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Information sharing between SLTs and nurses

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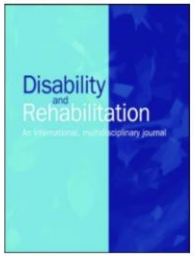
When interactions are interruptions: an ethnographic study of information-sharing by speech and language therapists and nurses on stroke units

Rachel Barnard , Julia Jones & Madeline Cruice



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Communication between therapists and nurses working in inpatient interprofessional teams: systematic review and meta-ethnography

Rachel Barnard, Julia Jones & Madeline Cruice

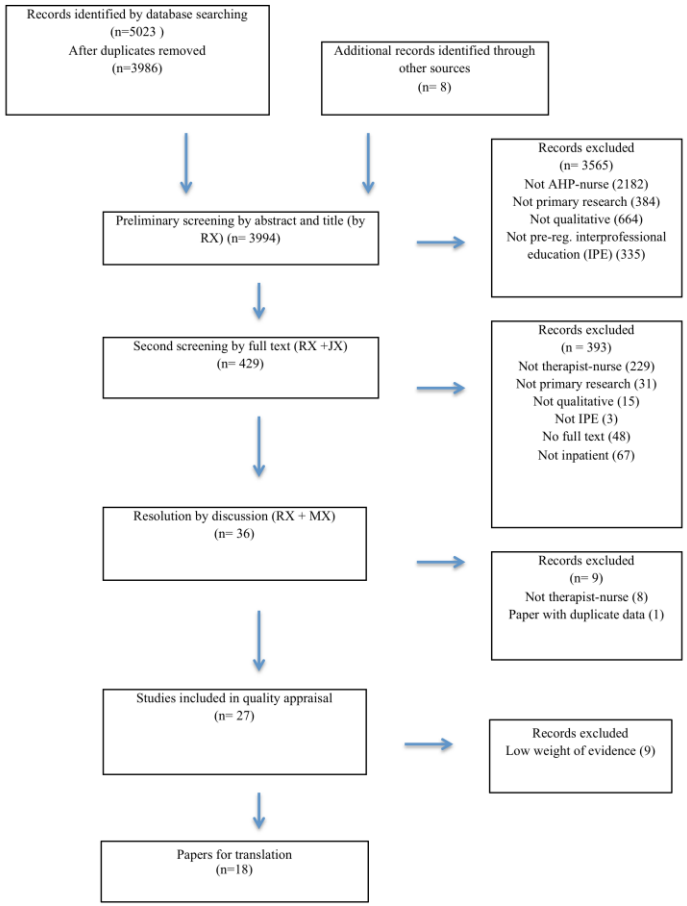
The meta-ethnography

Rationale

Communication *implicit* and taken for granted in team structures

More nurse than therapist perspective in published literature

Figure 1. Flow diagram of studies included in the review

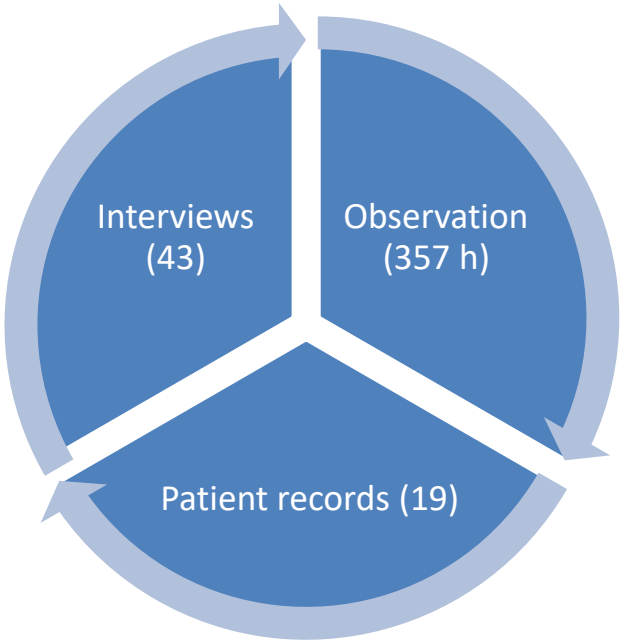


Meta-ethnography – 7 step process

1. Getting started
2. Deciding what's relevant
3. Reading the studies
4. Determining how studies related
5. Translating studies
6. Synthesising translations
7. Expressing the synthesis

Noblit and Hare, 1988

The ethnographic study



3 UK stroke units

40 weeks of fieldwork

Analysis in ethnography

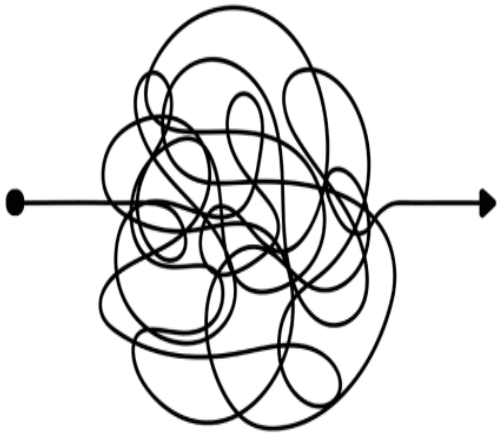
Prolonged engagement

Multiple sources of data

Search for patterns

Search for contradictions

Reflexivity



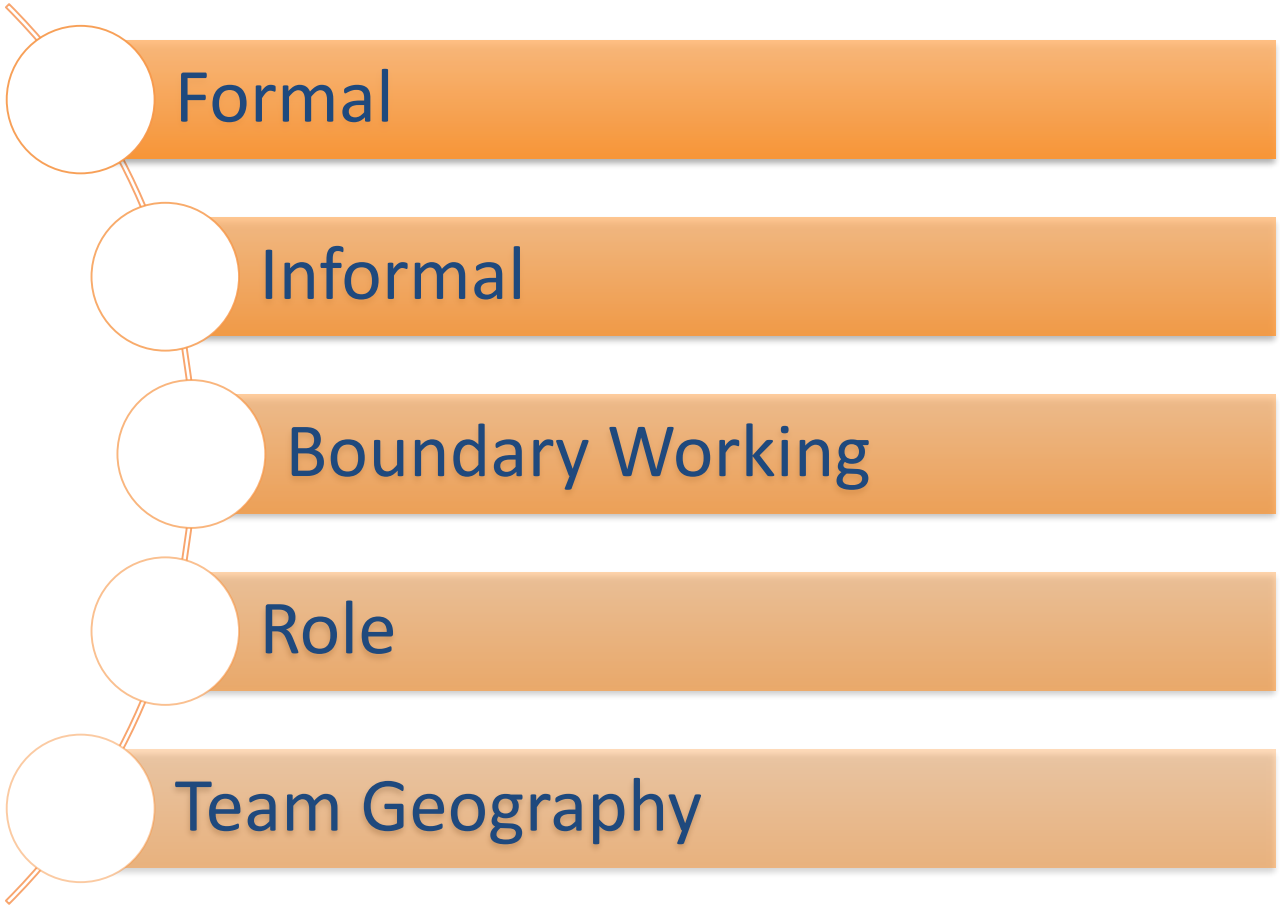
The ethnography: The interaction context

Talk is rushed "windows in time"

Different nurses on different days

Swallow takes priority

The meta-ethnography - Influences on information sharing



Line of argument

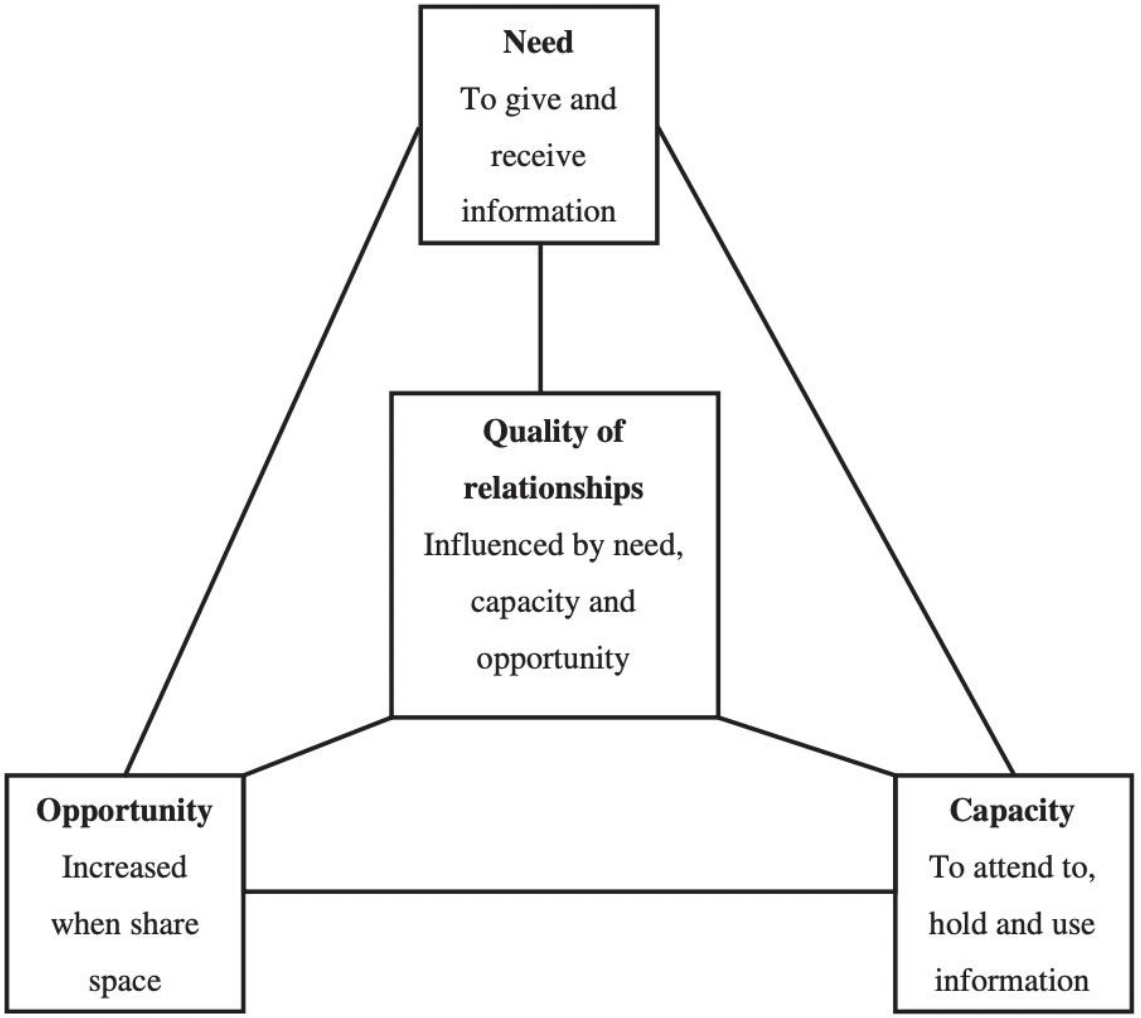


Figure 2. Contingencies for therapist-nurse communication.

Reproduced from Barnard et al. (2020)

The meta-ethnography: quality of relationships

Little attention in studies for

why important

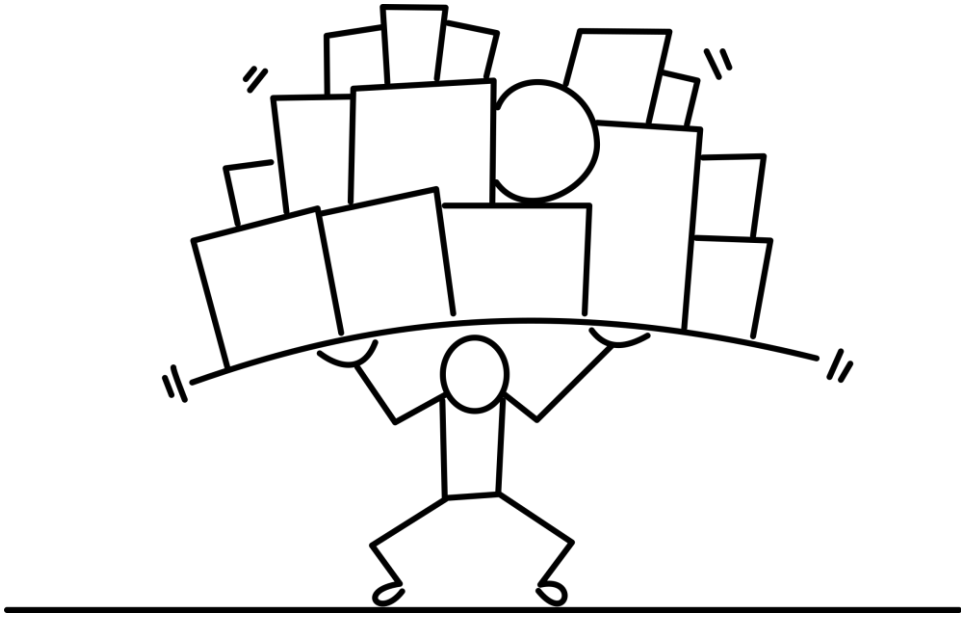
The ethnography: Relationships

- Not easy to build relationships with nurses
  - Differ in how move through space and time
- Easier with therapists
  - Share space and time
  - Similar hours, same patients across admission

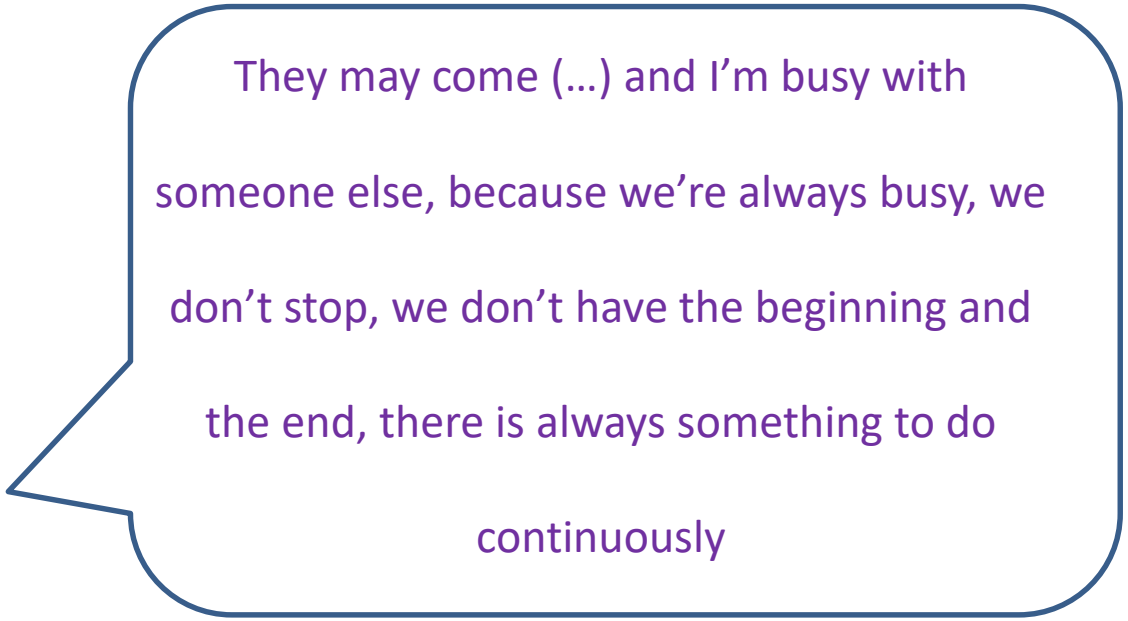
The meta-ethnography
Capacity to attend to, hold and use information

Influenced by….

- Time
- Language
- Need
- Relationships
- Give and take



The ethnography: Rarely a good time



Nurse

The meta-ethnography
Need to give and receive information

Need to *give* information central to therapists' role

Nurse's need to *receive* information relates to how view rehabilitation role and immediate need

"need to know" information

"nice to know" information

The ethnography: Nature of info shared

Swallowing

- Clear role overlap
- Seek each other out
- Rely on each other
- Share a concern with risk

Communication

- Advice not tangible
- Nurses get by
- SLTs don’t push it

Swallowing information holds attention

SLT

I didn't feel that what I was saying about the communication was necessarily being taken in, that the swallow was something like black and white, this is the texture, this is what they need, but when I was giving a bit of feedback about interacting with the patient and my suggestions, I felt like there wasn't that same attention being paid to that

The meta-ethnography - Opportunity

- Share space (ward, meetings, training)
- More likely to result in engagement when there is….
  - Need
  - Relationship
  - Capacity

Whole study

Communication information not shared very convincingly

- Informal routes problematic
- Structured routes don't adequately compensate
- Not much 'banging of heads' between SLTs and nurses
- Advice-giving model not really working

Discussion – can we do things differently?

Profile
+
Impact

Could SLT and nursing practice be more aligned?

Windows in time – relevance and timing

Across the admission – continuity + relationships

Quality of relationships Opportunity Capacity Need

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