





## Strategy to promote the principle of beneficence in communication between the speech-language pathologist, the aphasic patient and their family

Estrategia para fomentar el principio de beneficencia en la comunicación entre el logofonoaudiólogo, el paciente afásico y su familia

Estratégia para promover o princípio da beneficência na comunicação entre o fonoaudiólogo, o paciente afásico e sua família

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### ABSTRACT

**Introduction:** communication by the speech-language pathologist with the aphasic patient and his family guarantees their biopsychosocial well-being and promotes an adequate doctor-patient relationship. **Objective:** to evaluate a proposed strategy to promote the principle of beneficence between the speech-language pathologist, the aphasic patient and their family at the Policlínico Universitario Dr. René Vallejo Ortiz, Manzanillo city, Granma province, Cuba. **Method:** the ladov technique or user criteria, was applied that allowed the proposal to be evaluated. For this, 15 speech-language pathologists from the province of Granma were surveyed; 10 were intentionally chosen whose qualities met the requirements to be considered users. Different methods, techniques and procedures were used to process and analyze the data collected. The Likert rating scale facilitated the qualitative interpretation of the data collected.

**Results:** from individual criteria, 60% of users considered the proposal quite appropriate; the lowest rating was adequate (20%). The calculation of the group assessment, the index obtained (0.5%) conferred reliability to the proposal to be implemented. **Conclusions:** users consider that the strategy proposal meets the requirements for the application. However, there are some elements that could make its execution difficult: the incorrect scientific-methodological preparation of the facilitators, the inappropriate use of educational methods and techniques, as well as the refusal of those speech-language pathologists who do not raise awareness of the need to achieve methods of action in accordance with professional principles and values.

**Keywords:** strategy; speech therapy; bioethics; doctor-patient relationship; communication



**RESUMEN**

**Introducción:** la comunicación por parte del logofonoaudiólogo con el paciente afásico y su familia garantiza el bienestar biopsicosocial de estos y favorece una adecuada relación médico-paciente.

**Objetivo:** evaluar una propuesta de estrategia para el fomento del principio de beneficencia entre el logofonoaudiólogo, el paciente afásico y su familia en el Policlínico Universitario Dr. René Vallejo Ortiz, ciudad de Manzanillo, Granma, Cuba.

**Método:** fue aplicada la técnica de ladov o criterio de usuario que permitió evaluar la propuesta. Para ello se encuestaron 15 logofonoaudiólogos de la provincia de Granma, Cuba, se escogieron de manera intencional 10, cuyas cualidades cumplían los requisitos exigidos para ser considerados usuarios. Se utilizaron diferentes métodos, técnicas y procedimientos para procesar y analizar los datos recogidos. La escala valorativa Likert facilitó la interpretación cualitativa de los datos recogidos.

**Resultados:** desde el criterio individual el 60 % de los usuarios consideró la propuesta bastante adecuada; la valoración más baja fue de adecuada (20%). El cálculo de la valoración grupal, el índice obtenido (0,5 %) le confirió confiabilidad a la propuesta para ser implementada. **Conclusiones:** los usuarios consideran que la propuesta de estrategia cumple con los requisitos para la aplicación. No obstante, existen algunos elementos que pudieran dificultar la ejecución de la misma: la incorrecta preparación científico-metodológica de los facilitadores, el uso inadecuado de los métodos y técnicas educativas, así como la negativa de aquellos logofonoaudiólogos que no concienticen la necesidad de alcanzar modos de actuación acorde a los principios y valores profesionales.

**Palabras**

estrategia; logofonoaudiólogo; bioética; relación médico-paciente; comunicación

**clave:****RESUMO**

**Introdução:** a comunicação do fonoaudiólogo com o paciente afásico e sua família garante o seu bem-estar biopsicosocial e promove uma adequada relação médico-paciente. **Objetivo:** avaliar uma proposta de estratégia para promover o princípio da beneficência entre o fonoaudiólogo, o paciente afásico e sua família na Policlínico Universitario Dr. René Vallejo Ortiz, cidade de Manzanillo, Granma, Cuba. **Método:** foi aplicada a técnica de ladov ou critérios de usuário que permitiram avaliar a proposta. Para isso, foram entrevistados 15 fonoaudiólogos da província de Granma, foram escolhidos 10 intencionalmente, cuyas qualidades atendiam aos requisitos para serem considerados usuários. Diferentes métodos, técnicas e procedimentos foram utilizados para processar e analisar os dados coletados. A escala de classificação Likert facilitou a interpretação qualitativa dos dados coletados. **Resultados:** a partir de critérios individuais, 60% dos usuários consideraram a proposta bastante adequada; a classificação mais baixa foi adequada (20%). No cálculo da avaliação do grupo, o índice obtido (0,5%) conferiu confiabilidade à proposta a ser implementada. **Conclusões:** os usuários consideram que a proposta de estratégia atende aos requisitos para aplicação. Porém, existem alguns elementos que podem dificultar sua execução: o incorreto preparo científico-metodológico dos facilitadores, o uso inadequado de métodos e técnicas educativas, bem como a recusa dos fonoaudiólogos que não conscientizam sobre o necessidade de alcançar métodos de ação de acordo com princípios e valores profissionais.

**Palavras-chave:** estratégia; fonoaudiologia; bioética; relação médico-paciente; comunicação

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## INTRODUCTION

Among the professional relationships, the one established between the physician and the patient is one of the most significant. Likewise, it occupies a primordial value in the medical act. Therefore, it should be centered within the framework of Medical Bioethics.

In the 1978 Belmont Conference document, the fundamental principles that should guide ethical actions are set out: <sup>(1,2,3,4)</sup>

- **Autonomy:** confers on the patient, among other aspects, the right to have his or her opinion and decision on the treatment of the problem from which he or she is suffering respected. It is the basis for informed consent.
- **Justice:** refers to the equitable distribution of resources without discrimination of any kind.
- **Non-Maleficence:** obliges us to try to do no harm in those cases in which doing good is not possible. This principle was introduced in 1979 by Beauchamp and Childress.
- **Beneficence:** obliges professionals to act for the benefit of the patient. It contributes to resolve in a dialogic manner the problems and dilemmas faced by them in the practice of their profession.

Escobar, et al <sup>(5)</sup> state that the doctor-patient relationship should not only show patience and courtesy on the part of the professional, but should also transmit security and confidence in terms of the medical, psychological and social help requested. For Rocío, et al <sup>(6)</sup> "The value of the bonds built with patients... sustained on the basis of an empathic and communicative assertive professional performance, could become a potential therapeutic resource."

On the other hand, Hincapié Sánchez <sup>(7)</sup> refers "From medical ethics (...) the manifestations of benevolence should be made expressive in the expressions of accompaniment and with the account to the patient. Likewise, Guerrero-Vaca<sup>(8)</sup> is of the opinion that "a good doctor-patient relationship guarantees that the persons being treated show due interest regarding their conditions. At the same time, they provide the necessary importance and responsibility so that the following medical procedures do not generate doubts and, therefore, are free of insecurities".

Avilés Valverde <sup>(9)</sup> suggests that "Universities should, from the curriculum, incorporate the need to establish a dialogic harmony between physicians and patients, both in undergraduate and postgraduate practices".

In this context, the speech-language pathologist participates in the process of diagnosis, habilitation, rehabilitation, promotion and prevention of oral communication disorders.<sup>(10)</sup> However, in relation to the aphasic patient and the family, the existence of a communication problem is observed. The cause lies, in the opinion of the authors, in insufficient communication based on the principle of beneficence.



Aphasia is an acquired deficiency as a consequence of brain damage.<sup>(11,12,13)</sup> The person with this condition is distinguished by an inability to speak. Speech is distorted, disordered, fragmented or impossible to understand. In many cases, in addition, the subject presents difficulties for reading and writing, all this without altering his intelligence.

These signs represent a great psychological damage for the patient. Not being able to communicate their feelings and needs, they are limited in work, relationships, coexistence and self-development. Consequently, they have low self-esteem, become depressed, refuse to eat or to continue in therapy.<sup>(12)</sup>

For the family and caregiver, adapting to this new role is also difficult. Distress, anger, frustration may be present when the patient does not achieve the expected progress in rehabilitation. Consequently, and due to lack of knowledge, patients may be isolated from people and social life; others are overprotected. This situation further aggravates the psychological condition of the patient and consequently makes their insertion into society more delayed.

The intervention in the aphasic person by the speech pathologist presents several challenges. One of them is to adapt the treatment strategies to the characteristics of each person. The other is to facilitate the means for the family member to verify that the aphasic person is an adult who has acquired a disability. With the logical changes and limitations of the situation, but without ceasing to be a person with the right to give an opinion and decide about what it is concerned.

Therefore, they must have communication skills, constructs and values attached to bioethical principles, especially that of beneficence.

The authors consider, like Santana Borrego,<sup>(14)</sup> that it is a challenge for higher education policies to articulate national development strategies to face the complex realities of the contemporary world.

Thus, the objective of this work is to evaluate a proposed strategy for the promotion of the principle of beneficence in the communication between the speech pathologist, the aphasic patient and his family. To be implemented at the University Polyclinic Dr. René Vallejo Ortiz in the city of Manzanillo, Granma province, Cuba.

## METHOD

A cross-sectional, quantitative-qualitative, descriptive, descriptive study of the evaluation process of a proposed strategy for the promotion of the principle of beneficence in the communication between the speech-language pathologist, the aphasic patient and his family; from January 1, 2019 to November 30, 2021, at the Policlínico Universitario Dr. René Vallejo Ortiz was carried out.



The population consisted of 15 speech-language pathologists belonging to the province of Granma. Ten of them were selected intentionally. The selection took into account being a graduate in Speech Therapy, working in the province, having experience in assisting aphasic patients and having a teaching category.

The selected professionals agreed to participate in the study. Likewise, the authors undertook to protect the information. They were informed by means of the informed consent form and the questionnaire itself.

In general, the proposed strategy consists of four stages: diagnosis, action planning, action execution and evaluation. It is characterized by:

1. To promote constant dialogue on the bioethical principles that should guide professional actions. With this objective, it is conceived to develop workshops that sensitize speech-language pathologists on the need to acquire communication skills that improve the relationship with the aphasic patient and the family. The result of the diagnosis is the starting point.
2. To provide the development of habits, skills and values for an adequate professional performance of the speech-language pathologist: in this case, with the implementation of an improvement course to develop communicative skills on the principle of beneficence in communication in the relationship with the aphasic patient and family. Such as:
  - Use and give guidelines to the family member to speak and inform with a tone of voice, volume and speed appropriate to the patient's needs and level of understanding.
  - Use and provide guidelines for the family member to speak naturally and appropriately with the aphasic (while still treating him/her as an adult): use gestures, pictograms, mimics, among others, depending on the patient's needs.
  - Use and offer guidelines to the family member to ask open questions and force the patient to communicate orally.
  - Use active listening and provide guidelines so that the family member learns to identify concerns, dissatisfactions or moods of the patient, for rapid treatment and solution.
  - Repeat the fundamental information, adapted to the patient's level of understanding and give the recommended measures in writing.
3. To plan the actions in correspondence with the communicative needs of the speech therapist:
  - Develop and distribute a brochure on the bioethical principle of beneficence, in the communication process with the aphasic patient and family. This can be a guide to promote beneficent communication and an appropriate doctor-patient relationship.
  - To elaborate and implement a diagnostic model to systematically check the behavior of the speech pathologist - aphasic patient - family relationship.

The evaluation stage of the strategy is important to know its impact and to make readjustments that contribute to its improvement.



The user criterion or ladov technique was used to evaluate the proposal. This makes it possible to determine the Group Satisfaction Index (GSI) with a given proposal.<sup>(12,13,14,15)</sup>

At present, different authors demonstrate its value in validating strategies. They assure that the results guarantee the theoretical argumentation for the implementation of the proposal being made. The main advantage lies in its usefulness when the evaluators are users of what is being proposed, even if they do not meet the requirements to be considered experts.<sup>(12-15)</sup>

Based on this method, a questionnaire was designed. The users gave their criteria on the methodological structure, functionality and practical implications of the proposed strategy. The data obtained were placed in a table that made it possible to obtain the individual and group evaluation, with a reliability range of 0.5% to 1% for the latter. The formulas used were:

- $V_p = P_{te}$
- $ISG = A (+ 1) + B (+ 0.5) + C (0) + D (- 0.5) + E (- 1)$

N

On the other hand, the users freely expressed their opinion about the importance of the strategy and the aspects that could favor or hinder it. This allowed a better assessment of individual criteria to modify any point, if necessary.

All the information was stored in a database created in Microsoft Excel 2003. The Microsoft Word text editor was used for the presentation of the final report, as well as tables and graphs. The Likert rating scale facilitated qualitative interpretation.

## RESULTS

Table 1 shows that 100% of the selected users met the requirements for evaluating the proposed strategy.

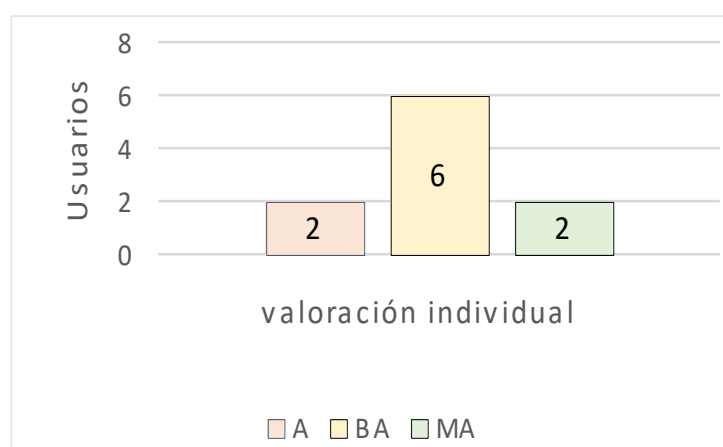
**Table 1** Characterization of the users who evaluated the proposed strategy

Academic degree		Teaching category				Years of experience in the care of aphasic patients				Work within the province	
Degree in Speech-Language Pathology	%	Auxiliar	%	Assistant	%	Less than 10	%	More than 10	%	No.	%
10	100	-	-	10	100	-		10	100	10	100



**Table 2** and the accompanying graph 1 show that in the first individual evaluation (60%) of the users considered the proposal to be quite adequate; the lowest evaluation was of adequate by 20% of them.

Questions	User criteria									
	1	2	3	4	5	6	7	8	9	10
Methodological Structure	5	4,6	4,6	5	3,6	5	5	3,6	5	5
Functionality of the strategy	5	4	4,2	5	3,7	4,7	4,7	3,7	4,7	4,2
Practical implications	5	4	4	5	4	4,6	5	3,6	4,6	4,3
Individual assessment	5	4,2	4,2	5	3,7	4,7	4,9	3,6	4,7	4,5



**Graph 1** Summary of the individual assessment given by users

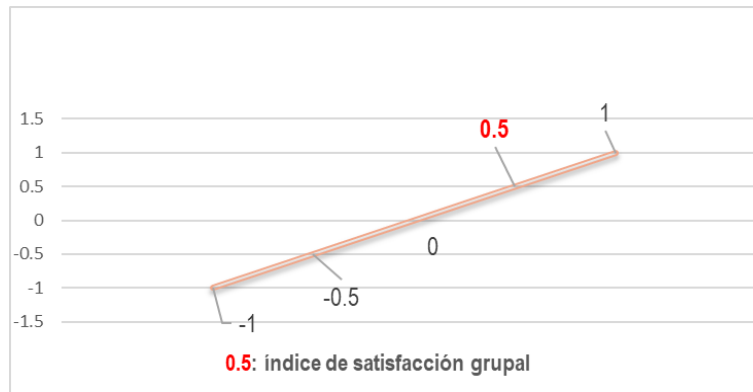
Likert scale: MA: Very Adequate (5), A: Adequate (4), BA: Fairly Adequate (3), PA: Not Adequate (2) and NA: Not Adequate (1).

In Table 3, according to the calculation of the group assessment, the index obtained (0.5 %) confers reliability to the proposal to be implemented. This result is shown in graph 2.

**Table 3** Distribution of the individual evaluation on the numerical scale for the calculation of the group satisfaction index (ISG).

Value for ISG	Numerical scale	Users	%
+1	5	2	20
+0.5	4	6	60
0	3	2	20
-0.5	2	-	-
-1	1	-	-





**Graph 2** Location of the group satisfaction index on the numerical scale.

Scale: Maximum satisfaction (+ 1), Satisfied (0.5), Not defined (0), Dissatisfied (- 0.5) and Maximum Dissatisfaction (- 1).

## DISCUSSION

The user selection process ensured reliability in the evaluation using the ladov technique. In this regard, Roque Kala, et al.<sup>(16)</sup> assert that although the users do not meet the requirement of a specialty, master's degree or doctorate to be considered experts. Knowing what they, the consumers of the product, perceive will make it possible to make decisions in order to satisfy their needs and demands.

The lowest criteria according to the individual assessment allowed changes to be taken into account in order to achieve the objectives. Among them, the need to include in the planning deadlines for evaluating and completing corrective actions and improvements, if needed.

In this regard, Torres Zambrano, et al<sup>(17)</sup> states that "Strategies.... are not static, they are susceptible to change, modification and adaptation of their scope due to the pedagogical nature of the problems to be solved".

If we compare the group satisfaction index of this study, represented numerically with 0.5 %, and the index obtained by Boizán-Cobas, et al (1 %),<sup>(18)</sup> although it is lower, the result is within the range of reliability for implementing the proposal.

On the other hand, the criteria offered by the users in the open-ended questions made it possible to know the importance they attribute to the proposal and other elements that could influence it:

### a) Importance of the strategy

- ✓ It is quite important to improve the way of performing in the working life, and not only with aphasic patients, but with all patients and in other contexts.
- ✓ It is important because it favors the postgraduate training of the speech-language pathologist in other topics related to the specialty: medical bioethics and communication from the doctor-patient relationship.





## b) Aspects that favor it

- ✓ The impact and the result before, during and after the application favor it.
- ✓ The techniques and methods selected for the implementation of the training program.

## c) Aspects that hinder it.

- ✓ The lack of responsibility, on the part of the administrative staff, in creating the conditions for speech-language pathologists to participate in the planned activities.
- ✓ Failure to adequately use the necessary methods and techniques to teach beneficial communication skills.
- ✓ Refusal to change on the part of professionals who are not aware of the need to achieve modes of action in accordance with professional principles and values.

Other authors propose strategies to initiate the knowledge of Medical Bioethics as a basis for the doctor-patient relationship. Cabrera Núñez, et al. <sup>(19)</sup> for example, focuses on medical teachers. Vega-Hurtado <sup>(20)</sup> likewise, proposes a series of actions for physicians. However, the proposal made by the present authors is directly addressed to Speech Therapy professionals.

Some limitations in the study may be due to the temporal context in which it was carried out (COVID-19 pandemic), which may have influenced the selection of users. Likewise, the validity and reliability of the proposal could have been greater if expert criteria had also been used to compare the results.

## CONCLUSIONS

The proposed strategy constitutes a useful tool to promote the principle of beneficence in the speech pathologist's communication with the aphasic patient and his family. It is necessary to establish the monitoring of the aspects that may prevent its execution in an established period of time: the correct use of educational methods and techniques and the refusal to change by those speech-language pathologists who are not aware of the need to reach modes of action according to professional principles and values. The user criteria technique proved to be a viable alternative for the evaluation of the strategy.

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#### Conflict of interest:

The authors declare that there are no conflicts of interest.

#### Author contributions:

ElviaRosabal Alvarez: conceptualization, research, methodology, project management, supervision, visualization, original drafting-drafting, drafting-revising and editing.

MirellaLeyva Rodríguez: conceptualization, data curation, research, methodology, supervision, writing-revision and editing.

Mirelys Almeida de la Cruz: research, writing-revision and editing.

Pedro Manuel Fernández Mesa: formal analysis, supervision, original drafting, drafting-revision and editing.

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