

# Empowering older people with multimorbidity to improve communication and reduce risks to patient safety: a qualitative study of capability, opportunity and motivation

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## Background

Older people with multimorbidity (two or more long-term conditions) are more likely to experience risks to patient safety.

In primary care, such risks often arise as a result of breakdowns in communication.

Interventions typically focus on the behaviours of healthcare staff. However, patients predominantly initiate:

- Interactions.
- Discussion of problems.
- Expression of opinions and concerns.

### Aim

To better understand communication in primary care, and how to empower patients to reduce risks to patient safety.

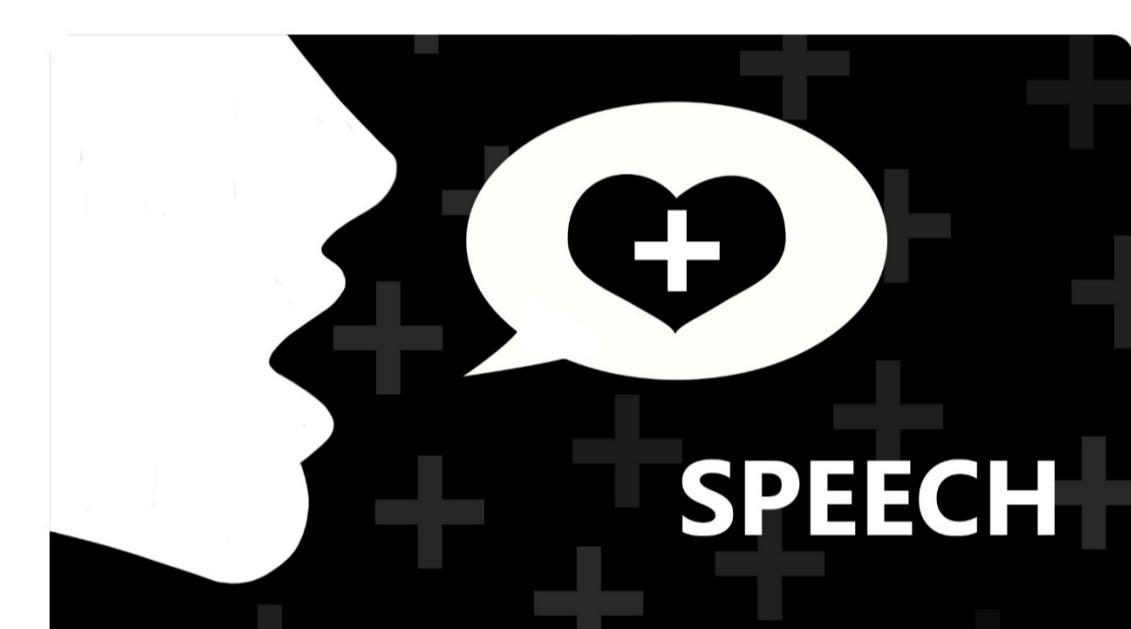


## Conclusion

Patients often learn how and when to communicate with staff through experience.

Learning could be provided proactively to empower patients to communicate effectively, and avoid or address problems.

We will use our findings to develop a patient-centred behaviour change intervention: Safer Patients Empowered to Engage and Communicate about Health.

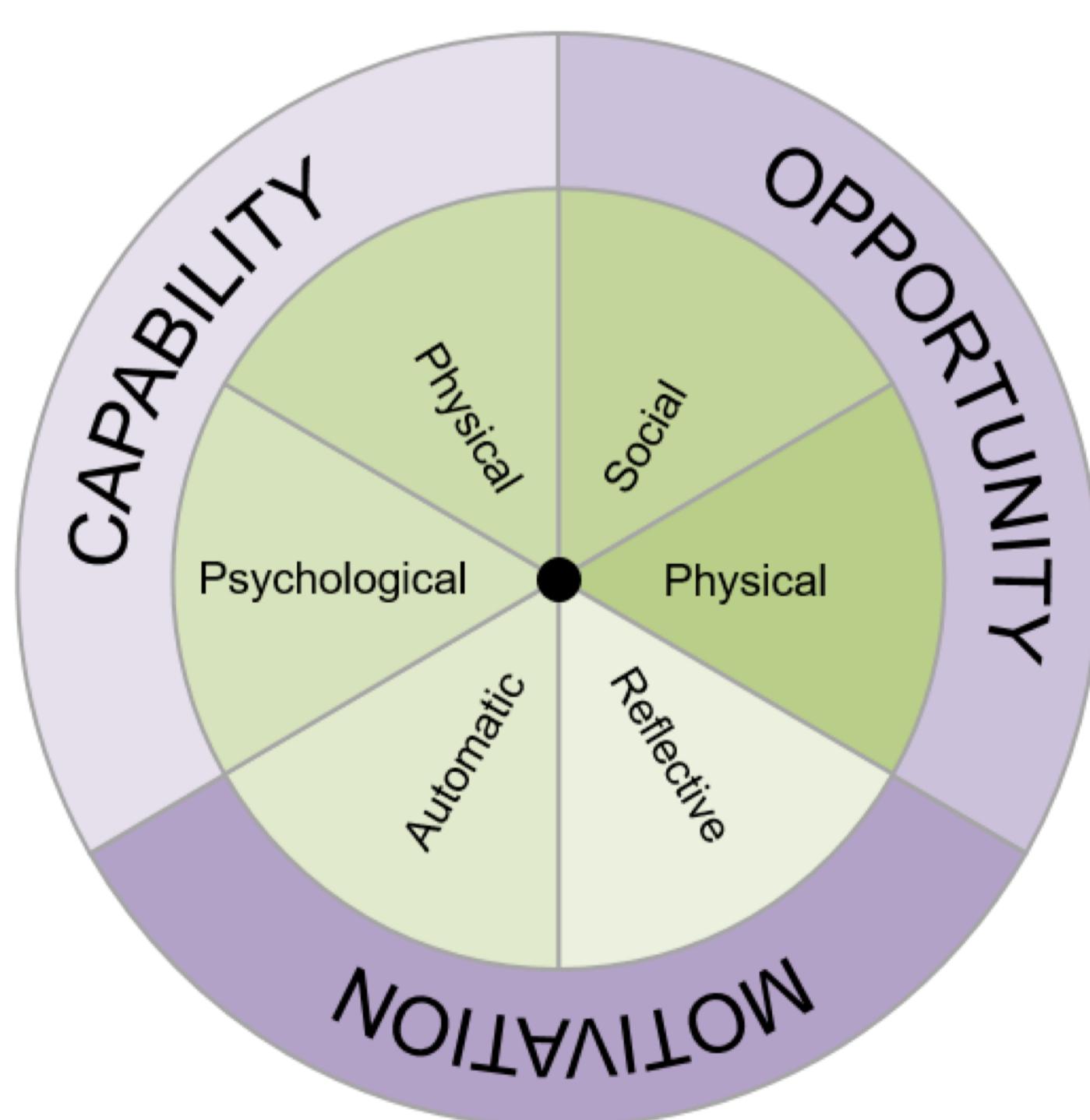


This intervention will be designed in collaboration with patients and staff. It may include:

- Tools to help patients prepare for appointments and provide feedback.
- Information and guidance for practices and staff.

## Methods

In-depth interviews were conducted using a schedule based on the COM-B model of behaviour change (Michie et al., 2014):



The 28 patient participants (aged 65+) had 2 to 14 long-term conditions. 89% were White British, 46% were female and 36% lived alone.

Transcripts were analysed thematically and organised according to COM-B.

## Results

Barriers to and enablers of effective patient communication were found in relation to:

### Capability

Through experience patients learned to be direct and question information given. Although, at times, they forgot or felt unable to say something.

*...it doesn't cross your mind to say are you sure ... But I think in future I wouldn't be so accepting of what somebody told me*

### Opportunity

Time was key. However, staff demeanour and practice policies could lead to patients feeling at ease and able to talk, or rushed and discouraged from speaking up.

*...if the practice itself has a notice up saying you should do this, then you don't feel out of order*

### Motivation

Empathy and explanations were valued but not requested. Communication issues were not raised. Instead, staff were avoided.

Many would make use of tools to help them prepare and communicate concerns.

*If there's a few things, I would ... because it's quite an intense experience when you're talking to your doctor ... things can slip out of your mind*

## Implications

Our findings provide useful insight into ways of improving communication and reducing risks to patient safety for older people with multimorbidity.

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