



# **Role of Communication Competence in elderly care : A carers' perspective.**

Njuguna Valentina

Kariuki David

Degree Thesis  
HUMAN AGEING AND ELDERLY SERVICE  
2012

<b>DEGREE THESIS</b>	
Arcada	
Degree Programme:	Human Ageing and Elderly Services
Identification number:	
Author:	David Kariuki and Valentina Njuguna
Title:	Role of Communication Competence in elderly care: A Carers' Perspective
Supervisor (Arcada):	Solveig Sundell
Commissioned by:	Competence in working life project.
<p><b>Abstract:</b></p> <p>The aim of this thesis study is to explore through articles and journals the role of communication competence in elderly care: a caregivers' perspective. The study used qualitative content analysis. Literature review method helped in the building of the central work whereby articles chosen for the study were summarized. The results from the chosen articles were further broken down into topics or subtopics. This thesis study was guided by the following research questions; (1) How does communication competence influence elderly care? (2) What role communication competence plays in creating interpersonal relationships between a care-giver and an elderly patient?</p> <p>The results indicate that healthcare in general is affected by communication. Lack of competency in communication by healthcare professionals affects health outcome of elderly patients. The findings also indicates that non-verbal mode of communication is not widely used although it is highly effective method of communication with patients who have problem with speech.</p> <p>In conclusion the authors noted that communication competence is not widely researched topic. Healthcare professionals do not take so much into account of the way they communicate with their patients and this adversely affects the health outcome of their patients.</p>	
Keywords:	Communication in elderly care, Communication competence in nursing elderly.
Number of pages:	60
Language:	English
Date of acceptance:	24.4.2012



OPINNÄYTE	
Arcada	
Koulutusohjelma:	Human Ageing and Elderly Services
Tunnistenumero:	
Tekijä:	David Kariuki and Valentina Njuguna
Työn nimi:	Role of Communication Competence in elderly care: A Carers' Perspective
Työn ohjaaja (Arcada):	Solveig Sundell
Toimeksiantaja:	Competence in working life project.
<p><b>Tiivistelmä:</b> Opinnäytetyön tarkoituksena on selvittää kommunikaatiotaitojen rooli vanhustyössä hoitajien näkökulmasta. Tutkimusmenetelmänä käytettiin laadullista tutkimusta, jonka avulla tutkimukseen valitut artikkelit koottiin yhteen. Tulokset valituista artikkeleista jäseneltiin myöhemmin otsikoiksi ja alaotsikoiksi.</p> <p>Tätä opinnäytetyötä ohjasivat seuraavat tutkimuskysymykset: Mikä vaikutus kommunikaatiotaidoilla on vanhustyössä? Millainen rooli kommunikaatiotaidoilla on hoitajan ja vanhuksen välisen hoitosuhteen luomisessa?</p> <p>Tulokset osoittavat, että kommunikointi on keskeisessä roolissa hoitotyössä. Hoitotyön ammattilaisten kommunikaatiotaitojen puute vaikuttaa potilaiden terveyteen ja hoitotuloksiin. Tulosten myötä käy myös ilmi, että sanatonta viestintää ei käytetä yleisesti, vaikka se on hyvin tehokas kommunikointimetodi sellaisten potilaiden kanssa, joille puhuminen tuottaa vaikeuksia.</p> <p>Lopuksi voidaan todeta, että kommunikaatiotaitojen roolia hoitotyössä ei ole tutkittu kovin laajasti. Lisäksi terveydenhuollon ammattilaiset eivät juuri mieti millä tavalla he kommunikoivat potilaidensa kanssa. Tämä vaikuttaa haitallisesti potilaiden terveyteen ja hoidon tuloksiin.</p>	
Avainsanat:	Communication in elderly care, Communication competence in nursing elderly,
Sivumäärä:	60
Kieli:	Englantia
Hyväksymispäivämäärä:	24.4.2012

# TABLE OF CONTENTS

<b>INTRODUCTION.....</b>	<b>9</b>
1.1 Objective and Research Questions.....	11
1.2 Previous Researches .....	12
1.3 Definitions of Core Concepts .....	14
<b>2 THEORETICAL BACKGROUND.....</b>	<b>15</b>
<b>3 BACKGROUND OF THE STUDY .....</b>	<b>18</b>
3.1 Communicating with an elderly.....	20
3.2 Methods of communicating in Elderly Care.....	23
3.2.1 Verbal Communication.....	24
3.2.2 Non-Verbal Communication.....	25
3.2.3 Importance of verbal and Non-verbal communication.....	27
3.3 Barriers of Effective Communication.....	28
3.3.1 Environmental Factors .....	28
3.3.2 Diseases and Age-related changes.....	30
3.3.3 Language and Cultural Barrier.....	35
<b>4 METHODOLOGY .....</b>	<b>37</b>
4.1 Methods and Materials .....	37
4.2 Research Design.....	37
4.3 Data Collection.....	37
4.4 Excluding and Including criteria .....	39
4.5 Content Analysis.....	40
4.5.1 Qualitative Content Analysis.....	40
4.6 Validity reliability.....	41
4.7 Ethical Consideration.....	41
4.8 Summary of the selected articles for the study.....	42
<b>5 RESULTS .....</b>	<b>47</b>
5.1 Instrumental Results.....	49
5.2 Affective Behaviour.....	50
5.3 Task-Oriented Communication.....	51
5.4 Time-Oriented Communication.....	51
<b>6 DISCUSSIONS AND CONCLUSIONS.....</b>	<b>52</b>
<b>7 CRITICAL REVIEW .....</b>	<b>55</b>
<b>8 RECOMMENDATIONS FURTHER RESEARCH.....</b>	<b>56</b>
<b>9 REFERENCES .....</b>	<b>57</b>

**Figures**

Figure 1. The components of communication.....23

**Tables**

Table 1 database list .....38

Table 2. Article List.....39

## **FOREWORD**

This study could not have been written without the support of Solveig Sundel, who not only supervised us but also encouraged and supported us throughout our academic programme.

We would also like to extend our acknowledgement to Arcada University of Applied Sciences and all the staff for their support towards our academic growth.

# 1 INTRODUCTION

Communication is a complex phenomenon that may be studied from multiple perspectives (Roter & Frankel, 1992:1097). In Elderly health care settings, communication is a vital topic evaluating the needs of elderly patients and providing care that is guided to the individual patient's needs.

Communication is crucial to all nursing and interpersonal relationships. Communication can be either verbal or non-verbal. Sound communication with patients, families, and other staff members is very important in today's fast-paced and information driven society. Ineffective communication in nursing can lead to patients' non-compliance, disturbance in socialization and some patients' needs may be left unmet thereby creating and increasing stress on caregivers' (Staab and Hodges, 1996).

In nurse- patient communication, different communication goals have to be met. In answer to health related problems, patients want to get information, advice and physical care, which require task-related or instrumental communication. According to Bensing, (1991) affective communication in healthcare promotes patients support, recognition and understanding.

According to the researchers, competent communication is a vital concept in elderly care for it affects the interpersonal relationship and influences the quality of care provided. Communication incompetence among care-givers can lead to frustration among elderly people who have mental impairment and level of understanding situations is low. They feel agitated when their needs are not met.

Most dementia patients go from communicating excessively to withholding communication altogether which on its own is a form of communicating; even silence can mean an urgent unmet need. Any change in the way a person communicates whether from been irritated, agitated or even angry to been excessively quiet and withdrawn is still a form of communication (Oliver 2008:5).



The authors feel that caregivers' need to be more competent with their communication skills, to create positive interpersonal relationships and provide good care to elderly people according to their physical, psychological and social needs.

The authors' idea of doing this study came about when they were carrying on a course in Gerontechnology on hearing aids. During this course the authors' came across many articles which stated communication between caregivers' and elderly patients as a big challenge in healthcare. They thought it would be a good idea to write a thesis based on communication competence from a caregivers' perspective and how it influences elderly care. The role communication plays in creating interpersonal relationships between a caregiver and an elderly patient.

In this thesis work, the authors aim to explore factors influencing communication competence between an elderly patient and a caregiver. Communication competence will be discussed from a caregivers' perspective.

The authors will give an overview on how communication competence or communication incompetence can affect adversely on care and on the interpersonal relationship between an elderly patient and the caregiver.

## **1.1 Objective and research questions**

The significance of this study is to discuss communication competence and how it influences elderly care. With the shift in demographics and as the population ages, more elderly people need care and there is a great need for educated caregivers' to acquire competent communication skills.

This thesis work will aim to show how competent communication skills can affect the elderly persons care. It's role in creating good interpersonal relationships between the caregiver and the elderly patient.

The authors' intend to answer the following questions

- i. How does communication competence influence elderly care?
- ii. What role communication competence plays in creating interpersonal relationships between a care-giver and an elderly patient?

## 1.2 Previous Researches

In order to have an overview of the topic in mind the authors' had to look into what has been researched on communication competence and how it affects care in general.

Communication in health care settings has not been researched widely, in fact the authors found out communication started to have a good attention by researchers' community in the beginning of twenty first century. This was the time that many researchers realized how vital effective communication is in care field.

Technology played a major role as to why communication as a topic started to be researched. The rise and booming of mobile phones technology enhanced "communication" to be researched on extensively.

The previous research articles were found from online databases e.g. Google scholar and EBSCO academic search elite.

The key words used were; communication, elderly, interpersonal communication, communication competence.

On previous researches Kristine Williams et al.( 2002) and their study " Improving Nursing home communication: An intervention to reduce elder speak" aimed to evaluate a brief educational program designed to increase staff awareness and strategies to enhance communication. In their results they stated that Certified Nursing Assistance program which was a communication-training program used in the methods and designs enhanced communication between nurses and patients. The staff used less controlling speech and was more respectful to elderly after the training and maintained caring qualities. The results suggested the use of CNAS to teach nurses in order to improve the social environment in nursing homes.

Eliana Mara Braga & Maria Júlia Paes da Silva (2010) in their study "How Communication experts express communicative competence". Aimed at understanding how Brazilian communication specialists express their communicative competence. The study was carried out inform of interviews to a group of nursing professors. The investigation was guided by a question "How do you express your communicative competence".

The results they obtained were appealing because they understood communication in a new level. They talked of communication as something that one feels and experiences through emotions and everyday action that people do and perform. The professional nurses pointed out that they express their communication competitiveness through their daily chores, listening to people, apprehending non-verbal communication, breaking of communication barriers and self-development.

Another study conducted by Christenson Angela et al. (2011) "Command Use and Compliance in Staff Communication with Elderly Residents of Long-Term Care Facilities". Was made to examine the kinds of commands used by nurses when they interact with patients suffering from dementia during activities of daily living. Results indicate that alpha commands (clear, concise, and feasible) account for higher compliance and less noncompliance compared with beta commands (ambiguous, interrupted, and not feasible).

A more recent study was done by Levy-storms, Lene et al. (2011) Individualized Care in Practice: "Communication Strategies of Nursing Aides and Residents in Nursing Homes". The purpose of the study was to characterize the meaning of and experiences with individualized care from the perspectives of both nursing aides and nursing-home residents. The results of the study contend how individual care can be affected by interpersonal communication from different perspectives: Nursing aids and residents.

A study that stresses more how communication competence has gained recognition even in schools was done by Liu, Shuang and Dall'Alba, Gloria (2012). "Learning intercultural communication through group work oriented to the world beyond our classrooms". They stated how intercultural communication needs competence in order to effectively function globally and in multicultural society. In their study they aimed to encourage students to develop knowledge of intercultural communication by orienting themselves to the world beyond the classroom and by learning from each other experiences and perspective. Their study confirmed that students who were well informed and aware of the intercultural communication performed well than those who were not. The study also supported previous studies on how active commitment in a group can boost learning outcome

## **1.3 Definitions of Core Concepts**

### **Communication**

According to Arnold & Boggs (1995) and Balzer-Riley (1996), communication is a reciprocal process of sending and receiving messages using a mixture of verbal and nonverbal communication skills. Cherry (1978) describe communication as ‘the exchange of information for some purposes’.

### **Communication Competence**

Communication competence has been defined in many different ways, this thesis work adapts to the definition by Dr. Lane, communication competence as the degree to which a communicator’s goals are achieved through effective and appropriate interaction

### **Elderly**

The world health organization defines elderly person as a person over the chronological age of 65 years. According to the authors of this thesis work elderly isn’t really an age it is more of state of mind and behavior. Age is a factor for sure but there is more to it.

### **Interpersonal Relationships**

The theory of interpersonal relationships by Ms. Peplau includes psychodynamic nursing. It states that, ‘It is being able to understand one’s own behavior to help others identify felt difficulties, and to apply principles of human relations to the problem that arise at all levels of experience’.

### **Caregiver**

A broad term used to refer to an individual who provides care to another individual who cannot care for him or herself due to a disability or functional limitation, in this Thesis work the term caregiver is used to describe an educated individual who has been educated in the health care field.

## **2 THEORETICAL BACKGROUND**

In this thesis study the author's choose to adapt Hildegard Peplau's theory of interpersonal relations to affirm the importance of communication competence in elderly care. Hildegard Peplau (1952) is one of the most respected theorists in nursing and her work has been used to explore various practice contexts. The nurse-patient relationship and nursing communication are one of the various contexts that have been used in many perspectives to explore and clarify Peplau's theory.

### **Hildegard Peplau's theory of interpersonal relations**

Peplau's work has many dimensions because it mainly targets human nursing. It is in this aspect that the authors shall highlight the importance of Peplau's work when caring for the elderly. Peplau's theory is also referred as psychodynamic nursing meaning the understanding of one own behaviors. Peplau's theory explains the purpose of nursing is to help others identify their felt difficulties. The theory further describe three phases of interpersonal process

#### **i. Orientation phase**

During this phase the nurse or care-giver must highlight the needs of the patient regarding his/her new situation, state of health, staff and environment.

During the admission settings, the nurse must get into the orientation phase where by information have to be obtained from the patient. The nurse obtains information regarding patient illness situation, names and any data that might help during the caring process. In this phase the nurses and other professionals must clarify to the patient in an understandable way; who they are, what they do and the objective of the whole caring process, which will lead to a quick and healthy recovery. The patient thereby gets a more strong feeling of belonging and is able to decrease the feelings of hopelessness and helplessness. Orientation phase induces the beginning of a nurse-patient relationship where objectives regarding care are characterized.

## **ii. Identification and exploitation Phase**

This phase is also known as the working phase because it envelops both identification and exploitation phases. Identification phase begins while patients are still in the orientation phase where assessment is made on what is going on and professionals with experience on the situation are chosen to care for the patient. In this phase patients get knowledge about their problems and are able to identify professionals who are able to help and care for them. Patients are able to create a trust with nurses and honestly provide information that can help in the caring process.

In this phase the nurse need to be very careful because the first contact might ruin every possible chance of making the caring process a success. The patient might implicate the care system where nurse-patient relationship may take different directions. One of the directions the relationship might take may be productive where the patient accepts the conditions of care and may become involved in the care. The other direction is when nurse-patient relationship may be ruined and the patient refuses to accept the caring conditions.

In this phase the patients are able to get a clear idea about their situations and start utilizing their resources around them e.g. Nurses and the environment. The most important thing in this phase is the relationship; because the patient is able to control the situation through relationship created between them and the nurses into a more productive level.

Peplau points out that this phase is a dynamic process because the nurse-patient relationship created reduces the dependence situation. The patient become more independent through exploitation and identification of areas that makes care more productive and beneficial to both parties. The nurse must also be ready to assist in case there are difficulties where the patient is inevitably not able to tackle.

### **iii. Resolution Phase**

The resolution phase is also known as the termination phase. The resolution phase is the process where the patient gains freedom and is ready to go home. In hospital settings resolution phase is a very important phase because it needs to be professionally handled. The patient needs should have been met and the therapeutic relationship needs to be resolved.

The patient must be prepared in a way that they will feel their objectives have been achieved. The nurse needs to communicate with the patient on how to achieve certain therapeutic objectives when they are on their own. Relationship in the other hand should not be terminated if success has not been achieved in the preface phase that's Orientation phase, Identification and exploitation Phases and more so because of the crucial interpersonal relationship they have with one another.



### **3 BACKGROUND OF THE STUDY**

Communication competence has been identified in many researches as a vital component in elderly care. Caregivers should possess competent communication skills while caring for the elderly so as to be able to influence the care, provide individual centered care and create good interpersonal relationships.

With competent communication skills, caregivers have the ability to assess an elderly patient's concerns, show understanding, empathy, support and provide comfort. Thus influencing the care provided. Many studies have been carried out on this topic but the results are contrasting. In general the authors' also consent that effective communication with the elderly patient is integral to good caring practice.

Communication is a mode of sending and receiving messages by combining verbal and non-verbal communication competence (Arnold & Boggs, 1995 and Balzer-Riley,1996) . Cherry (1978) describe communication as 'the exchange of information for some purposes'.

In human beings communication is essential in everyday life, creates sense of belonging, enhance growth and self-development. Everyone has his/her unique way of communicating. People learn how to communicate through experiences and social relationships. Environment can also influence ways in which people communicate. According to Manning (1992) a persons' daily encounters and way of speaking can be influenced by environment and social rules under which he/she operates. Communication on the other hand can be affected by person's ability and disability thereby influencing the context of interaction. Diseases like aphasia and dementia can compromise person's ability to communicate.

For good care to be given, professionals in healthcare must master good way of communicating with their elderly patient. Creation of relationship with elderly patients through effective communication is a significant part of nursing for delivery of quality care. The rate at which patient improves, recovers, reduce pain and complication in

healthcare settings can be improved through effective communication (Wilkinson, 2003).

Peplau as described by Belcher and Brittain Fish (2002:63), believed that the behavior of the nurse (professional) interacting with the patient does have a significant impact on the patient's well-being, quality and outcome of his/her nursing care. Peplau confirms that behavioral conduct is elementary in the field of nursing, be it from providing information to delivering physical care. It basically becomes the assumption of the authors that without good skill of communication, nursing and elderly care can be adversely affected.

The authors are also content with the fact that effective communication does furnish to an elderly patient's well-being. Ineffectivity in the communication process can cause harm and lead to reduced quality of care thus affecting the well-being negatively.

In order to outline care, share information and collaborate with each other, nurses depend heavily on verbal, non-verbal and written communication (Purtilo and Haddad 2007). They continue to state that verbal communication is required in order to: establish rapport, obtain information concerning the patient's progress, confirm understanding by the patient regarding their illness and treatment, relay information to other health professionals and instruct the patient and his/her family.

Verbal communication becomes aligned with instrumental (information giving) communication in place of its information process. This needs to be done verbally and cannot constitute assumptions. Non-verbal communication expresses emotions and attitudes, and is a means by which one can establish, develop and maintain social relationships.

The elderly patient who is the consumer in the health care setting, feels the need to trust that the nurse or care-giver does care about them and is bound to their well-being. The caregiver/nurse thus has to be able to communicate effectively by showing interest by being alert, keeping good eye contact, being a good listener and asking considerate

questions. Non-verbal behavior such as one's tone, attitude, gestures and facial expressions can all have an impact on the elderly patient.

### **3.1 Communicating with an elderly patient**

Effective communication is indispensable aspect that nurses require in order to care for individuals according to their needs (Grypdonck 1993, Amstrong-Esther *et al.* 1989). When communicating with elderly patients specific communication characteristics are required. First and foremost there may be barriers to communication due to sensory deficits (Greene *et al.* 1994).

Secondly, there may be a contrast of interest in the communication between the two parties. The elderly patient who feels ignored or rather deprived of social contact, may want to continue some social interaction with the nurse but on the other hand the nurse wants to hurry up and get back to work.

Thirdly, the generation gap makes effective communication between them difficult, for elderly people have different values and different expectations from the young (LeMay & Redfern 1987).

Greene (1994) argues that elderly people are unlikely to question and challenge healthcare workers, get involved in decision making or even discuss any psychological issues. These are some factors that for instance affect communication dynamics in nursing older patients, which demands particular communication skills.

Lack of communication between care-givers and elderly in healthcare can consistently affect the care negatively. Communication with elderly patient is more complicated compared to young people. Cognitive impairments, functional limitations and sensory deficits may be owed to complicating communication between the elderly and their caregivers.

Elderly patients are psychologically affected when nurses or caregivers fail to communicate with them properly. Many studies have been researched extensively on communication between nurses and patient. These studies emphasize the importance of communication and the impact it has on care.

Elderly patients are more critical about communication with nurses in healthcare aspects and majority of them have been dissatisfied when it's comes to communication. Caregivers are usually task-focused and verbal interaction is very low. Lack of professional interaction between care-givers and elderly may attributed to many factors e.g. lack of interpersonal relations which leads to discomfort and thus makes elderly patient unable to express their needs.

Communication therefore is the key that care-givers can use to create good interpersonal relationships, improve care and wellbeing of the elderly.

Caregivers need good communication skills both verbally and non-verbal to boost elderly patients satisfaction. Communication can be positive or negative when caring for the elderly. Communication can either lead to improvement of the care or it can lead to anxiety, depression, misunderstanding and hopelessness.

According to the authors, when effective communication lacks, elderly patients usually feel threatened and thus end up with holding information that might be crucial for care. It's important for caregivers to establish a good relationship with their elderly patient. The care-giver can achieve this by being friendly and polite. Allowing the patient enough time to talk and paying attention about their concerns can help improve their care and collaboration.

Majority of elderly patients have high trust on healthcare professionals and rely on them for source of information on their health status. The care-giver in this case plays a big role, however if the care-giver is incompetent in communication the elderly might react negatively and this can affect the care process.

Caring for the elderly is complex and unpredictable, this is because it involves lot of professionals at various time throughout the day thus limits patient-caregiver regular interaction. According to Varpio et al 2008 there is increasing subspecialties of allied healthcare professionals, which add to the complexity and probability of fragmentation of healthcare work.

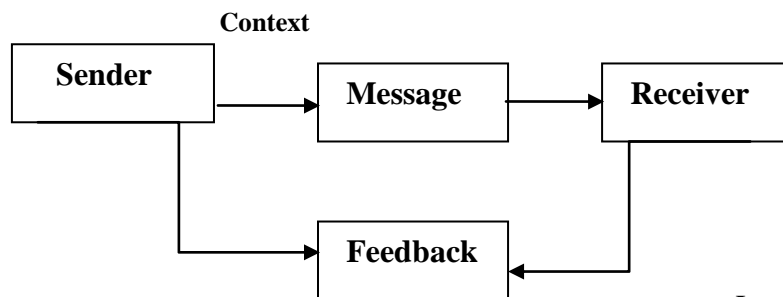
Elderly patients consult with different health professionals thereby increasing the complex of how information is conveyed. This complexity can be eased through teamwork and communicating effectively with elderly in a way that they feel safe. Effective communication therefore is fundamental aspect for safe patient care and this affects greatly on the quality of care provided.

### 3.2 Methods of communicating in Elderly Care

All professionals caring for the elderly need good communication skills in order to assess their needs and provide quality care. Communication is vital in this case because it creates a roof for interpersonal relationship in which elderly people are able to socialize and voice their individual needs. The condition under which people can communicate effectively is through verbal or non-verbal communication.

Effective communicators rely on feedback from the sender (two-way communication) requiring understanding or additional messages from the sender. Good communicators tend therefore to send messages in a consistent and clear way, their non-verbal and verbal language conveying the same message. For example, 'How are you feeling Mrs. Jones?' is said with empathy and concern, while waiting patiently at the bed for a reply, and then responding appropriately.

(Simon Cooper and Lisa Lewy).



Lewy (1988)

*Fig. 1. The components of communication. In a caring context the care-giver may act as the 'sender', e.g. explaining to the elderly patient What a procedure will involve, or as 'receiver'. e.g. listening to an elderly description of their pain symptoms.*

### **3.2.1 Verbal communication**

In health care settings, verbal communication is widely used as a primary way of conveying information concerning patient. Verbal communication is basically use of language in any way to convey a message. Verbal communication is the use of words in order to deliver a message and is regarded as the best method of voicing oneself (McCabe and Timmins 2006).

To express feelings people must use words which are elements used to convey a message. When communicating, people use words according to the situation they are in. These words can be influenced by many factors i.e. environment, culture, language and sometimes diseases. For individuals to understand each other, words must flow in orderly manner. This promotes an effective communication whereby message can be relayed. The person receiving the message must understand it in order to give a clear feedback.

Every individual has his/her own unique way of speaking. The flow of words between the sender and the receiver which shape communication is influenced by paralinguistic features. (Northouse and Northouse 1998).

The paralinguistic elements of communication include:

- Volume – soft or loud. A change of volume can express how the person is feeling. Volume can be changed to suit different situations.
- Intonation and pitch-- range of frequencies (low to high) used to suit meaning.
- Rate of speech – slow or fast delivery can be used to express different emotions and attitudes.
- Tone of volume -- combination of volume, intonation and rate of speech to convey different messages.
- Conversational cues such as ‘mmm’, ‘hmm’, ‘I see’, ‘right’, ‘really’ – these indicate the degree of interest of the listener and whether or not they are agreeing. These are known as social reinforcers.
- Choice of words and how these are emphasized – this may indicate the degree of interest. (McCabe and Timmins 2006)

In elderly care field, nurses have to communicate with variety of people and therefore different communication strategies are needed all the time. The words have to be organized well for the receiver to be able to understand and give a feedback. The objective of an effective communication is to understand the message and give a feedback in an applicable aspect. (Pagano & Ragan 1992)

### **3.2.2 Non-verbal communication**

Non-verbal communication is a mode of communication whereby spoken words are omitted (Greene et al. 1994).

Everyone in this world uses non-verbal communication to transmit a message intentionally or unintentionally through gestures, body appearances, eye contact, body contact and expressions. Some of these factors convey different type of messages that can help transform communication. For example when an individual smiles it can indicate interest or happiness.

According to Argyle (1994), non-verbal communication dispatch impressive messages that require all professionals, to pay attention during communication.

Argyle (1988) argues that, during communication 7% of all messages are delivered verbally by use of words while 93% is communicated non-verbally.

Non-verbal communication is very effective in creating a interpersonal relationship with elderly who have developed hearing problems due to age related changes and are not able to communicate effectively verbally. Argyle argues that non-verbal communication has three functions:

- Conveys interpersonal attitude and emotional states
- Supports or contradicts the verbal communication
- Function as a substitute for language, if speech is impossible.

(Argyle 1972)



Non-verbal communication is very effective way of communication with elderly with cognitive disorders e.g. Dementia. Egan (2002) recommended the use of acronym SOLER during communication of elderly people suffering from dementia and have difficulties in communication.

- S** – Sit facing the patient squarely.
- O** - Maintain an Open posture.
- L** – Lean slightly forward.
- E** – Establish and maintain Eye contact.
- R**– Adopt a Relaxed posture

(Egan 2002)

In order to use this technique effectively, care-givers must understand the patient well; create a professional relationship because every elderly have their own specific characteristics. All elderly persons' need information on what is going on all the time, reassurance and above all understanding. Lack of non-verbal communication skills by nurses may influence the quality of care given.

### **3.2.3 Importance of verbal and non-verbal communication**

Lack of effective communication between caregivers and elderly in healthcare can consistently affect the quality of care. Communication with elderly patient is more complicated compared to young people.

Age related diseases e.g. cognitive impairments, functional limitations and sensory deficits may be owed to complicating communication between the elderly and their care-givers. Elderly patient are psychologically affected when their caregivers fail to communicate with them properly.

Communication is a needful aspect in nursing because it allows caregivers to evaluate the solitary needs of patients and is a way through which these people can receive care according to their diagnostic and compounded needs. (Shattell 2004, Williams 2006).

Studies have been done extensively on communication competence between caregivers and elderly patients. This studies emphasis on the importance of communication in building interpersonal relationships and the influence it has on quality care.

Elderly patients are more critical about communication with their care-givers in healthcare aspects and majority of them have been dissatisfied when it's comes to communication. Caregivers are usually task-focused and verbal and non-verbal interaction is very low.

Lack of professional interaction between caregivers and elderly may attributed to many factors e.g. low therapeutic level which leads to discomfort and thus makes elderly patient unable to express their needs.

Communication is an important aspect which caregivers can use to create a therapeutic interpersonal relationship with elderly patients to give satisfactory care.

### **3.3 Barriers to effective communication**

As we had seen earlier communication is the use of words to transmit and interpret message. It involves two or more person in order to communicate. Communication involves an interaction between the speaker and subject, and the environment influences this process. These three factors co-influence the communication outcome, and any barriers to them can result in ineffective communication. Communication skills by nurses may influence the quality of care given (Park & Song 2005).

Several factors affects communication in general and they will be discussed below as barriers to communication.

#### **3.3.1 Environmental factors**

The environment is any physical and social conditions that surround a person and can influence that person's health. Many studies indicate patient safety as a great concern in healthcare. Nurses and caregivers have been found to use communication to control susceptible patients in hospitals and nursing homes. (Brown and Draper 2003)

Healthcare professionals should provide a good and appropriate environment settings in which communication is supported for patients to feel that they are being listened to and cared about. The environment should support privacy, emotions, good system of patient identification and time allocation for processing information. (Von Gunten et al. 2000).

Many researches show that majority of elderly patient are affected directly or indirectly by the environment they are in. Previous research and articles used for this thesis review three environmental factors that affect communication

- Social environment
- physical environment
- Facility environment

### ***Social environment***

Social environment refers to the culture in which an individual lives and interact with other people. The social environment includes physical surroundings and social relationship in which individuals are able to interact with one another.

Social environment affects communication and patient safety in many ways. It can affect negatively or positively through beliefs and culture differences. Family interaction with one another affect how information is conveyed. Work performance and expectations in health care settings e.g. task orientations affects communication. Slowing down and focusing on the patient enhances effective communication and social interaction.

(Marianne Smith, 2006)

### ***Physical environment***

Physical environment includes both outdoor and indoor surroundings. Many articles explored indicated that elderly patient communication is affected a lot by physical environment. Majority of elderly people have hearing problems, thus communication is a big problem for them. Research also shows that physical environment affects nurses and healthcare providers in general. To promote quality and safe care, physical environment related problems must be tackled at all levels.

Exposure of elderly to loud noise can cause temporary or permanent hearing loss. Elderly are more sensitive to noise than young or middle aged people. In nursing homes for instance nurses should rearrange their working place so that they are not obstructed by any noise.

Poor and noisy work environments negatively affect patient safety and quality of care because nurses are not able to communicate with their patients well and vice versa.

Other physical environmental factors that affects communication and safety includes, inadequate lighting, architecture of the facility, phones, door bells lack of staff and living condition that slow levels of social interactions.

(Marianne Smith, 2006)

### ***Facility culture***

Changing of policies in healthcare can help improve communication between leaders, subordinates and above all patients. Improving and amending facility culture values to suit the patient will not only improve communication but also the wellbeing of patient. This will enhance psychosocial care thereby promoting satisfaction and safety among elderly patients.

(Marianne Smith, 2006)

### **3.3.2 Diseases and Age related changes**

As people age, certain age related changes occurs in their bodies e.g. speech, swallowing and hearing which can affect ability to communicate effectively. Many elderly suffer different types of diseases, illness and disabilities which affect their communication and make them more vulnerable to harm. When there is no communication between elderly and nurses due to diseases, their safety is compromised thus affecting quality of life.

In this chapter some of the common diseases and age related factors that affect communication will be discussed briefly below.

### ***Hearing***

Hearing loss not only limits enjoyment of social gatherings and entertainment activities, such as watching movies, or attending concerts but may also adversely affect more intimate social relationship (John K. Hampton, jr et al 1997: 81).

Age related changes in hearing may result to some people losing their ability to hear. The most chronic health condition that affects elderly today is hearing loss. Many physiological changes occur in the ear due to aging process and may be accelerated by diseases and other environment factors like noise.

Hearing loss may affect elderly social life and quality of life. When they are not able to communicate or understand when people are talking they feel frustrated and this can be manifested by withdrawal. They feel unsafe when they can't hear what's going on

around them. Hearing can be improved by acquiring a communication gadget or hearing aid. Cleaning of ears to remove impacted wax can also improve hearing ability. Rehabilitation of the hearing impaired aged individual can result in improved quality of life and prevent the loneliness, hopelessness, and withdrawal that elderly persons frequently experiences (John K. Hampton et al. 1997).

### ***Vision***

Vision has a primary role in perception of the environment and aging changes affect normal vision (John. K. Hampton et al 1997:77). Changes in vision occurs when elderly are not able to see distant objects or people, certain colors and ability to see side by side.

According to the authors work life experience, elderly persons with weak eye sight feels threatened most of the times and collaboration with them is usually difficulty. Vision affects elderly patient safety when they are not able to see well. Use of eye glass and surgery are common ways of improving vision.

Nurses should learn how to communicate effectively with elderly with low vision e.g. introducing yourself, your purpose and explaining what you are doing or what you are about to do in the simplest manner possible can enhance communication and safety in general to elderly patient with low vision.

### ***Touch & Reaction time***

Aging of the skin is associated with reduced ability to feel touch. According to John K. Hampton et al (1997:242) the skin contains specific sensory receptors for pain, heat and cold. When these sensory receptors ages, the in ability to feel hot, cold and pain can diminish.

As a result of the changes inherent to aging, a number of distinct changes in the skin occur: wrinkling and sagging of the skin, loss of resilience, diminished absorption, altered thermal regulation, decreased sensitivity to pain and pressure, decreased inflammatory response, decreased protection from UV light, and delayed healing (John K. Hampton et al. 1997:242). Elderly with no ability to feel touch e.g. stroke patients

can injure themselves without knowing. They are usually at high risk of harm and need to monitor them all the time is paramount. Communication with this group is difficult because they are not able to express pain or reaction if anything happens.

Elderly who have age related changes in their skin bodies have slow body reaction. They take time to process information and give feedback during communication. They are at risk of harm because they are not able to react and communicate effectively if they are hurt or uncared for in certain situation.

### ***Dementia***

Dementia is a condition where language and other cognitive functions are impaired. According to Weiner (1996) dementia is a condition where by multiple cognitive abilities are impaired e.g. Memory, inability to perform activities of daily living (ADL), work or social relationships.

World Health Organization, (1992) defines dementia as: “impairment of memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgment” Alzheimer's and other types of dementia diseases are associated with gradually loss of brain function. Dementia leads to deterioration of higher cortical functions: memory, language, problem solving, social skills, thinking capability, judgment and control of emotional reactions. The changes that occur to the brain are nonreversible thus interfere permanently with person's ability to communicate effectively.

([http://www.who.int/mental\\_health/neurology/chapter\\_3\\_a\\_neuro\\_disorders\\_public\\_h\\_challenges.pdf](http://www.who.int/mental_health/neurology/chapter_3_a_neuro_disorders_public_h_challenges.pdf))

## *Aphasia*

Aphasia is a condition where patient ability to communicate by language expression and comprehension is damaged thereby affecting communication functions e.g. speaking, reading or writing (Salter et al. 2005).

The National Aphasia Association (NAA) defines Aphasia as an "acquired communication disorder that impairs a person's ability to process language, but does not affect intelligence". Elderly persons with aphasia have difficulties with communication and ability to understand others is usually impaired.

According to National Institute of Neurological disorders and stroke there are four different types of aphasia: (1) expressive aphasia; Persons or elderly with expressive aphasia are not able to express themselves through speech. They also have difficulties with understanding speech, writing and reading. (2) Receptive aphasia; persons with this type of aphasia lose their ability to understand or react to spoken words. Anomic or amnesia aphasia; Persons suffering from this type of aphasia experiences difficulties in naming of certain objects, places and people. (3) Global aphasia: persons with this type of aphasia lose completely their capability to speak, write, read or understand speech. Global aphasia is caused by severe damage to the language areas of the brain. Aphasia impairs elderly patient partially or totally their ability to speak, write or comprehend the meaning of spoken or written words.

(<http://www.aphasia.org> & <http://www.ninds.nih.gov/disorders/aphasia/aphasia.htm>)



### ***Oral Health***

According to the authors experiences, mouth complication e.g. tooth decay, bad breath, gum diseases and oral cancer can interfere with communication. This complication surprisingly applies almost to everyone including young people. For instance a person with a swollen gum will find it difficult to communicate with other people.

Speech in elderly can be impaired by loss of teeth either through accident or due to age related diseases. Among the conditions that contribute to dry mouth in the aged are anticholinergic drugs, dehydration, and insufficient water intake (John K. Hampton et al. 1997:118). Dry mouth can also leads to communication difficulties.

### ***Stroke***

Stroke can be defined as the loss of blood flow to a specific area of the brain (John K. Hampton et al. 1997:85). Stroke leads to brain cells destruction in specific areas of the brain which can further lead to loss of hearing and communication abilities. In many cases people with stroke have receptive or expressive aphasia. Aphasia as we have seen earlier affects people communication abilities.

### ***Lung diseases***

According to John K. Hampton et al. (1997:171) some lung deterioration is age related, but many lung dysfunctions, especially emphysema and lung cancer, are associated with injury due to environmental factors.

Problems of the respiratory system are serious, especially in elderly; because the lungs cannot store oxygen in significant amounts, respiratory exchange must be continues ( John K. Hampton et al. 1997: 171).When there is inadequate oxygen going to the lungs or inability of the lungs to perform normally person ability to speak, hear or understand may be affected.

### **3.3.3 Language and cultural barrier**

Communication between caregiver's and elderly patients is the heart of caring and helps in creating good interpersonal relationships during care. This interpersonal care relationship cannot happen if there is no common language. Many studies have indicated that language or dialect can affect the way information is conveyed. According to Morhouse (2001) many studies point communication between nurses and patients as the most important aspect of satisfaction.

Communication as we have seen earlier is an important aspect in nursing. For nursing to be effective and take place there must be relationship between nurses and patient which reflect on claims that nursing reference is the relationship by the two parties (Schroeder 1992). In order to have good relationship language must come in. Nurses and patient must communicate in a language they both understand.

Globalization is common and many foreign nationalities are finding themselves in different cultures. In health care settings it is quite common to see foreigners, and the need for intercultural communication competence is vital. Some elderly persons lived in the times that rarely they came across people of foreign countries, and in cases where the language and culture is different for a caregiver, communication problems arise. Therefore caregivers of foreign decent have to be language and culture competent for effective communication to take place in elderly care settings.

In Finland for instance, foreigners who do not speak or understand the native language Finnish will find it challenging to work in any nursing homes. Majority of Finnish elderly people speak Finnish and Swedish and without the basic knowledge of these two languages a foreigner will find it hard to work in any elderly care health settings. Language differences between healthcare providers and elderly patients pose as big barrier to effective communication and safe care.

Language barriers between care-givers and elderly patients can affect greatly the health outcomes and provision of good care. Nurses who have problem with language will find it even harder to communicate effectively with elderly patient suffering from cognitive

diseases. Elderly care field requires competent communication in order to satisfy them and guarantee their safety.

Cultural and language barriers can be real set back in any health care settings. People residing in foreign countries and have limited language proficiency to the native language of the country they are living in are usually less satisfied with care compared to the natives. Cultural-communication barriers have been shown in many studies to have negative impact to patients' experiences of care.

Cultural beliefs and expectations can shape the nurse-patient relationship and may also pose as a great barrier to effective communication.

According to Campinha-Bacote (2003) many health care workers approach care in different methods with a desire to promote care according to the culture of the individual. Patients health beliefs and communication method highly determines how care is administered. Cultural beliefs and cross cultural communication can adversely have a negative effect on care. In a multicultural society nurses must show competence both in communication and cultural awareness in order to create a good relationship with their patients. Lack of cultural competence awareness among nurses and care givers can affect the quality of care. Healthcare professionals should be aware of cultural differences among their patients in order to create a cultural-communication competence environment.

## **4 METHODOLOGY**

### **4.1 Methods and Materials**

This chapter will illustrate the methods used to bring about the study as a whole. The authors' chose qualitative study method in which selected literatures content that related with the study. Literature review method helped in the building up of the theoretical frame work, background and the development of the whole study. Data collected from previous studies was analyzed using content analysis method and helped in acquiring results and answering the research questions.

### **4.2 Research design**

The design in this study is used to detail and examine; effect of Communication competence in elderly care and the influence of communication competence on interpersonal relationships between the elderly and the caregiver. Qualitative research design has been used in this study. Themes arising from the research articles have been arranged systematically to give a clear design of the study.

In research a Design is developed to reduce biasness in a study (Burns & Grove, 2002:537). Design in a study helps in improving the validity of the study whereby research questions are probed.

### **4.3 Data collection**

According to Polit & Hungler (1999) Data collection is the gathering of significant information for the research study.

Previous research articles related with communication competence and its influence on elderly care are used in the study. Literature review method helped in building a structure for the central work whereby previous researches were summarized and the results were broken down into topics or subtopics.

In order to answer the research questions the authors had a clear goal on how to obtain relevant and suitable data. A systematic search of electronic database EBSCO, GOOGLE SCHOLAR host was conducted using the following subject terms or keywords, communication competence\* verbal and nonverbal communication\* interpersonal relationships in elderly care\* elderly communication\*

The authors searched all articles related with the topic and published from the year 1990-2012. Articles which were older and relevant for the study were also included. The table below illustrates how articles were searched with above data-base search engines.

*The table 1 below illustrates the database list*

<b>Database</b>	<b>Search terms</b>	<b>year range</b>	<b>results</b>	<b>Selected articles</b>	<b>Articles used</b>
Academic Search Elite (EBSCO)	communication in nursing	1985-2012	888	20	8
CINAHL (EBSCO)	Interpersonal communication	1990-2012	4291	10	1
	Communication with elderly	1990-2012	58	5	1
Google Scholar	0	0	0	0	0

## 4.4 Excluding and including criteria

In this chapter the authors illustrate the manner in which data obtained during the search were included and excluded. The inclusion and exclusion process was done to review on how communication competence can influence interpersonal relationship between an elderly patient and caregiver.

*The table 2 below illustrates the criteria used during inclusion and exclusion in this study.*

<b>INCLUDING CRITERIA</b>	<b>EXCLUDING CRITERIA</b>
<ul style="list-style-type: none"><li>• Studies that addressed communication in nursing or communication and patient safety</li><li>• All the studies that met with years criteria (1990-2011)</li><li>• All empirical research studies.</li><li>• Articles that were free and electronically available.</li><li>• Articles that were relevant for the study</li></ul>	<ul style="list-style-type: none"><li>• All studies that were not in English</li><li>• Studies conducted before year 1990. Studies that did not meet scientific writings criteria's</li><li>• Studies with no references or evidence based.</li></ul>

## **4.5 Content analysis**

Since the development of the study is based on previous researches and theories, deductive content analysis was chosen to analyze selected articles.

### **4.5.1 Qualitative content analysis**

According to Patton (1990) content analysis is the analysis of text (interview, scripts, diaries, articles, journals, or documents) rather than observation-based field notes.

More generally content analysis is used to refer to any qualitative data reduction and sense making effort that takes a volume of qualitative material and attempts to identify core consistencies and meanings (Patton, 1990). Alternatively the process of searching for patterns or themes may be distinguished, respectively as pattern analysis or theme analysis. (Patton, 1990)

Qualitative research method is widely used in healthcare research studies because it mainly targets human experience and experience they get, thus giving a better and deeper understanding of human morals which are complicated (Wood & Haber, 1994).

Qualitative research method was used in data collection whereby the method permits the evaluator to study selected issues, cases, or events in depth and details; the fact that data collection is not constrained by pre-determined categories of analysis contributes to the depth and detail of qualitative data. (Patton, p.9, 1987)

In this study the authors used qualitative research method to collect data because the method allows them to evaluate the selected themes or cases intensively and in details.

The authors analyzed data using systematic classification process of coding and identifying themes or patterns. The authors collected relevant articles through qualitative content analysis guidelines and critically analyzed data step by step.

## **4.6 Validity and reliability**

According to Polit & Hungler (1999) results of a study should be reliable in a way that if duplicate of the study is made using the same method the results would bear similarity. Validity of a measurement procedure is the degree to which the measurement process measures the variable it claims to measure (Gravetter & Forzano, 2003:87).

Validity and reliability are methods of assessing control (Polit and Hungler 1999)

The data in this study was collected from reliable database in health care field and the research articles conformed to good scientific practice. The results were significant and concede with research questions of the study.

The authors got results which answered the research questions by analyzing and classifying the articles and the different concepts or themes that arose from them. The results further helped in concluding the study and formation of recommendation.

## **4.7 Ethical consideration**

The authors followed the guidelines of good scientific practice. The data used was collected using research and evaluation methods that conform and applies scientific criteria. Scientific honesty was maintained during the study.

According to Mouton, (2001) for a study to maintain its quality and credibility the data used should not be falsified or manipulated in any way and researchers should be aware of it. The authors' have used and applied code of ethics in this study e.g. the language used is scientific and cannot cause harm to the readers or anybody who intend to use this study.



## 4.8 Summary of the selected articles for the study

Authors/source	Title	Year of pub	Aim of the article	Results
Wilma M.C.M. Caris-Verhallen. EBSCO academic search elite	Factors related to nurse communication with elderly people	1999	To explore variables that might affect nurses' communication with elderly patients.	The results showed that educational level of nurses was related most strongly to the way nurses communicate with their elderly patients
Sarah Oliver & Sally J Redfem	Interpersonal communication between nurses and elderly patients: refinement of an observation schedule	1991	To refine and improve the inter-observer reliability of an observation schedule, developed by Le May & Redfem, designed to record the amount and type of nurse-patient interpersonal communication	On all 137 nurse-patient interactions 99 (72%) were concerned with physical aspects of care. 61% (83) of the interactions involved the use of touch between nurses and patient. combined instrumental-expressive touches Most (32%) of the touches were to the arm followed by the leg, hand, back and bottom Nearly all the expressive touches were to the arm or hand

<p>Jing Ruan &amp; Lambert, Vickie A.</p>	<p>Differences in perceived communication barriers among nurses and elderly patients in China.</p>	<p>2008</p>	<p>The aim of the study was to identify the major communication barriers and differences in the level of importance of the communication perceived by both nurses and elderly patients.</p>	<p>The findings suggested that the nurses and elderly patients often selected similar barriers related to the communication process and also provided information about which type of barriers nurses need to address so as to facilitate effective communication with elderly patients.</p>
<p>Caris-Verhallen, Wilma M.C.M.; Kerkstra, Ada; Bensing, Jozien M.; Caris-Verhallen, W.M.C.M</p>	<p>Non-verbal behaviour in nurse-elderly patient communication.</p>	<p>1999</p>	<p>The aim of the study was to examine the occurrence of non-verbal communication in a nurse-elderly patient interaction in two different care settings: home nursing and home for the elderly.</p>	<p>The findings showed that nurses use mainly eye gaze, head nodding and smiling to create a good relation with their patients.</p>

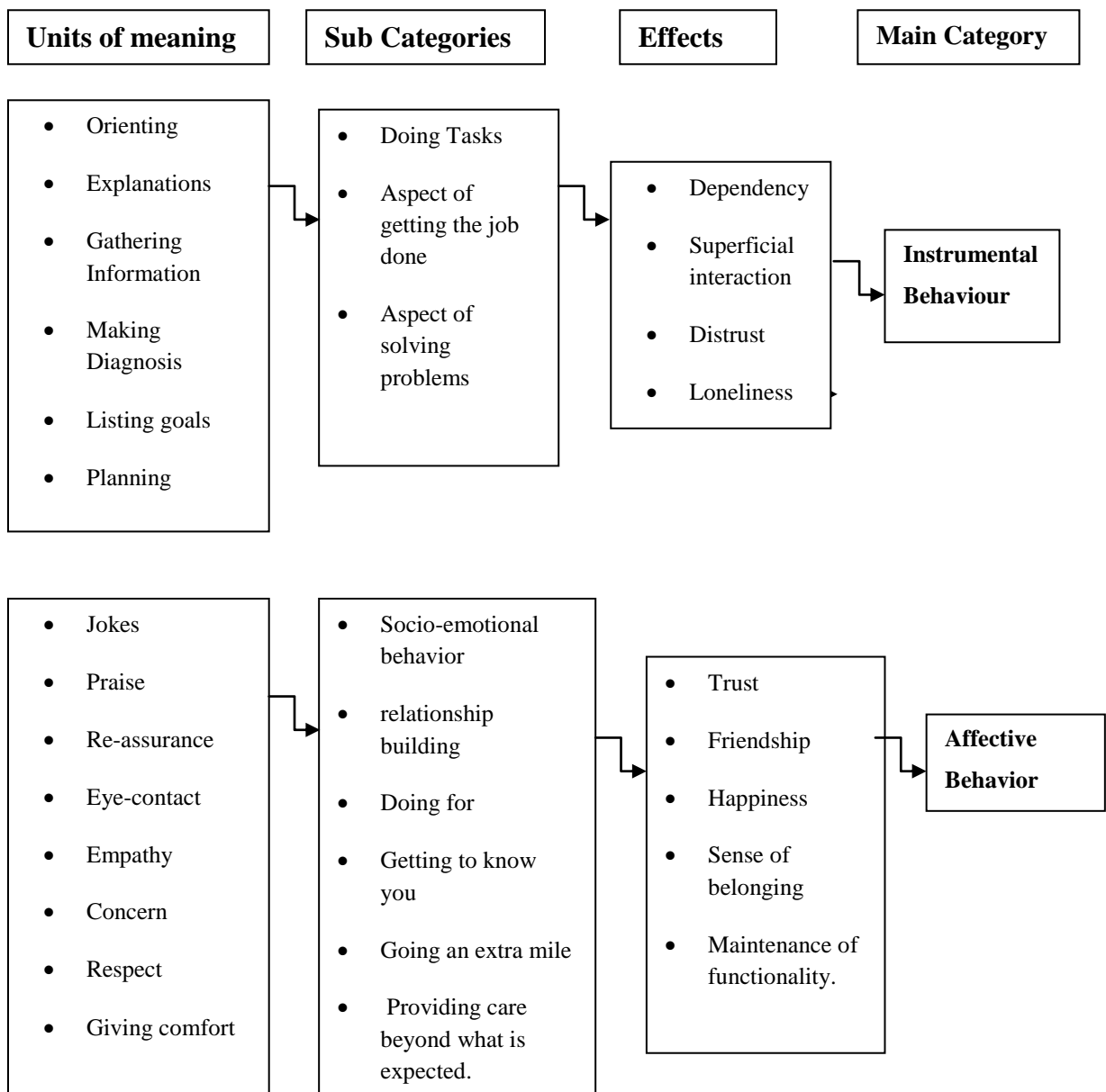
<p>Wilma M.C.M, Caris-Verhallen, Ada Kerkstra, Jozien M. Bensing</p>	<p>The role of communication in nursing care for the elderly people: A review of the literature.</p>	<p>1997</p>	<p>The aim of the study was to describe the role attributed to communication in theoretical nursing models and report how research in communication in nursing elderly patients has taken place over the last ten years.</p>	<p>Their results showed that there has been an increase in observation studies into nurse-patient communication. They also state that there is also lack of observational instruments to do justice to the interactive nature of nurse-patient communication</p>
<p>Elisabeth Severinsson and Kim I. Lützn</p>	<p>Time- and task-oriented communication in the psychosocial care of patients with chronic illness.</p>	<p>1999</p>	<p>The aim of this study was to investigate from the nursing perspective the psychosocial content of the nurse-patient communication in elderly care.</p>	<p>The results from naive reading and structural analysis of themes and subthemes led to emergency of two themes time-oriented and task-oriented communication.</p>

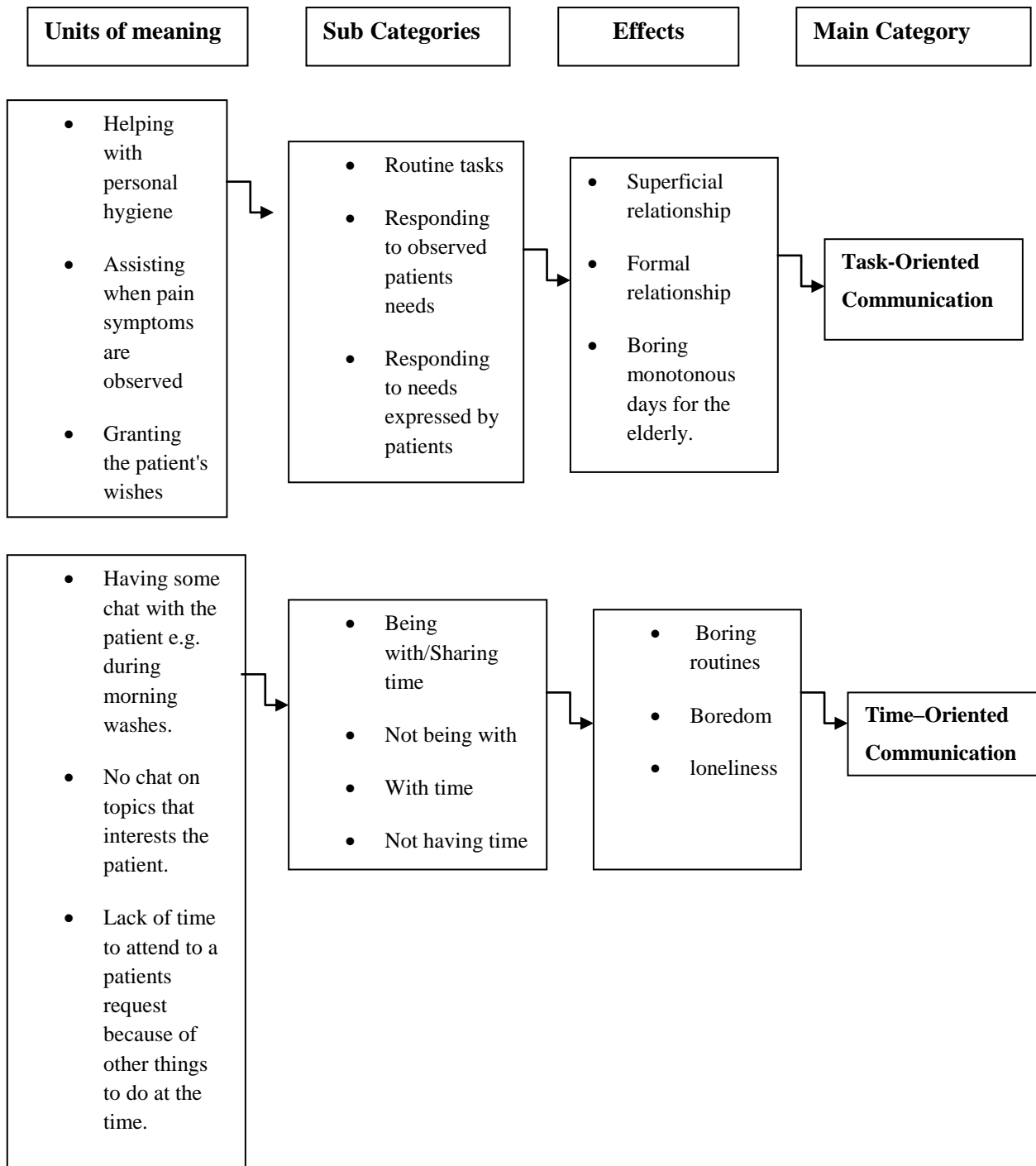
Kathleen McCann and Hugh P McKenna	An examination of touch between nurses and elderly patients in a continuing care setting in Northern Ireland.	1992	This investigation examined the amount and type of touch received by elderly patients from nurses. It also attempted to assess elderly patients' perceptions of	Their result suggested that nurse-patient touch are instrumental in nature and that gender influences perception of touch interaction. expressive touch was perceived as uncomfortable while instrumental touch was perceived as comfortable. They stated that tactile communication are required by nurses by being aware and sensitive towards elderly patient
ANOOSHEH M., ZARKHAH S., FAGHIHZADEH S. & VAISMORADI M.	Nurse patient communication barriers in Iranian nursing	2009	The aim of the study was to investigate nurse-patient and environment-related communication barriers perceived by patients and nurses in Iranian nursing.	The results showed that nurses viewed barriers to communication were attributed by 'heavy nursing workload', 'hard nursing tasks' and 'lack of welfare facilities for nurses' while patients views were 'unfamiliarity of nurses with dialect', differences between nurses and patients' were determined as the main communication barriers

<p>Bronwyn Hemsley, Jeff Sigafoos, Susan Balandin, Ralph Forbes, Christine Taylor, Vanessa A. Green &amp; Trevor Parmenter</p>	<p>Nursing the patient with severe communication impairment</p>	<p>2001</p>	<p>This study aim to provide descriptive information from interviews with 20 nurses who cared for patients with severe communication impairment. The interview protocol explored positive and negative experiences of nursing patients with severe communication impairment.</p>	<p>The findings suggest that nurse-patient communication is difficult when the patient has severe communication impairment. Many of the difficulties were attributed by lack of interpretable communication system with such patients. Training for nurses and use of augmentative devices with patient who are unable to speak was suggested.</p>
<p>Catherine McCabe</p>	<p>Nurse-patient communication: an exploration of patients' experiences</p>	<p>2003</p>	<p>The aim of the study was to explore and produce statements relating to patients' experiences of how nurses communicate.</p>	<p>The findings showed that nurses can communicate well with their patients if the employ patient centered approach method. further suggestion were made from the results that health care management should encourage use of patient cantered communication in order to provide quality care.</p>

## 5 RESULTS

In this chapter authors will summarize the results from the selected articles. The 10 articles that were selected were read several times, so as to understand and find meanings with the research questions in mind. In order to form the main categories and the sub categories and units of meanings, the words that were repeated frequently were underlined with a different pen. Then from this process the results were found.





## 5.1 INSTRUMENTAL BEHAVIOR

Instrumental behavior is common mode of non-verbal communication in health care settings. Instrumental behavior is very essential mode of communication during admission phase or orientation phase because it's very effective in information gathering. According to Peplau (1952) during orientation phase the nurse obtains information regarding patient illness situation, names and any data that might help during the caring process.

This behavior is necessary because it's needed to find out and meet the elderly need for help. Many studies on communication with elderly in nursing environments note that instrumental behavior is quite common. Instrumental touch is a powerful form of non-verbal communication and can be used to ease tension situation while gathering information. Touch should be used in a proper way not only for information gathering but also for affective purposes.

Patients need more than instrumental behavior, especially in long-term care settings. An elderly is likely to encounter the same personnel on a daily basis and if the communication is only instrumental the well-being of an elderly is likely to have a negative effect.

**Dependency:** In most cases the elderly might become dependent on the care-giver if he/she lacks the opportunity to express their thoughts and feelings. This makes the elderly more vulnerable and the interpersonal relationship very unequal.

**Superficial interaction:** For instance, when a care-giver only says 'good morning' Mr. Smith because it is an obligation when meeting an elderly along the corridors.

**Distrust:** During exploitation phase Peplau (1952) states that this phase is very important because the first contact a care giver has with a patient can ruin everything. The elderly can develop distrust to care-giver if the first contact is not good. Most elderly need more than instrumental kind of communication to be able to trust and feel involved



***Loneliness:*** The days of the elderly can become long and very monotonous if social and emotional contact lacks. The elderly will feel no connection between him/her care-giver thereby compromising the whole care process.

***Loss of functionality:*** This kind of behavior does not give room for any rehabilitation process. The care-giver does not show any interest to know the abilities of the elderly. This undermines the ability to maintain the existing functionality of an elderly.

## **5.2 AFFECTIVE BEHAVIOIR**

Affective behavior is an essential element for establishing a good relationship with the elderly patient. Through use of both verbal and non-verbal mode of communication. Elderly patients have emotional needs that need involvement in the caring process. In a long-term care facility an elderly resident is most likely to meet with the care-giver more than anyone else, be it a family member or a friend. **Socio-emotional behavior** should be present during the communication process. Affective communication leads to building up of a **good interpersonal relationship** between the care-giver and the elderly.

The care-giver does his/her duties with an aspect of **doing for**, meaning that whatever tasks that are done the elderly patient is given an opportunity to direct own care. Social talk and topics on care process are present. Doing more from the caregiver perspective is present in the sense that communication is based on establishing a relationship and is focused on the elderly patient as an individual. The care-giver provides emotional support and is interested to understand the experiences of the elderly.

Affective behaviors consist of many elements during communication process, for instance a care-giver can display affective behavior through jokes, praise, re-assurance, eye-contact, showing empathy and using affective touch.

When Affective behaviour is present in the caregiving process the elderly is likely to:

**Trust:** An elderly in this case is able to express own feelings, good or bad trusting that he/she will get help.

**Friendship:** An elderly in a long-term care setting mostly depends on the staff for daily communication and it is important that the feeling of friendship is present. Can have conversations with the Carer and talk about things.

**Happiness:** When an elderly is satisfied with the care provided and his/her needs are met then there is the feeling of happiness.

**Sense of belonging:** An elderly feels cared for and appreciated this therefore affects the well-being in a positive way.

**Maintenance of functionality:** When affective behaviour in the communication process is present then there is more room for the caregiver to monitor the elderly closely, thus creating simple care plans to maintain the functionality levels.

### **5.3. TASK ORIENTED COMMUNICATION**

Task orientation communication takes place when the Care-giver is doing the routine tasks e.g. getting the elderly up from the bed, assisting with the morning washes, assisting with breakfast and lunch. Task orientation happens when care-givers concentrate more with their work and forget to communicate with the elderly

The whole caring process might lose its meaning if the caregiver focuses more on getting the work done than communicating at the same time with elderly persons. when communication lacks the elderly feels like an object and thus gets negative feelings e.g. helplessness and hopelessness.

Care-givers should avoid focusing more on their tasks and put more effort on affective communication with elderly patient. Involving elderly in the daily care tasks can minimize dependency and give more purpose of life.

This kind of communication whereby the Caregiver is more task oriented can lead to several factors:-

***Superficial relationship:*** no real interpersonal relationship is present in this case.

***Formal relationship:*** The elderly might feel like the caregiver is dominant in the essence that there is no any meaningful communication.

***Boring monotonous days for the elderly:*** Sitting in same position or being in a situation whereby one does same things day after day, well that is plain monotony. An elderly needs more than task-oriented environment so as to have a more meaningful life.

## **5.4 TIME ORIENTED COMMUNICATION**

In Elderly care-settings daily activities are planned on a routine basis and deviation from these routines can ruin the whole care process. The elderly wakes up at a certain hour, bath and eat meals at certain times, so as to accommodate the daily duties. Caregivers are pressed on time and the themes that arise from this are: Being with- Sharing time, not being with- not having time.

***Being with, Sharing time:*** This occurrence of being with or sharing time can happen anytime e.g. If an elderly wants to use the bathroom, and needs help from the caregiver. During this time the care-giver and elderly person can have a brief discussion about each other's families, hobbies and other life experiences. In this case the care-giver is sharing time and advancing into knowing the elderly better. This improves relationship in a professional way while task and time is still the main focus.

***Not being with – Not having time:*** A care-giver meets an elderly in the hallway and initiates a topic then the nurse has to go because He/she is called to attend to an urgent matter. In this case the nurse was interested to discuss some topic but then again an agent matter came up.

## 6 DISCUSSIONS AND CONCLUSIONS

This thesis work has adopted Hildegard Peplau's theory of interpersonal relations. When a caregiver meets an elderly patient for the first time, he/she should take the responsibility of creating an atmosphere of trust, provide information, answer questions, help the elderly understand the current situation, provide guidance and encouragement. This creates a strong feeling of belonging, reducing any hopelessness and helplessness on the elderly's part. On the second and third phase Peplau (1952) highlights that the elderly is able to share information with the caregiver.

The current findings suggest that most caregivers' lack the skills on competent communication and this has a negative effect on the elderly care process. Professional caregivers should focus on enhancing their communication skills; thus affecting care process in a positive way. A professional caregiver should have a good command of interpersonal skills. Instrumental and affective behavior knowledge is crucial for a caregiver.

Many studies done based on nurse-patient communication emphasize the importance of communication competence and the influence it has on healthcare. In most cases caregivers are masked as being task oriented and fail to use affective behaviors which in turn affects patient negatively.

Elderly are more critical about communication with nurses in healthcare. Majority of elderly have been dissatisfied when it comes to communication. Caregivers are usually task-focused and interaction with their elderly is low. Lack of professional interaction between nurses and elderly may attributed to factors e.g. low therapeutic level which leads to discomfort; thus makes elderly patient unable to express their needs.

To influence the care process in elderly care, the caregiver should be able to communicate in an effective way. The caregiver should have a vast knowledge on how to talk and carry themselves around when caring for the elderly patient. Non-verbal and verbal communication traits should be used in an effective way.

Care-givers are in a position to learn what the life of the elderly was like before e.g. what he / she liked to do and thus create some activity plans for the elderly. Knowledge by caregivers on different hearing aids and other communication gadgets can help improve communication.

Unfortunately caregivers 'elder speak' trying to talk with baby voices when addressing an elderly and this is not acceptable according to many researches done, the wellbeing of elderly improved by reduction on elder speak.

Caregivers need to develop their communication abilities by being less task-oriented and putting more effort to analyze each elderly's' need by advancing their knowledge of non-verbal and verbal communication skills. Sensitivity to patients vulnerability and need for contact is required. Good analytical skills are required for a professional caregiver.

An individual approach in elderly nursing homes should be considered in that, each and every elderly is allocated one personal caregiver, with whom he/she can develop a contact with and create a interpersonal relationship that can help the elderly to have a sense of belonging thus better well-being.

Communicating with elderly patients can be complicated due to diseases, cognitive impairments, functional limitations and sensory deficits. Caregiver has to choose the best way how to communicate effectively. Rule of thumb is to listen actively and grasping hidden data for utilization.

Communication skills do lack in school curriculums and it is therefore necessary that employers, should be aware of this concept and should enroll personnel in different communication training programs. A caregiver working in a home for the elderly where

most of the elderly happens to suffer from dementia should have knowledge on how to communicate with dementia patients. It can be very complicated if the caregiver does not know how to communicate with different dementia cases.

Competent communication skills do provide a base for good interpersonal relationship in which the elderly patients can express themselves and have a sense of belonging. Care-givers should have knowledge on how to use verbal and non-verbal expressions. The non-verbal expressions should never contradict the verbal expressions. Non-verbal skills are very essential especially when communicating with elderly suffering from dementia.

Caregivers should ensure that the care process is in a conducive environment, for instance noise should be very minimal or none at all, so as to allow effective communication. The employers should also ensure that there are enough personnel so as to avoid situations whereby the caregivers do not have time for the patients. Shift handover shall include clear reports on how the previous shift has been and any critical information as non-conformance reports should be documented and reported during hand off.

## 7 CRITICAL REVIEW

The process of writing this thesis was challenging but also interesting since the topic has been and still interests the authors'. It has been a good and positive learning process.

Communication competence in elderly care is a topic that has not been vastly researched upon and therefore no clear conclusions have been stated in the researches available. There are many researches done on hospital settings about how physicians communicate with the patients and also in a multi-professional health care setting. It was difficult to find articles that focus on nurse-elderly communication.

Other limitations are that several studies that were used focused on observation between nurse and patient. The studies failed to provide information about the communication process itself. The findings only provided about the interaction part between nurse and patient but did not give data on which mode of communication were used. Another limitation was that few studies used systematic observation instruments. The findings from these researches did not show nurse-patient nature of communication.

The authors feel that this thesis study could have obtained better results if it was based on actual interviews and follow ups in elderly homes. The sensitive nature of communication and time limited the chances of using the method. The authors also had problem with materials because majority of them were from the second and third hand sources.

## **8 RECOMMENDATIONS FURTHER RESEARCH**

Further research in nurse-patient communication can help understand and gain knowledge on theories in nursing. Research findings on communication should be incorporated for healthcare student's curricula to enhance nursing education.

Healthcare professionals should use more non-verbal mode of communication since its highly effective for patients with communication difficulties. Research can contribute to effective communication in healthcare and thus more researches are needed to be done on communication.



## 9 REFERENCES

Argyle M. (1972) Nonverbal communication . In: *Nonverbal communication* (Hinde RA Ed.), Houghton Mifflin, Boston.

Argyle M (1988) *Bodily Communication*. Second edition. Routledge, London.

Armstrong-Esther, C.A., Browne, K.D., McAfee. J.G., 1994. Elderly patients: still clean and sitting quietly. *J. Adv. Nurs.* 19. 264-271.

Arnold E. & Boggs K. (1995) *Interpersonal Relationships: Professional Communication Skills for Nurses*, 2nd edn. W.B. Saunders Company, Philadelphia.

Balzer-Riley J.W. (1996) *Communications in Nursing*, 3rd edn. Mosby, St. Louis, MO.

Belcher, J.R. & Brittain Fish, L.J. 2002. Interpersonal relations in nursing, in: George, J.B. (ed.). *Nursing theories. The base for professional nursing practice*. (5<sup>th</sup> edition). New Jersey: Prentice

Bensing J.M. (1991) Doctor-patient communication and the quality of care. NIVEL, Utrecht.

Burns, N. & Grove, S. 2002 (4<sup>th</sup> edition). *Understanding nursing research*. China, Saunders Elsevier.

Brown A and Draper P (2003). Accommodative speech and terms of endearment: elements of a language mode often experienced by older adults. *Journal of Advanced Nursing*, 41(1), 15–21.

Cherry C. (1978) *On human communication: review, a survey and a criticism*. MIT Press, Cambridge.

Department of Health (2004) *Standards for better health. Crown Copyright*. Available at:[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4086665](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086665) (accessed 1 June 2009).

Grypnock M. (1993) Informeren en coömmuniceren (1) *Tijdschrift voor Verpleegkundigen* **19**, 639-643.

Green M.G., Adelman R.D., Friedmann E. & Charon R. (1994) Older patient satisfaction with communication during an initial medical encounter. *Social Science and medicine* **38**, 1279-1288.

John K. Hampton, jr, Ruth Falk Craven, Margaret M. Heitkemper. (1997)2 . *The biology of human aging*.

Kristine Williams (*et. al* 2002) Improving Nursing home Communication: *An Intervention to Reduce Elderspeak*.

Lemay A.C. & Redfern S.J. (1987) A study of non-verbal communication between nurses and elderly patients. In *research in Nursing Care of elderly people*.

Manning P (1992) *Erving Goffman and Modern Sociology*. Polity Press, Cambridge.

McCabe C, Timmins F (2006) *Communication Skills for Nursing Practice*. Palgrave Macmillan, Basingstoke

Mouton, J. 2001. *How to succeed in your master's and doctoral studies: a South African guide and resource book*. Pretoria: Van Schaik.

North use , P .G., & Northouse, L. L. (1992). *Health Communication- Strategies for Health Professionals* (2nd ed.). Norwalk: Appleton & Lange .

Pagano M.P. & Ragan L. (1992) *communication skills for professionals nurse*. Sage publications, Newbury park, California.

Patton, Q. M. 1990, *Qualitative research and Evaluation Methods* 3<sup>rd</sup> edition, Sage publication

Peplau H. (1952) *Interpersonal Relations in Nursing*. G.P. Putnam & Polit, D.F. & Hungler, B.P. 1999 (6<sup>th</sup> edition). *Nursing research: principles and methods*. Philadelphia: Lippincott.

Peplau, H.E. 1952. *Interpersonal relation in nursing: a conceptual frame of reference for psychodynamic nursing*. New York: Putnam.

Park, E.K. & Song, M. (2005) Communication barriers perceived by older patients and nurses. *International Journal of Nursing Studies*, **42** (2), 159–166.

Roter D, Frankel R. 1992. Quantitative and qualitative approaches to the evaluation of the medical dialogue. *Soc. Sci. Med.* 34:1097–103

Staab, A.S., Hodges, L.C., 1996. *Essentials of Gerontological Nursing: adaptation to the aging process*. J.B. Lippincott Company, Philadelphia

Shattell M. (2004) Nurse–patient interaction: a review of the literature. *Journal of Clinical Nursing* 13, 714–722.

Schroeder, C. (1992) The process of inflicting pain in nursing: caring relationship or torture. In *The Presence of Caring in Nursing* (Gaut, D.A., ed.). National League for Nursing, New York, pp. 211–220.

Salter K, Teasell R, Bhogal S, Foley N, Orange JB & Speechley M (2005) Evidence-Based Review of Stroke Rehabilitation, Aphasia. Departments of Physical medicine and rehabilitation, London, Ontario, Canada.

Varpio L., Hall P., Lingard L. & Schryer C.F. (2008) Interprofessional communication and medical error: a reframing of research questions and approaches. *Academic Medicine* 83,S76–S81.

Von Gunten, C.F., Ferris, F.D. & Emanuel, L. (2000) Ensuring competency in end-of-life care: communication and relational skills. *JAMA*, **284**, 3051–3057.

Wood G, & Haber J: (1994) *Nursing Research; methods, critical appraisal, and utilization*. Mosby-year book, Inc.

Woolf SH, Kuzel AJ, Dovey SM, Phillips RL Jr. A string of mistakes: the importance of cascade analysis in describing, counting, and preventing medical errors. *Ann Fam Med*. 2004 Jul-Aug;2(4):317-26.

World Health Organization (2008) World Alliance for Patient Safety: Learning from Error. World Health Organization, Geneva.

Weiner, M. F. (1996). Diagnosis of dementia. In M.F. Weiner (Ed.), *The dementias: Diagnosis, management, and research* (2nd ed., p. 3). Washington, DC: American Psychiatric Press.

World Health Organization (1992) *International Classification of Diseases and Health Related Problems*, 10th revision. Geneva: WHO.