. Each criterion was scored yes or no. Studies were rated of good quality if six criteria were met and there were no serious flaws (examples given were more than 50% dropout, no pretest measures).

Two reviewers independently assessed studies for validity. Disagreements were resolved by discussion.

Data extraction
Data were extracted for relevant outcomes by one reviewer and checked by another.

Methods of synthesis
Studies were synthesised narratively. Differences between studies were discussed in the text and presented in tables.
Results of the review
Six controlled trials (n=825; 399 residents, 426 health providers) were included in the review. Three studies were randomised and three were non-randomised controlled trials. Studies met six to 10 quality criteria.

All studies found an improvement in the health care providers' communication behaviour, skills and knowledge after completion of the intervention. Negative communication and interactions decreased. Residents had increased responsiveness and eye contact with the health care provider and a decrease in verbal disapproval, anger and agitation. Psychological components helped to sustain the change to health care providers' behaviour (two studies, n=226). One study (n=194) found that increased duration of the intervention improved the positive effects of the intervention.

Authors' conclusions
Communication training had positive effects on health care providers' communication skills and knowledge and on resident outcomes. No clear evidence indicated whether educational, behavioural or psychological components delivered the effect. Further controlled intervention research was required to assess effectiveness of individual intervention components.

CRD commentary
The review question and inclusion criteria were clear. Several relevant databases were searched, but unpublished studies were not sought systematically and so publication bias could not be discounted. Limiting the search to English meant that relevant studies in other languages may have been missed. Sufficient attempts were made to minimise errors and biases in the review process. Relevant criteria were used to examine study quality. Some relevant details of included studies were provided. A narrative synthesis was appropriate given the levels of heterogeneity in outcomes and interventions between included studies. Effectiveness results were reported only as being significant or not (no actual numbers were provided). In light of this restricted reporting, the small number of included studies and the possibility that the review was subject to language and publication biases, the authors conclusions should be interpreted with a degree of caution.

Implications of the review for practice and research
Practice: The authors stated that interventions to enhance the communication skills of health care providers should be multilevel and comprise educational training, practice sessions and psychological support.

Research: The authors stated that further rigorous, controlled intervention studies should focus on a theoretical framework specifying components, duration and content, use reliable/valid outcome measures and use qualitative methods.

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