



CHF

Australia's
Health Panel

RESULTS

Results of Australia's Health Panel survey on communication in healthcare

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P: 02 6273 5444

E: info@chf.org.au

twitter.com/CHFofAustralia

facebook.com/CHFofAustralia

Office Address

7B/17 Napier Close
Deakin ACT 2600

Postal Address

PO Box 73
Deakin West ACT 2600

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Introduction

After dismissing the previous surgeon, I found a new one who was totally different. The minute we spoke he completely engaged me as a person communicating with me openly, cared about me as a person and was interested in me. He totally explained the procedure and showed me a practical example. He looked at me as he explained the procedure. He seemed to make no judgement about my age or my looks which made me feel at ease.

I knew my surgery would be successful with this surgeon. Even his follow up visits were encouraging motivating me to move and exercise.

– AHP Panellist

Communication in health care is a major quality and safety issue. Every day in Australian hospitals, miscommunication causes avoidable critical incidents - patients die, are harmed or receive the wrong treatment because of ineffective communication, for example during handovers or diagnosis. Pressure on the Australian health system is likely to grow as demands increase, particularly for those with multiple morbidities, and as COVID-19 continues to evolve.

Research into organisational and interpersonal communication in key care settings and at care transition points is time critical. So, for the June/July 2022 Australia's Health Panel survey, we asked consumers how they have found the communication practices of the healthcare providers they were treated by. Whether that be in a GP clinic, in a hospital or another facility; with the aim to identify how the typical healthcare communications experience was for Australian consumers and how potential issues could be rectified.

This survey was co-conducted by Consumers Health Forum (CHF) and the [Australian National University Institute for Communication in Health Care](#) (ICH) as a following up to joint webinar "[Communication in health care](#)". This report contains the preliminary analysis of the results, with more in-depth analysis to be conducted as part of future joint activities between CHF and the ICH.

He barely looked me in the eyes, barely spoke, was very dismissive of my thoughts. I was very anxious due to the nature of the health concern and he did nothing to comfort me even though my record clearly states I suffer from anxiety and panic disorder. Overall, it was very rushed and I forgot to ask some questions but in reflection I doubt I would have been comfortable asking them.

– AHP Panellist

Demographics

For this survey 111 panellists participated, of which 73% identified as female. A minority (10%) were aged 18-45, with most aged 46-65 (43%) or 66+ (48%). Panellists came from across every state and territory (see Figure 1) but lived in major cities of more than 250,000 people (70%). Panellists reported being reasonably healthy, with only 12% reporting they were in poor health and 62% reported they were in good or excellent health. Additionally, 1% identified as Aboriginal or Torres Strait Islander, 5% as LGBTIQ+, 5% as culturally or linguistically diverse, 10% as a person with a disability, 9% as a person with a mental health experience and 22% as a person living with a chronic illness.

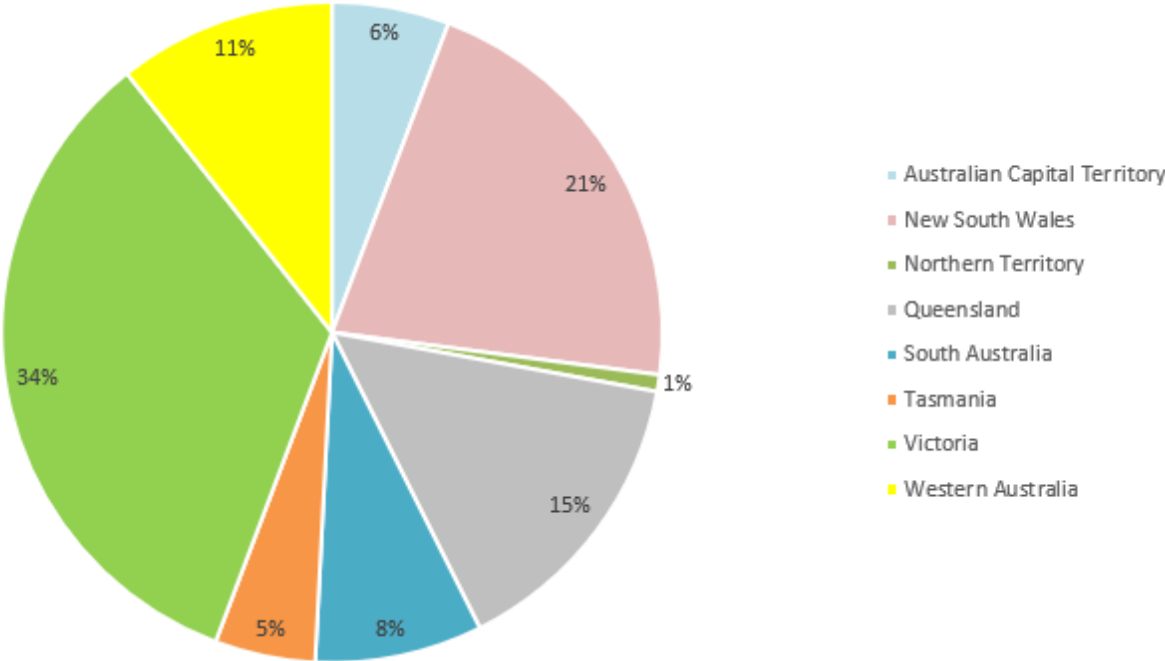


Figure 1- State of residence of participating panellists

I travel 50kms from my rural area to see a GP in a regional practice because I had issues with 2 GP practices in my local, rural town. My doctor is always attentive, listening to what I have to say. Before the nitty gritty conversation on my presenting issues, she always asks how I am, because of the recent bad weather events in my region and potential emotional distress etc.

She is on the ball about my medications, Covid and influenza vaccinations, and annual tests. If she believes I need more attention, she will go over the normal consultation time to ensure I am ok before I leave her room.

- AHP Panellist

General healthcare communication

Nurse practitioner in a public hospital - she was amazing and had as much if not more knowledge than the doctor. She was able to speak with me for a long period of time to ensure that I thoroughly understood my condition and options open to me. She could draw diagrams and answer questions I had, even showing me good websites to visit. I have never had so much time spent explaining things to me and answering questions! She even said 'there is never a silly question - they are all valid! We need more Nurse practitioners who can spend the time with patients to reassure them and assist us to be part of a well-informed decision-making process.

– AHP Panellist

When asked about their most recent health care experience, just over half of the panellists (56%) reported that they had most recently seen a General Practitioner (GP), followed by non-hospital specialists at a significantly lower 17% (see Figure 2).

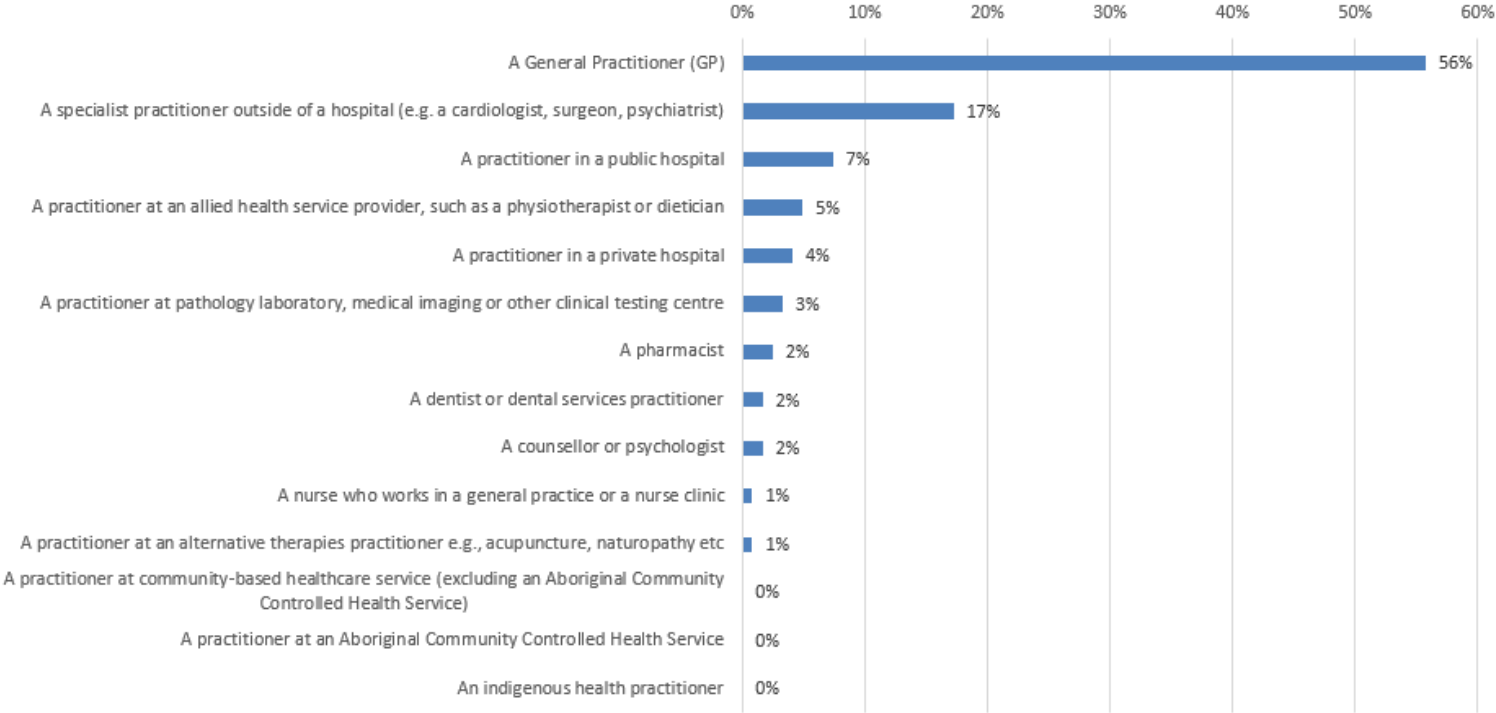


Figure 2- The type of healthcare provider seen most recently by panellists

Panellists were asked to rate aspects of the communications during that most recent healthcare experience. A modified version of the "Communication Assessment Tool (CAT)" was used, where the term 'doctor' was replaced with 'health practitioner' to reflect the broader scope of providers

consumers may have attended.

Table 1- Panellist responses to modified CAT questions

Please rate the way the health practitioner communicated with you during that most recent visit:	Poor	Fair	Good	Very Good	Excellent
They greeted me in a way that made me feel comfortable	4%	7%	19%	32%	37%
They treated me with respect	7%	5%	17%	31%	40%
They showed interest in my ideas about my health	12%	17%	16%	21%	34%
They understood my main health concerns	12%	12%	18%	21%	37%
They paid attention to me (looked at me, listened carefully)	12%	8%	18%	27%	35%
They let me talk without interruptions	10%	12%	17%	30%	31%
They gave me as much information as I wanted	17%	12%	19%	23%	30%
They talked in terms I could understand	4%	5%	21%	29%	40%
They checked to be sure I understood everything	17%	14%	18%	25%	27%
They encouraged me to ask questions	16%	14%	23%	20%	27%
They involved me in decision as much as I wanted	16%	10%	19%	22%	33%
They discussed next steps, including any follow-up plans	18%	13%	17%	20%	32%
They showed care and concern	11%	13%	14%	28%	35%
They spend the right amount of time with me	12%	10%	17%	28%	33%

The results of the modified CAT questions are shown in Table 1 and show that Panellists generally experienced high-quality communications from healthcare providers. This was particularly true for three items: 'They greeted me in a way that made me feel comfortable', 'They treated me with respect' and 'They talked in terms I could understand' where around 9-in-10 panellists reported they had received good, very good or excellent communication.

However, there is still room to improve, with between 1-in-5 and 1-in-3 panellists reporting they received only poor or fair communications in the other CAT areas. Of particular concern were 'They checked to be sure I understood everything' and 'They discussed next steps, including any follow-up plans', which both had 31% of panellists reporting only fair or poor communications. This suggests that the capacity for maintaining good health long term is potentially being undermined with consumers not leaving health care sessions with the knowledge or direction for what they need to do next to maintain or improve their health.

Panellists were then asked how much they agreed or disagreed with two statements about the healthcare treatment received, drawn from the "[Patient Satisfaction Questionnaire Short-Form \(PSQ-18\)](#)" and shown in Table 2.

Table 2- Panellist responses to PSQ-18 statements

How strongly do you AGREE or DISAGREE with each of the following statements in relation to this health care experience:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
The health care I have been receiving is just about perfect	13%	42%	19%	15%	10%	0%
I am dissatisfied with some things about the health care I received	14%	27%	25%	35%	23%	1%

Most panellists (56%) agreed that the healthcare they had received was 'just about perfect', while 41% of panellists agreed that they were dissatisfied with something about the healthcare they had received. This indicates that while most Australians are satisfied they are receiving high quality healthcare, including healthcare communications, there is still room for improvement.

"As a Carer for a sibling with an intellectual disability, I was told I asked too many questions and was overly passionate. I was very concerned for the safety and well-being of my loved one, especially the over prescribed <details of medicine>.

Trying to ask questions about why the medicine was being prescribed was met with dismissal - I never got an answer to this question or my concerns. This experience was traumatic and left me with a high level of distrust of not only the health practitioner (specialist not my own GP), but of the whole health system. Even now I am on alert when needing to access the health system - especially when the first thing they mention is medication.

I don't go to get a pill to fix my health issues, I go to gain an understanding of what has happened, how it's happened, how to treat it with lifestyle and diet holistically, and how I can prevent it in the future. It really annoys me the profession seem to think everyone consumer just wants a prescription for something.

My experience with the trauma described above means my blood pressure goes up and the first thing the GP wants to do is take my blood pressure and then comments its high and because I'm a certain age wants to (I feel) prescribe blood pressure meds. I only get a high reading in blood pressure when I visit my GP. I think this is called white coat syndrome caused because of the trauma of my sibling's specialist."

– AHP Panellist

Positive healthcare communication experience

When my mother was terminally ill with cancer, I took her to all her medical appointments for the last 5 months. Her GP saw her every 1 to 2 weeks and always took time to listen and respond to all my mother's and my questions. His communication was exceptionally kind and caring. In her final 3 weeks he saw her in her own home. His excellent communication and his willingness to see her so often enabled me to care for my mother in her own home throughout her final illness.

– AHP Panellist

When asked to describe a previous healthcare experience where the health care practitioner has excellent communication, the majority of panellists (87%) were able to provide an example of such a situation.

Across these experiences several recurring interactions were observed:

- The provider listened to the panellist and asked questions about their health experience e.g., what the problem was, how previous treatments had gone.
- The provider explained things clearly and in detail, not only the diagnosis or recommendation but also the thinking process that led to those conclusions.
- Language was tailored to a level the panellist was comfortable with and/or used appropriate images or props to help. Avoiding both being too complicated or 'dumbing down' to a disrespectful level.
- The panellist was given the opportunity to ask questions in turn.
- The provider accepted and respected the decision the panellist made regarding their health and provided clear advice for how to proceed based on that decision, even if that decision was to not pursue care.
- The provider through the next steps, including writing/dictating referral letters with the panellist present to ensure they knew what to expect.
- The provider demonstrated compassion for the panellist, getting to know the panellist personally and learn their health history in depth.
- The provider gave plenty of time in the appointment and provided mechanisms for the panellist contact them for support outside appointments.

Notably, these are all examples of '[person centred care](#)' where health providers empowered the panellists to participate as equals in '[shared decision making](#)' for their own healthcare. Such an approach shows them treating each consumer respectfully as an individual human being, and not just as a condition to be treated. It involves seeking out and understanding what is important to the patient, their families, carers and support people, fostering trust and establishing mutual respect. The shared decision-making highlights an embedded collaborative approach between providers and consumers that brings together the consumer's values and preferences with the providers medical expertise to reach the best healthcare decisions for that individual consumer.

Given such a large majority of panellists were able to articulate specific examples of healthcare they had received that displayed these key qualities, it reinforces the earlier findings that health communications are found to be high quality by consumers receiving the healthcare.

This is my second specialist as the first one should not have been permitted to practice. This is a woman specialist who actually asked me what symptoms I had (the other decided to go with his intuition instead of fact), explained along the way how the condition will impact me short term and long term, took a lot of notes, referred to the previous notes, we both worked out a treatment plan which suits my current needs. She's very open minded when it comes to treatment and addressed all of my concerns about the proposed treatments. The people in her practice were similar in nature, very helpful.

– AHP Panellist

Negative healthcare communication experience

I was referred to a specialist practitioner for a consultation and recommendation on a particular procedure, he explained the options that were available to me but did not explain why one option may be more beneficial over another option. It seemed to me that he was telling me that my condition was minor and didn't warrant any intervention. I left that consultation feeling that there was no point in pursuing any further treatment. This proved to be the wrong assumption as about a month later I was admitted to hospital because of the heart condition that I had consulted him about. I now have a pacemaker.

With this particular specialist I felt that I was not treated with respect or taken seriously. On my second visit to him following the period of my hospitalization, he kept me waiting for an hour. At this appointment I was quite anxious, having just been discharged from hospital.

– AHP Panellist

When asked to describe a previous healthcare experience where the health care practitioner had poor communication, unfortunately the majority of panellists (83%) were able to provide an instance where they had received subpar communications.

Across these experiences several recurring interactions were observed

- Being rushed through the appointment by the provider, with no examination being conducted and only a limited discussion occurring before the provider ended the consultation.

- The panellist having their questions or concerns dismissed by the provider rather than addressed.
- The panellist being told by the provider they were the problem and being made to feel guilty as they had done something 'wrong'.
- The provider failing to explain things to the panellist, such as what exactly was 'wrong' or why a particular treatment was being recommended.
- The provider not listening to, or interrupting the panellists when they were speaking, especially if the panellist was female.
- The provider being visibly disinterested in the panellist and not taking their concerns seriously or respecting their views.
- Not being informed when the practitioner left the health facility e.g., retired, disrupting long term care plans.
- Having things missed or forgotten between appointments, or having a new provider not look at the handover/referral notes, leading to repeating information or details that had already been provided.
- Panellists having multidisciplinary teams where the different providers did not communicate well with each other, leading to information being missed and having to be repeated.
- Providers not fully including carers or delegated decision makers, such as family members with Powers of Attorney, in the conversations.

In contrast to the positive experiences, these issues show a lack of person-centred care and shared decision making. Given that a large number of participants could recount such an experience, combined with the significant minorities of respondents to the CAT questions recounting less-than-good experiences with communication in their most recent healthcare visit, this suggests that there is potentially a systematic issue with a section of the provider workforce needing additional training and development in delivering person-centred care.

Several of these reported issues appear to derive from administrative limitations that could be rectified through improved administration systems in healthcare facilities. For example, if a provider a consumer has seen previously leaves the facility, then the consumer could be notified about the change. Similarly, if a consumer is seeing a new provider for the first time, ensuring the provider is allocated time before the appointment to review the consumer's existing notes and medical records. Improved interoperability between different provider IT systems, and interoperability between those systems and My Health Record, could assist in resolving the limited sharing of information between providers.

A very poor experience I had was when a practitioner did not listen to my description of symptoms, what was important to me or my medical history. They had an arrogant approach to communication that made the experience very uncomfortable. They also asked questions that were very personal and the details of which were not needed to make informed choices. They then made assumptions based on these questions that were sexist and looked down upon young women.

Because they did not listen, they prescribed items that were not necessary and could have had bad side effects given parts of my medical history. They suggested many treatment options for things I had not listed as symptoms or things [that] were not medically dangerous and in need of treating. They also suggested treatments as serious as surgery without answering my concerns around this or satisfactorily answering why other options weren't suggested.

– AHP Panellist

Conclusion

In summary, this Australia's Health Panel survey found that consumers appear to generally experience good communication from their healthcare providers when receiving healthcare; with strong demonstration of both person-centred care and shared decision-making being embraced by many healthcare providers to the benefit of consumers.

However, this is not universal with nearly all consumers having some negative experience and a sizeable minority reporting that their most recent experience had notable room for improvement. While definitive recommendations cannot be made given the preliminary nature of this research, it appears that two places to start to improve the communication experience for consumers in healthcare are through further provider training/development around respecting consumers and improvements to administrative/IT systems in facilities to minimise repetitive communications.

These preliminary research results will inform our advocacy on improving the healthcare system and the experiences consumers have when using the system, as well as our partnership with the ANU Institute for Communication in Healthcare. More in-depth analysis of the data will be conducted by the ICH to be presented at any upcoming Thought Leadership Summit co-hosted by both organisations.

The Consumers Health Forum of Australia would like to thank all panellists for giving up their time to participate in this survey. Any questions about this survey and its preliminary findings can be directed to info@chf.org.au.

I have been diagnosed with cancer twice and remain with the same specialist/surgeon because not only has his skill and care saved my life but from the initial consultation to the annual check-up, he made me feel I am a person and not just a statistic. And continues to do so.

He has always asked me before examining me, "do you mind if I ...", always considering privacy and decorum, and is sensitive regarding my emotional feelings not just physical ones. Many clinicians treat you like a piece of meat or a specimen.

He explains in detail about any tests and the results, asks if I understand. When I was diagnosed the second time he was genuinely upset and went to great pains to ensure I was operated on asap so I wouldn't be in the hospital. When I was reluctant to have <details of treatment> he suggested I get another opinion from the head of oncology and facilitated that – and their honesty about not having a lot of info was refreshing.

He respects I am an intelligent adult prepared to research and listen before I decide action.

– AHP Panellist