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Communicative barriers and resources in nursing homes from the enrolled nurses' perspective: A qualitative interview study



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ABSTRACT

Background and objectives: Managing communicative disability is a pervasive issue in long-term care facilities. The aim of this study was to explore how enrolled nurses experience their everyday interactions with residents in nursing homes, particularly focusing on interactions with residents with communicative disability.

Design: A qualitative exploratory design including content analysis was used.

Participants and setting: Eight individuals working at six nursing homes in western Sweden were interviewed.

Method: The interviews were semi-structured with questions about the participants' experiences in communicating with residents, feelings associated with interactions involving residents with communicative disability, meaning ascribed to interactions, and factors influencing interactions. The interviews were analysed using content analysis.

Results: A dynamic interplay between interpersonal relations, daily interactions and the managing of communicative disability was revealed. The enrolled nurses had good knowledge of supportive strategies and an awareness of the importance of the development of personal relationships with residents in order to facilitate interaction. However, factors in the environment presented barriers to communication.

Conclusions/implications: The organisation and physical environment of nursing homes prevent the enrolled nurses from taking full advantage of the communicative resources they have in interaction with residents with communicative disability, hence affecting staff–resident relationships and the delivery of person-centred care.

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What is already known about the topic?

- Many individuals living in nursing homes have communicative disabilities.
- Conversational interaction in this context is essential both in regards to the wellbeing of the residents, as well as the maintenance of person-centred care.

What this paper adds

- The study expands the understanding of how enrolled nurses' experience everyday conversations involving residents with various communication disorders, which is a topic not well explored in previous literature.
- Our findings depict a dynamic interplay between barriers for communication and resources used in the context of nursing homes.
- The results reveal how organisational and environmental factors may be perceived as interfering with opportunities for interaction despite good knowledge in supportive communication.

1. Introduction

There are several types of barriers to functional communication in healthcare. One is cultural and language diversity due to immigration – a reality in most modern Western societies. Impairments due to, for example, neurological conditions affecting the ability to produce, process and understand language can also affect communication, even if the individuals interacting speak the same language. Changes in living standard as well as advances in medical management have led to a larger proportion of elderly people in society, many of whom are living with chronic or degenerative neurological conditions affecting their ability to communicate.

A communication disorder is defined as “an impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal and graphic symbol systems” (American Speech-Language-Hearing Association, 1993). This definition encompasses impairments in not only speech and language but also in hearing. A neurogenic speech disorder (dysarthria) can result in a slow, quiet speech with indistinct articulation, while a language disorder (aphasia) can affect both the ability to find and produce words as well as the comprehension of language. In addition to the communicative impairment per se, the overall communicative disability is influenced by both personal characteristics of the individual affected as well as contextual factors such as the conversation partner's knowledge and attitudes and the physical environment in which the communication takes place (World Health Organization, 2001). All these factors affect the individual's ability to participate in everyday life.

A specific context for healthcare is nursing homes. The residents living in nursing homes have conditions that make them dependent on assistance with for example medicine intake, daily hygiene and social activities. In this environment, meaningful communicative encounters and interaction are essential for the wellbeing (Lagacé et al., 2012) and self-image of the residents (Westin and

Danielsson, 2007), and this requires the maintenance of person-centred care (Edvardsson et al., 2010). Personhood is something persistent even if a disease or disability can mask our personality to others (Edvardsson et al., 2008).

A significant share of nursing home residents has conditions affecting communication, and the importance of specific communication skills among staff to safeguard personally oriented communication with these residents has been highlighted (Carpac-Claver and Levy-Storms, 2007; McGilton et al., 2009, 2012; Stumer et al., 1996). Unfortunately, the lack of specialised knowledge among staff regarding communicative disability, for example in relation to suitable augmentative and alternative communication strategies to facilitate communicative interaction, may add to existing barriers (Kato et al., 1996; Stans et al., 2013). Another important factor in communication between nursing home staff and residents with communicative disorder is the former's personal motivation to facilitate interaction (Stans et al., 2013).

Although there is a substantial body of work on communication with individuals with communication disorders in hospitals (Hemsley and Balandin, 2014), the literature exploring the experiences of communication in nursing homes specifically involving residents with various communication disorders remains limited. Most of the care providers who interact with residents on a daily basis are enrolled nurses (i.e. staff who provide routine patient care under the direction of a registered nurse). Thus, the aim of this study is to explore how the enrolled nurses experience their everyday interactions with nursing home residents, with a particular focus on interactions with residents with communicative disability.

2. Method

In order to study the enrolled nurses' experiences in communicating with nursing home residents, a qualitative explorative design with semi-structured interviews was conducted.

2.1. Participant selection and recruitment

The first author contacted unit heads at nursing homes to present the study. The unit heads in turn contacted their staff to recruit participants. The staff members who agreed to participate were contacted by the first author for further information and to decide a time for the interview.

The participants in the present study comprise eight individuals, here referred to as enrolled nurses, despite that one of them was a nurse's aide. In Sweden the title of enrolled nurse implies that the person has completed formal education in nursing, while nurse's aides generally have not. Even so, enrolled nurses and nurse's aides have the same responsibilities in the nursing home, i.e. managing daily care work under the supervision of a registered nurse. The participants worked at six nursing homes in western Sweden. All of them were female, 29–64 years old and had worked in healthcare for 2–36 years. One participant did not have Swedish as her native language but had lived and worked in Sweden for several years.

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