COMMUNICATION

Management in health
XXIX/4/2025; pp. 14-20

THE ROLE OF EFFICIENT COMMUNICATION IN INCREASING THE QUALITY OF CARE FOR PEOPLE WITH DISABILITIES

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The care of people with disabilities involves an increased complexity of medical and social interventions, being deeply influenced by the quality of the interpersonal relationship between professionals and beneficiaries. In this context, effective communication is not a simple operational tool, but an essential pillar of the therapeutic act and holistic care, able to directly influence the perception of the quality of services, the degree of patient cooperation and the results of the rehabilitation process.

Keywords: Persons with disabilities, caregivers, communication, respect, empathy, medical staff.

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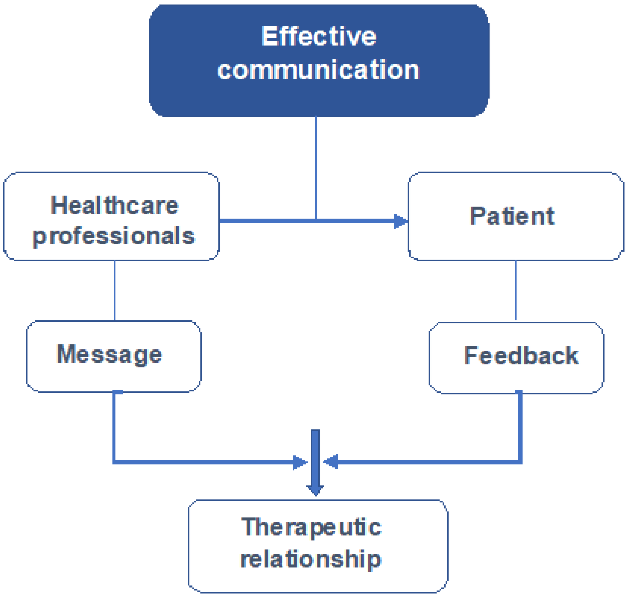
I. INTRODUCTION

Communication is an interactive process through which information, attitudes, emotions and intentions are transmitted and received, with the aim of mutual understanding. In the medical field, this process acquires a therapeutic and ethical value, contributing to the establishment of a relationship of trust between the health professional and the patient [1]. Effective communication involves not only the clear expression of medical information, but also active listening, adapting the message to the patient's level of understanding and taking into account the emotional and cultural context. (Figure 1)

The dimensions of communication include verbal (spoken or written words), nonverbal (facial expressions, gestures, posture) and paraverbal (intonation, volume, rhythm of voice) aspects. These components work synergistically, influencing the meaning of the message transmitted [2]. In medical practice, it is essential to align these dimensions to ensure coherence, authenticity and respect in the interaction.

In the relationship with patients with disabilities, the complexity of communication increases, requiring specific tools and a heightened awareness of potential barriers. This adaptation is not an act of concession, but a professional and moral obligation that reflects the quality of the services provided.

Figure 1. Schema of medical staff-patient communication



II. PURPOSE /OBJECTIVES

The main purpose of this research is to investigate the perception of patients with disabilities and/or their relatives on the quality of communication in medical institutions, as well as the impact of this communication on the degree of satisfaction with care and access to adequate medical services.

Research objectives

1. To identify the ways in which medical personnel communicate with patients with disabilities.
2. To evaluate the communication difficulties encountered by people with disabilities and/or relatives in interacting with medical institutions.

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3. To analyze the perceived level of satisfaction of beneficiaries with communication with medical personnel.
4. To highlight the differences in perception depending on the type of disability (mental, hearing, speech).
5. To propose measures to improve communication according to the needs expressed by the respondents.

III. MATERIAL AND METHODS

Research design

The research is quantitative, cross-sectional, descriptive-analytical, with the main method being the application of a structured questionnaire. The study is focused on exploring perceptions, difficulties and needs related to communication in the context of medical care for people with disabilities.

Population and sample

The target group is represented by:

- Adult people with disabilities (especially mild/ moderate speech, hearing or intellectual disabilities) who can respond autonomously to the questionnaire.
- Relatives (family members, legal guardians) of patients with moderate/severe disabilities, especially in cases where direct communication is limited.

The sample consisted of 121 respondents. They were selected from among the beneficiaries of medical institutions (hospitals, recovery centers, outpatient clinics) in Timiș County and by disseminating the questionnaire on support groups for people with disabilities on Facebook, thus having both physical and online questionnaires, which were all combined in a common database.

Research instrument

The main instrument was a standardized questionnaire, structured in the following sections:

- Demographic data (age, gender, status – patient/ relative, type of disability).
- Previous experience with medical services.
- The way in which medical staff communicates (clarity, empathy, adaptation, use of alternative tools).
- Difficulties encountered in communication.
- Level of satisfaction with communication (Likert scale).
- Suggestions for improvement.

Research period - data collection took place over 2 months, between February and March 2025.

Research ethics

Participation in the study was voluntary, anonymous and based on informed consent and the personal data protection rules (GDPR) were respected, and ethical approval will be requested from the coordinating institution.

Statistical analysis

Data were entered and processed using a statistical program (e.g. SPSS and Excel). The analysis included:

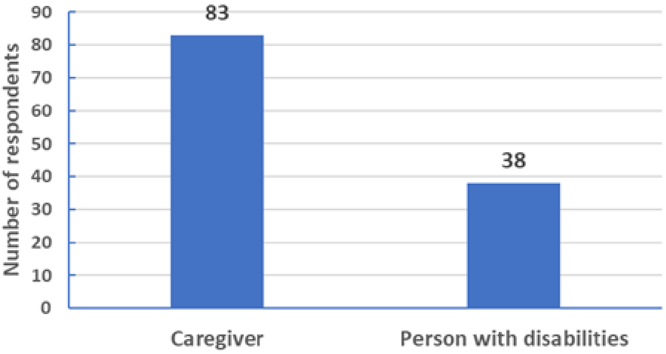
- Descriptive statistics: frequencies, percentages, means, standard deviations.
- Bivariate analysis: association tests between the type of disability and the perception of communication (chi-square, t-test for independent samples).
- Correlation analysis: between the level of satisfaction and the perceived degree of communication adaptation.
- Graphical presentation of results: tables and diagrams (bars, circles, cumulative distributions).

IV. RESULTS

4.1. Sample Description

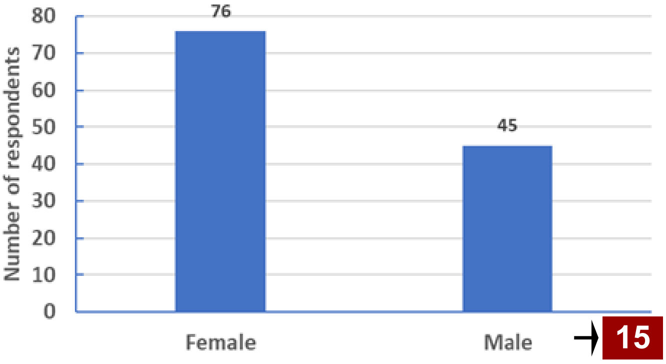
The study was conducted on a sample of 121 subjects, of which 83 (68.6%) were relatives of persons with disabilities, and 38 (31.4%) were persons with disabilities capable of answering the questions in the questionnaire independently. The distribution into these two categories reflects the reality of communication frequently mediated by the family in cases of severe or combined disability. (Figure 2)

Figure 2. Distribution of subjects by status as direct participant or dependent



In terms of gender distribution, female subjects predominate, numbering 76 (62.8%), compared to 45 (37.2%) males. This observation is consistent with the specialized literature, which shows that the care of people with disabilities falls to a majority of women (mothers, daughters, wives) [3]. (Figure 3)

Figure 3. Gender distribution of the studied group

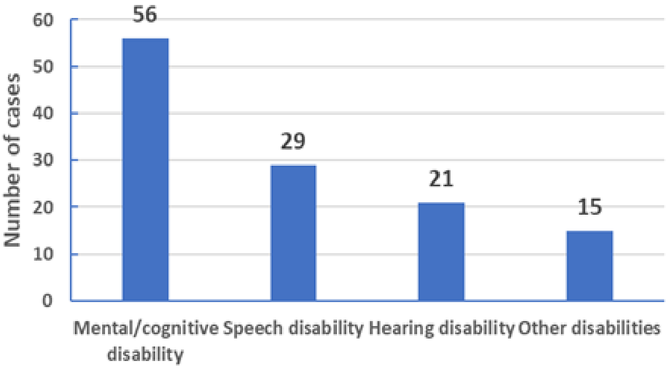


The age of the subjects ranged between 18 and 77 years, with a mean of approximately 44.3 years and a standard deviation of 12.6 years. Most respondents fall into the age range of 35–54 years (41.3%), followed by the 18–34 group (31.4%) and the over 55 group (27.3%).

Regarding the type of disability of the beneficiary, respondents indicated the following distributions (multiple answers possible):

- Mental/cognitive disability – reported in 56 cases (46.3%)
- Speech disability – reported in 29 cases (24%)
- Hearing disability – present in 21 cases (17.4%)
- Other disabilities (including motor disabilities with impact on expression) – 15 cases (12.4%). (Figure 4)

Figure 4. Type of disability of subjects or those cared for by relatives

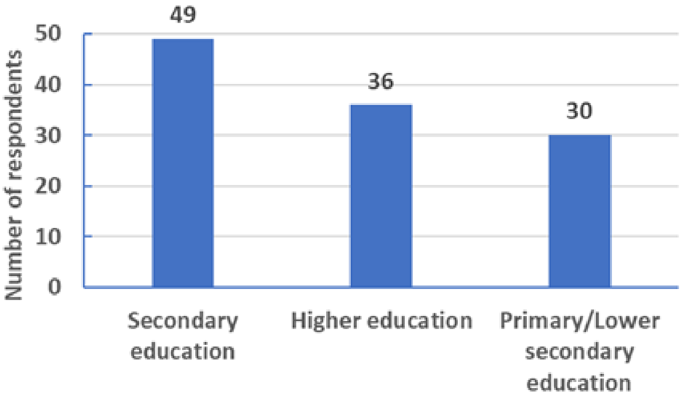


This diversity allows a comparative exploration of the perception of communication, depending on the specifics of the disability, being in line with the functional classifications proposed by the WHO within the International Classification of Functioning, Disability and Health (ICF) [4].

Regarding the type of healthcare institution attended, 69 respondents (57%) indicated recent interactions with public hospitals, 28 (23.1%) with outpatient clinics or polyclinics, 15 (12.4%) with rehabilitation centers and only 9 (7.4%) with private hospitals. This distribution highlights a prevalence of accessing the public system, in line with national studies on access to health services for people with disabilities [5].

Regarding the level of education (optional response for 115 of the participants), the distribution was: secondary education – 49 subjects (42.6%), higher education – 36 subjects (31.3%), primary or secondary education – 30 subjects (26.1%), data reflecting an educational heterogeneity, which underlines the importance of adapting the language and communication channel used by medical personnel, to ensure equal access to understanding the message [6]. (Figure 5)

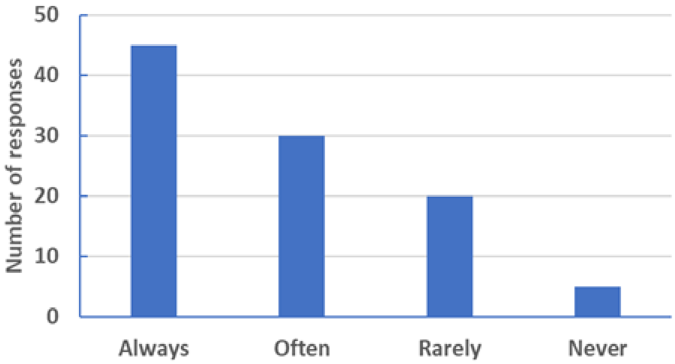
Figure 5. Education level



4.2. Communication Perception Analysis

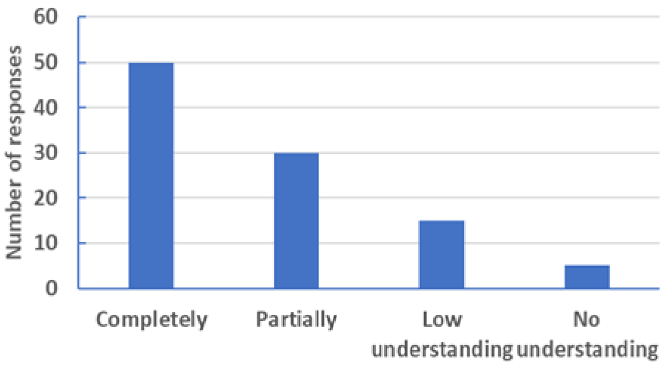
The results obtained indicate a generally favorable perception of respect in doctor-patient interaction: approximately 45% of respondents stated that medical personnel "always" addressed them with respect, while 30% selected the option "often". However, the existence of a cumulative percentage of 25% indicating partial or total lack of respect draws attention to a lack of uniformity in professional behavior [7]. (Figure 6)

Figure 6. Perceived respect in communication



Regarding the level of understanding of medical explanations, 50% of participants stated that they fully understood the messages conveyed, and 30% only partially. It is worrying that 20% of respondents declared low or no understanding, which confirms the need for better adaptation of medical language, especially for people with cognitive or sensory disabilities [8]. (Figure 7)

Figure 7. Perception regarding the degree of understanding of the medical explanations received



When asked about the use of adapted communication methods, only 35% of respondents indicated that medical staff used such methods (sign language, writing, images, etc.), while 45% answered negatively and 20%

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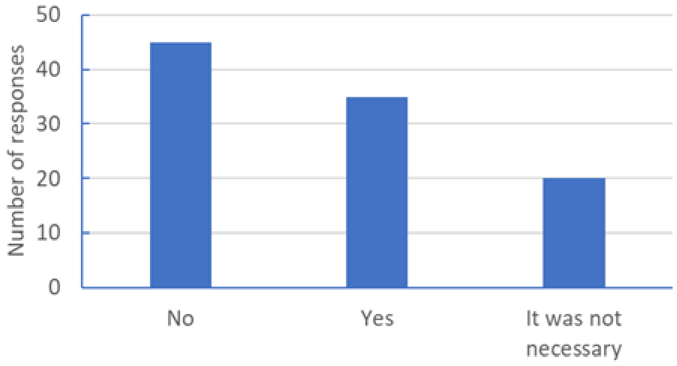
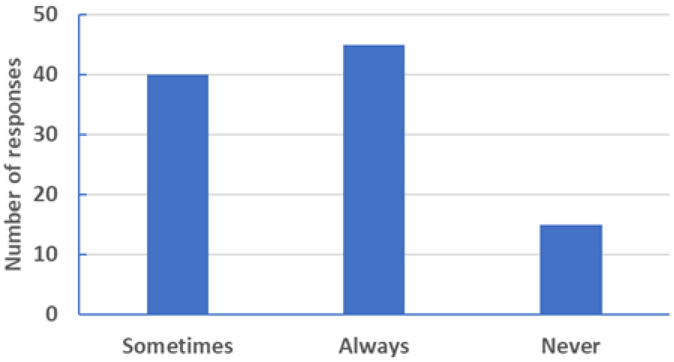
considered that it was not necessary. This statistic indicates a lack of routine in applying the principles of inclusive communication and confirms the data from the international literature on insufficient training of staff in this area [9]. (Figure 8)

Figure 8. Using adapted communication methods



Regarding empathy, only 40% of respondents considered that the staff was always empathetic, another 45% selecting “sometimes”, while 15% did not feel empathy at all, a fundamental aspect, as empathy supports the patient’s active participation in the care process and directly influences perceived satisfaction [10]. (Figure 9)

Figure 9. Empathy in communication of medical personnel

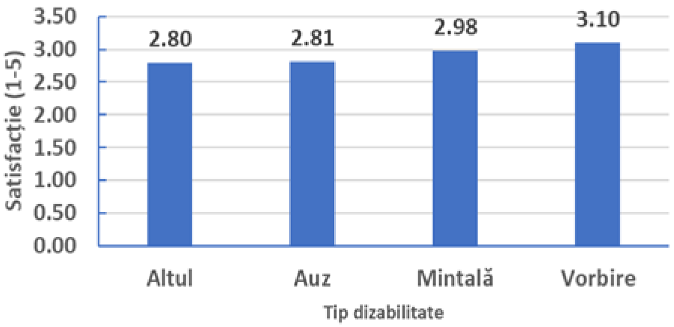


The analysis of the differences in the average level of satisfaction reveals significant differences between the perceptions of the various categories of respondents, depending on both the type of disability and their status.

Patients with speech disabilities reported the highest average level of satisfaction (3.10), followed by those with intellectual disabilities (2.98). It is possible that difficulties with oral expression are partially compensated by the support received or alternative methods of communication better understood by the staff. In contrast, people with hearing disabilities (2.81) and those who selected “other type” (2.80) present the lowest levels of satisfaction, suggesting the lack of effective and systematic methods of adapting messages to their specific needs – a problem frequently highlighted in international research [9, 11]. (Figure 10)

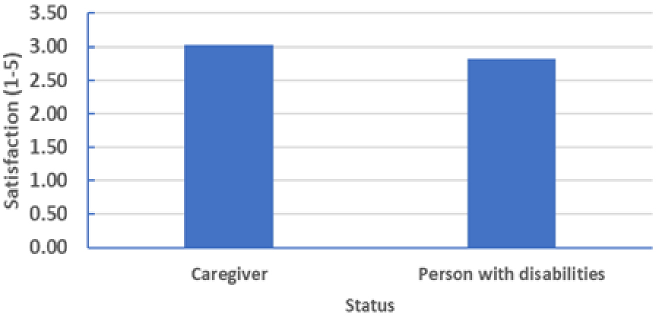
Regarding the status of the respondents, relatives tend to rate communication with medical staff somewhat more favorably (3.02), compared to people with disabilities (2.82).

Figure 10. Analysis of the correlation between the type of disability and the level of satisfaction with communication



This difference can be explained both by the fact that relatives can intervene to compensate for the patient's communication deficiencies, and by a more tolerant perception, given their role as an intermediary [7, 8]. (Figure 11)

Figure 11. Analysis of the correlation between satisfaction level and participant status



The differences between categories indicate the need for a differentiated institutional policy, which aims to train healthcare professionals not only in general communication with people with disabilities, but also according to the specific functional type of disability. Studies show that only a segmented approach can lead to effective communication, especially in the case of patients with sensory or multiple impairments [10]. In conclusion, the data highlight the importance of personalizing communication and a clear communication inclusion strategy, adapted to the diverse realities of disabilities, with an emphasis on improving staff training and integrating assistive communication tools where necessary.

V. DISCUSSIONS

The results obtained in this research clearly highlight the existence of significant differences in the perception of communication in healthcare institutions, influenced both by the type of disability and by the status of the respondent (patient vs. caregiver). Approximately a quarter of respondents reported a lack of respect in interactions with healthcare staff, while only half fully understood the explanations received. These data indicate a discrepancy between the ideal of patient-centered communication and the actual practice in healthcare institutions. These results are supported by international literature, which shows that people with disabilities, especially those with sensory and cognitive impairments, frequently encounter barriers to communication, leading to exclusion, confusion and distrust in the healthcare system [3, 7, 8]. Also, the lack of alternative communication methods (sign language, pictograms, assistive devices) was mentioned by 45% of respondents – a fact documented by the WHO, which recommends the integration of assistive technologies as a standard in the care of these patients [4,9]. Interestingly, caregivers reported a slightly higher average level of satisfaction than patients themselves. This may reflect a protectionist perception and mediated communication that, although it streamlines access to information, reduces patient autonomy – a problematic aspect in contemporary medical ethics [10].

The lowest level of satisfaction was associated with patients with hearing and other complex disabilities, suggesting a chronic lack of staff training in managing visual communication or working with certified interpreters – a trend also reported in European research on the inclusion of people with disabilities in healthcare systems [11].

Effective communication in the healthcare field is an essential component of patient-centered care and an indicator of the quality of healthcare services. In the case of people with disabilities, communication is not only a means of transferring information, but also becomes a therapeutic tool in itself, with a role in supporting autonomy, understanding the treatment plan, obtaining informed consent and promoting a trusting relationship between the patient and healthcare staff. The results of our research highlight the fact that, despite good intentions on the part of the healthcare system, significant gaps persist in ensuring effective and inclusive communication.

One of the most relevant findings of the study is that only about half of the respondents stated that they fully understood the medical explanations they received, while the rest reported partial, low or even absent understanding. This reflects a widely documented reality in the specialized literature: clinical communication is often affected by staff overwork, lack of training in communicating with people with disabilities, and the absence of standardized protocols [12,13]. In particular, patients with sensory (hearing, speech) or mental disabilities are more exposed to the risk of not understanding medical indications, which can lead to treatment errors, increased anxiety, and a sense of exclusion. In Romania, where public system resources are limited, these problems are exacerbated by the absence of clear institutional policies on adapted communication and by the insufficiency of staff trained for special needs [14].

One of the recurring factors mentioned both in international studies and in the empirical observations of our research is the lack of time allocated to each patient. In overcrowded healthcare systems, such as the Romanian one, the time allocated to the consultation is often insufficient even for patients without communication difficulties. In the case of patients with disabilities, who require additional time for expression, clarification or the use of alternative tools, the short available time becomes an essential barrier to achieving authentic communication [15]. This phenomenon is aggravated by the pressure for bureaucratic efficiency, the high volume of patients and the lack of support staff, such as sign language interpreters, communication counselors or even trained volunteers. Limited time reduces the capacity for active listening, prevents checking of understanding and discourages the patient from asking questions – all of which are fundamental components of person-centered communication [16]. Another crucial aspect highlighted by the research is the lack of systematic training in adapted communication. Most healthcare professionals have not benefited from modules dedicated to communicating with people with disabilities during their undergraduate or postgraduate studies. In the absence of this training, healthcare personnel either resort to intuitive methods (often ineffective) or avoid dialogue, which amplifies communicative exclusion [17].

The literature shows that mere empathy, without specific techniques and knowledge, is not enough. Educational interventions based on simulations, professional reflection exercises, direct contact with people with disabilities and training in the use of assistive tools are needed [18]. In some countries, these requirements have been integrated into the quality standards of medical institutions, but in Romania such initiatives are rare or non-existent. In addition to the direct relationship between the patient and the service provider, the importance of intra-team communication must also be emphasized. For patients with disabilities, who often benefit from a multidisciplinary approach, it is essential that all team members have access to the same information and adopt a coherent line of communication. The lack of a common professional language, the absence of team meetings and documentation deficiencies lead to contradictory messages and confusion among the patient and family [19]. Another important result of the study is the identification of the lack of clear institutional policies on inclusive communication. Only a small number of respondents mentioned the existence of specific facilities for communication: adapted leaflets, staff who know sign language, visual guides, tablets with expression applications, etc. This reality indicates a serious discrepancy between the legal right to information and the practical reality, which contributes to the perpetuation of inequities [20].

Internationally, organizations such as Whorld Health Organisation and Office of the United Nations High Commissioner for Refugees (UNHCR)

explicitly recommend the integration of inclusive communication into institutional development strategies. In Romania, however, this recommendation is most often ignored, and the responsibility is transferred to the staff, in the absence of a supporting infrastructure [21].

An interesting element of the research was the finding of a difference between the perception of patients and relatives. Although both actors are involved in medical communication, relatives tend to report greater satisfaction, possibly because they act as intermediaries and have a more complete understanding of the information. However, this intermediation can diminish patient autonomy and raise ethical issues if decisions are made in the absence of direct understanding from the affected person [18,22].

In addition, recent research supports that active involvement of the patient – even with disabilities – is preferable to delegating communication, as it contributes to increased responsibility and self-esteem, with positive effects on rehabilitation and quality of life [23].

Technology can offer a partial solution to some of the problems mentioned above. Mobile applications, speech synthesis software, tablets with pictograms, automatic translation into sign language or assisted written communication can significantly facilitate interaction with patients with disabilities [56]. Unfortunately, in Romania, access to these solutions is extremely limited, and medical personnel are not trained to use them.

In the absence of an institutional and financial framework to support the integration of technology into current practice, this potential remains unrealized, despite the efficiency demonstrated in other countries [24].

VI. CONCLUSIONS

Effective communication is a central element of the quality of care provided to people with disabilities, with a direct impact on the understanding of the medical act, compliance with treatment and the perception of safety in the healthcare system.

Approximately half of the respondents reported difficulties in understanding the medical message, which highlights a lack of adaptation of professional language to the functional needs of patients with disabilities.

Respect and empathy of medical staff were assessed as being present in most cases, but with significant variations depending on the type of disability, which suggests an uneven application of the principles of patient-centered communication.

Patients with hearing disabilities and those with other severe forms of disability reported the lowest levels of satisfaction, reflecting a structural inadequacy of medical institutions to their needs.

Relatives perceived communication as more effective than patients themselves, indicating a possible imbalance between direct and mediated communication, with risks to patient autonomy.

Adapted communication tools (sign language, pictograms, assistive devices) were rarely used, despite evidence of their effectiveness in other health systems.

The lack of time available for consultation was identified as a major systemic obstacle, which considerably reduces the quality of communication, especially in complex cases.

The insufficient professionalization in inclusive communication was confirmed by the lack of training in this area, both in basic medical education and in continuing education.

Communication within the medical team is often fragmented, affecting the coherence of messages transmitted to the patient and generating misunderstandings or redundancies.

There are no coherent institutional policies regarding communication with patients with disabilities, which determines an inadequate transfer of responsibility to the execution staff.

Assistive technology is an untapped potential, due to the lack of equipment, digital skills and the administrative framework for implementation.

The study confirms the existence of structural inequities in access to quality communication, which requires urgent reforms at the level of public policies, professional training and communication infrastructure.

Future research directions

- In-depth qualitative study (interviews, focus groups) with patients and relatives, to understand emotional experiences and perceptions of medical interaction.
- Evaluation of the impact of educational interventions on inclusive communication among medical staff, through pilot training projects.
- Comparative analysis between different regions or types of institutions (public/private) to identify good practices and discrepancies in the approach to communication with patients with disabilities.

Own research contributions

- Conducted a systematic assessment, with a validated quantitative instrument, of the perception of communication among a relevant group of patients with disabilities and their relatives.
- Identified differentiated patterns of satisfaction depending on the type of disability and the status of the respondent, providing a framework for segmenting improvement interventions.
- Proposed a strategic plan in 8 concrete objectives, which can be implemented institutionally in order to improve communication with patients with disabilities.
- Highlighted the critical shortcomings of the Romanian healthcare system regarding time resources, professional training and communication policies, substantiating the need for reform.
- Correlated the data obtained with the international scientific literature, contributing to the consolidation of the knowledge base in the field of inclusive medical communication in Romania.

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