



This is a project about how older people experience the acoustic environment in healthcare and on how healthcare staff employ their voices in these environments. The purpose is to prepare for an external funding application with a view to developing and evaluating interventions to improve communication. We are focusing initially on waiting areas – often these are noisy and poor for speech understanding.

**Research team:** From The University of Manchester: Dr Ian Brown, School of Nursing, Midwifery and Social Work; Dr Susan Rutherford, Senior Lecturer in Music; Dr Tim Wilding, Audiology & Deafness Research Group; Dr Jo Hart, Senior Lecturer in Communication, Manchester Medical School. From the University of Salford: Dr Bill Davies, Senior Lecturer, Acoustics Research Centre.

### **Voices in the waiting room: can we improve the experience for older people?**

For many adults older age brings the need to interact more frequently with healthcare but, unfortunately, can also bring a reduction in hearing ability to navigate this interaction. Good interaction and relationships underpin good health care. The acoustic environment and healthcare professionals' vocal qualities may help or hinder the interaction quality. These are both open to a degree of change to improve interaction.

A challenging environment for both older patients and healthcare staff is the waiting area. Noise and poor acoustics add to difficulties. Healthcare staff have limited direct training for efficient vocal production and thereby good communication in these contexts. There has been little research about acoustics in health care settings or about vocal production by healthcare workers to improve patient experience.

**Contact:** [ian.brown@manchester.ac.uk](mailto:ian.brown@manchester.ac.uk)

In early 2014 The Manchester Institute for Collaborative Research on Ageing (MICRA) are funding a preliminary project. MICRA believe a fuller study and the development of brief practical interventions to improve communication would be of interest to research funders. Practical interventions might take various forms. For example, a guide to improving or managing room acoustics; exercises for voice management and projection; interactive feedback on how an older person might perceive voices in a noisy context; employment of visual aids. There are many potential avenues of development to improve communication.

### **Project aims**

Explore acoustic environments and vocal production in health care waiting rooms to:

- **Develop an interdisciplinary working group** of academics with active patient and public involvement and NHS organisation involvement
- **Assess potential avenues for further research** and development and identify potential ideas for practical interventions

### **Activities**

- **Literature reviews** – drawing from healthcare communication, vocal research and acoustics and other fields
- **Workshops** – with activities stimulating interest and awareness of the focus and facilitating input from participants from different backgrounds.
- **Seminars** – will present the literature work and invite contribution and discussion from academics, groups representing older people, and from members of the public.

### **Outcomes**

- An integrative literature review outlining issues and potential for practical intervention submitted to a peer reviewed journal.
- Application as appropriate for an empirical descriptive study with a view to intervention development and evaluation

**Final note** *At one time it was the norm that the healthcare environments should be visually bare and clinical. It's more acceptable now that there should be at least a few pictures! And not just for aesthetic reasons when human health is more broadly considered. The acoustic environment and the potential of voices to communicate enjoyably and with care to older people are also important.*

**Contact:** [ian.brown@manchester.ac.uk](mailto:ian.brown@manchester.ac.uk)