The Beliefs and Practices of Speech and Language Therapists regarding Quality of Life Issues in Dysphagia Management: An International Survey

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Overview

Background:
In recent years there has been increasing recognition that dysphagia may have significant consequences for an individual’s psychological well-being, social participation and overall quality of life (QOL) [1]. Furthermore, this impact seems to hold some commonalities across the various clinical groups which have been studied [2][3][4]. However, beyond a number of general formal assessment tools, such as the SWAL-QOL [5], a paucity of research currently exists regarding the specific clinical management of the psychosocial impact of dysphagia. In order to inform future research and the development of appropriate and beneficial QOL specific resources and guidelines, a better understanding of the current practice of Speech and Language Therapists (SLTs) in this area would be beneficial.

Research Questions:
Considering the above, the specific research questions of the current project were:
1. What are the current practices of Speech and Language Therapists internationally when addressing quality of life issues in dysphagia management?
2. What are the beliefs of Speech and Language Therapists internationally regarding the impact of dysphagia on quality of life?
3. What are the current barriers and facilitators to practice in the assessment and management of quality of life in dysphagia?
4. Are there any variations in beliefs and practices internationally?

Methods:
An anonymous cross-sectional non-experimental survey study design was used. The 30 question survey, which consisted of both open and closed questions was designed using Survey Monkey and disseminated internationally through links with professional bodies and academic institutions. Purposive and snowball sampling was used. Participants must have been professionally qualified SLTs with sufficient use of the English language to complete the survey.

Findings

Participants
223 participants across 20 different countries including Ireland, the UK, South Africa, Australia, New Zealand, Canada, the United States, Brazil, Singapore, Saudi Arabia, Malta, and mainland Europe took part. As can be seen in the graph below, the majority of these participants work in an acute hospital setting.

Current Practice and Beliefs:
- Less than 30% of participants indicated that they are currently satisfied with the amount of clinical time they can dedicate to managing QOL issues in people with dysphagia.
- Case history details and observations are most commonly used when gathering information on QOL issues. Less than half of participants reported using formal rating scales/tools.
- Participants believe they are more likely to spend time focussing on QOL issues with persons with chronic dysphagia (e.g. progressive neurological conditions) versus persons with acute dysphagia (e.g. acute stroke).
- Only 37.24% of participants indicated that they feel confident working in this clinical area.
- Almost 90% believe dysphagia has a significant negative impact on QOL.

Barriers and Facilitators:
- Availability of Resources: Participants indicated a lack of clinical time was one of the most significant barriers to clinical practice in this area, and believe the development of disease-specific assessment tools and best practice guidelines would support good quality care.
- Multidisciplinary Team (MDT): Participants suggested that increased awareness of the role of the SLT by MDT members would allow earlier involvement in QOL decisions and anticipatory care planning.
- SLT Knowledge, Skills and Training: Participants believed that SLTs working in this area should have an open mind, empathy and effective supervision structures to enhance and support clinical practice. An awareness of the importance of balancing risk with QOL was also perceived to be important, with a lack of specific under and postgraduate training cited as a significant barrier.
- Patient Factors: Participants highlighted cognitive, behavioural and emotional changes in patients as barriers to effective clinical practice and perceive patients who demonstrate good insight, resilience and motivation as more likely to cope better with living with dysphagia.

Variations in Practice:
- Participants in South Africa were the only group who demonstrated some level of satisfaction with the training they received on their pre-qualification SLT course regarding QOL issues in dysphagia.
- Participants based in community settings were the least likely group to spend clinical time focussing on QOL issues even though the majority of participants felt that this was the most appropriate setting to do so.
- Participants based in inpatient rehabilitation settings were the least likely to use formal rating scales and/or assessment tools.

Actions for the Future:
- Awareness raising and education of key stakeholders on the impact of dysphagia on QOL and the value of SLT contribution
- Development of disease-specific best practice guidelines in QOL management in dysphagia, at an international level
- Development of clinical disease-specific QOL assessment tools and rating scales
- Additional emphasis on QOL issues in dysphagia management at both undergraduate and postgraduate level

References

Poster presented: