

# CFAHR Evidence Brief

## Dysphagia care in the community context

### Authors and Affiliations

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### Alignment with [Metro South Health Research Strategy 2019 - 2024](#)

- Build research capability
- Increase research capacity
- Embed research in clinical services
- Translate research to better health
- Research excellence

### Alignment with [Allied Health Research Capability & Development Strategy 2017 - 2020](#)

- Engage staff as research consumers
- Enable staff as research generators
- Build research-enabling infrastructure and strategic processes
- Strengthen leadership in research and innovation
- Enhance internal research collaboration and synergy
- Strengthen partnerships with consumers and external stakeholders

### Alignment with [Allied Health Research Capability & Development Strategy 2017 - 2020](#)

- Standard 1 – Clinical Governance
- Standard 2 – Partnering with consumers
- Standard 3 – Preventing and controlling healthcare-associated infection
- Standard 4 – Medication safety
- Standard 5 – Comprehensive care
- Standard 6 – Communicating for safety
- Standard 7 – Blood management
- Standard 8 – Recognising and responding to acute deterioration

## Practice Issue

Dysphagia (swallowing difficulty) is associated with many complex and chronic conditions. Dysphagia care is delivered by speech pathologists across a variety of settings including hospitals, aged care facilities and the community (i.e. at home). The demand for community-based speech pathology services is increasing due to changes in healthcare policy and services and the globally ageing population. Although there are significant differences between services provided in hospital versus the community, to date the majority of dysphagia research has focused on inpatient care with limited research investigating dysphagia in the community context. Consequently, limited information is known about current speech pathology community dysphagia services and practice patterns. Further research investigating practice patterns and issues faced by speech pathologists as well as people with dysphagia living at home and their caregivers was needed to better understand and optimise dysphagia care within the community.

## Evidence

A body of research was undertaken to understand dysphagia in the community context, specifically considering the roles and experiences of speech pathologists, people with dysphagia and their caregivers. The initial survey study identified some concerns that services provided to community-based clients with dysphagia appeared largely similar to practices in the acute setting (i.e. biomedical model), however subsequent qualitative investigation identified speech pathologists felt a different approach to dysphagia care was needed in the community. Specifically, speech pathologists identified that their skills, mindset, values and approaches to care needed a different approach in the community, and that organisational influences impacted community dysphagia services. Research about the perspectives of people with dysphagia and caregivers who support loved ones with dysphagia living at home was also undertaken. Those with dysphagia identified learning to live with dysphagia through understanding their own dysphagia story and engaging with support networks. They described experiencing limited community awareness about dysphagia which created challenges to socialising. Caregivers described doing “whatever it takes” when supporting a friend/family member with dysphagia at home. The practical and emotional supports that caregivers provided to individuals with dysphagia were identified as instrumental to supporting these individuals to live successfully in the community.

## Practice Change

The knowledge gained through this body of work is pertinent to continue the development and delivery of person-centred dysphagia care in the community. Community-based speech pathologists must continue to respond to the needs of their clients and caregivers, responding flexibly, responsively and holistically.

## Publication/s

1. Howells, S. R., Cornwell, P. L., Ward, E. C. & Kuipers, P. (2019). Dysphagia care for adults in the community setting commands a different approach: Perspectives of speech-language therapists. *International Journal of Language and Communication Disorders*, 54(6), 971-981.
2. Howells, S. R., Cornwell, P. L., Ward, E. C. & Kuipers, P. (2019). Understanding dysphagia care in the community setting. *Dysphagia*, 34(5), 681-691. DOI: 10.1007/s00455-018-09971-8
3. Howells, S., Cornwell, P., Ward, E.C. & Kuipers, P. (Early online 2020). Living with dysphagia in the community: caregivers “do whatever it takes”. *Dysphagia*. DOI: 10.1007/s00455-020-10117-y
4. Howells, S., Cornwell, P., Ward, E.C., & Kuipers, P. (2020). Client perspectives on living with dysphagia in the community. *International Journal of Speech-Language Pathology*, DOI: 10.1080/17549507.2020.1765020

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Based on the Australian Healthcare and Hospitals Association’s Health Policy Evidence Brief

Metro South Health Research Strategy 2019 – 2024 [https://qheps.health.qld.gov.au/\\_data/assets/pdf\\_file/0012/2325000/research-strategy.pdf](https://qheps.health.qld.gov.au/_data/assets/pdf_file/0012/2325000/research-strategy.pdf)

Allied Health Research Capability & Development Strategy 2017 – 2020 <https://metrosouth.health.qld.gov.au/sites/default/files/allied-health-research-strategy.pdf>

National Safety and Quality Health Service Standards <https://www.safetyandquality.gov.au/sites/default/files/migrated/Overview-of-the-NSQHS-Standards-second-edition.pdf>