

Dysphagic Patient Compliance with Thickened Liquid Recommendations

Explanation of project, presentation and goals

Dysphagia is a term used to describe difficulty with swallowing. Speech-Language Pathologists (SLPs) who work in hospital and residential health care settings are routinely involved in the diagnosis and treatment of dysphagia. Among the most common forms of treatment for dysphagia is the use of thickened liquids, despite an increasing body of literature which suggests compliance rates as low as 36% with thickened liquid recommendations (Leiter & Windsor, 1996). In light of the growing prevalence of dysphagic patients on SLP caseloads, our limited understanding of the factors that contribute to patient compliance presents a significant challenge to the management of dysphagia.

The purpose of this study is to better understand the decision-making process of dysphagic patients with thickened liquid recommendations. The identification of factors that potentially influence patient compliance may help therapists create more effective treatment regimens and understand how they can influence the decisions their patients make. This study contributes to meeting this need by responding to the following questions: How do patients feel about the recommendations made to them by their SLP? Why do patients choose (or choose not) to follow these recommendations? What alternative methods do patients employ in the management of their swallowing difficulties?

This presentation will provide a theoretical framework, borrowed from the field of behavioral medicine, through which participants can view the issue of dysphagic patient compliance. Key concepts from the body of adherence/compliance research will be reviewed as well as preliminary study results. Finally, suggestions for future research and potential clinical implications will be discussed.

Methodology

This qualitative study focuses on patients who are living in a non-institutional setting and have received a thickened liquid recommendation from their SLP. Because the purpose of this study is to identify the patient's perspective and not to prove or disprove a hypothesis, a qualitative approach was elected rather than a quantitative design. At this time, Human Subjects/IRB approval has been obtained from the University of Michigan Hospitals and Health Centers and from Flower Hospital to refer patients to this study.

The primary method of data collection consists of semi-structured, open-ended interviews, which are, according to Denzin & Lincoln (2003), the most appropriate method of gaining increased understanding of the patient's perspective. This study will attempt to include a minimum of ten participants. More patients will be included as needed to gain a purposeful sample which represents a range of patient conditions, experiences, diagnoses, ages and genders.

With patient permission, interviews are being audio taped and then transcribed. I am following Creswell's guidelines (1994) for the analytic process of data using reduction and interpretation. This "progressive process" of sorting, defining, and relating the data through the use of codes allows the data to be interpreted into relevant units to make better sense of their meanings (Glesne, 1999). As codes are analyzed for patterns

and themes, they will be “linked together” to begin forming theoretical models (Denzin & Lincoln, 2003, p. 279). These theoretical models will address the factors which appear to influence or shape the patient’s thinking regarding dysphagia recommendations.

Outcomes

At this time, I have conducted several interviews, but am still in the process of collecting data. In this early stage of data collection and analysis, several factors are emerging which seem to influence patient compliance. These include the patient’s satisfaction with the diet, the nature of the relationship between the patient and the SLP, the continuity of care, the patient’s self-efficacy expectations, the patient’s perceived severity of the condition, the patient’s understanding of what he or she is supposed to do, and the social support available to the patient.

This work is unique in that its primary concern has to do with the experience of the patient in the therapeutic process. While several studies in the area of dysphagia have documented patient noncompliance with dietary recommendations, much of what we know about the reasons for noncompliance at this time is based on researchers’ speculation. Furthermore, by viewing the issue of dysphagic patient compliance through the lens of behavioral medicine, we will be able to create a theoretical framework for understanding this issue.

Directions for future study

Studies of intervention measures with noncompliant patients in the field of behavioral medicine have shown that many factors related to patient compliance are potentially modifiable. These include such things as the relationship between the patient and the health care provider, the continuity of care, the instructions/education provided to the patient and family, and the patient’s sense of self-efficacy. As we learn more about the factors that influence dysphagic patient compliance, there is need for more research into how the modification of one or more of these factors influences patient compliance.

If I were to undertake this study again, I would attempt to include more hospitals in the study population. Although this study is significant in that it identifies factors which influence dysphagic patient compliance, it would be helpful to compare the results from this study sample with other patient populations. In doing so, we might be able to gain a clearer picture of the factors which are most salient in determining patient compliance, with the ultimate goal of informing future treatment protocol and improving dysphagia management.

References

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