



Nonverbal communication of caregivers in Slovenian nursing homes

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ABSTRACT

This study aimed at determining the characteristics of nonverbal communication (NVC) of caregivers in Slovene nursing homes. The cross-sectional study was performed on 267 randomly selected caregivers from 27 randomly selected nursing homes. Facial expressions/head movements, hand gestures/trunk movements, and modes of speaking/paralinguistic signals were observed. The caregivers manifested altogether 11,324 NVC expressions. Those definitely reflecting positive attitude prevailed and accounted for 59.3% of all expressions, whereas those definitely reflecting negative attitude were very rare and accounted for 9.1% of all expressions, at a ratio of 6.5:1 ($p < 0.001$). Differences were statistically highly significant between genders (men manifested negative attitude expressions significantly more frequently, 11.8%) and professions (social helpers manifested positive attitude expressions significantly less frequently, 56.4%; other professionals manifested negative attitude expressions significantly less frequently, 5.4%) ($p < 0.001$). The results were similar within groups of NVC expressions. Although our study showed that caregivers in Slovene nursing homes use positive attitude expressions much more frequently than negative there is a reason for concern due to a general decline in positive values and beliefs in Slovene society. Promoting positive attitude NVC among new generations of caregivers in nursing homes need to become one of the most important contents of their life-long learning and training.

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1. Introduction

Slovenia is a country with a distinctly older population. According to the Statistical Office of the Republic of Slovenia (2008), in 2007 there were 323,562 people at least 65 years of age, which is 16.0% of the population. The increasing proportion of elderly (many >80 years of age) people in Slovenia raises concerns about addressing the health and social problems of this population in their domestic environment, and more so in nursing homes.

About 4% of Slovenian elderly live in nursing home units in institutions called homes for the elderly (*Skupnost socialnih zavodov Slovenije, 2010a*). These institutions, which provide professional care for the elderly, serve as a substitute for living at home with their families (these institutions provide bed and board, social and health care, etc.). In this respect they are highly significant in addressing problems of the elderly. However, from another point of view they are quite limited. According to Mali (2002), these institutions build a wall between themselves and the outer world, which often leads to isolation of the elderly; therefore, their function has to be carefully considered. Although these institutions cannot replace living at home, they can replicate many

aspects of that setting, such as providing residents with feelings of security, warmth, respect, trust, and acceptance (Hojnik-Zupanc, 1997). These institutions should be a place where needs are met and dignity is maintained (Williams and Warren, 2009). Communication plays a significant role in creating this warm environment.

Communication is the principal form of social interaction, which is defined as the interpersonal influencing of one another. Moreover, communication is of such significance that it could be concluded that there is no interaction without it (Kovacev, 1998). It provides opportunities to experience a wide range of feelings, stay in touch with culture, develop social and emotional facets of life, and connect with people (Eliopoulos, 2001). It is closely linked to the social structure and strongly influenced by social factors, the most important of which are profession, gender, age, geographic or regional origin, class origin, and socio-economic status (Kovacev, 1998). Communication is generally carried out in two different modes: verbal and nonverbal (Argyle, 1990; Kozier et al., 2000; McKay et al., 2009). Nonverbal communication (NVC) consists of body movements (about 59%) and vocalization (about 41%) (McKay et al., 2009). Although both kinds of communication may occur concurrently, the majority of all communication (about 90%) is nonverbal (Caris-Verhallen et al., 1999; Kozier et al., 2000; Roberts and Bucksey, 2007; McKay et al., 2009). The non-verbal part of the message often tells more than the verbal part itself. No matter how the verbal message is mediated (spoken or written), it

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is always accompanied by the NVC, which is reflected in the way the word is spoken, in the position of the body, in the unconscious mimicry, in punctuation marks, etc. (Argyle, 1990; Kavcic, 2000). It broadcasts messages that have a significant impact on the adoption of communication and the relationships in communications. NVC is more comprehensive since it is conveyed through many channels of communication at the same time. On the contrary, the verbal communication is reflected only through words (Kavcic, 2000).

Many older people have problems associated with communication. According to Redfern and Ross (2006), old age can be a time when illness and age-related functional changes (e.g., impaired sight, hearing, speech, and cognition) represent additional limitations for communication and the maintenance of communication skills. Biggs (1993) suggested that, as a consequence of age-related changes, communication can increasingly depend on the sensitivity and goodwill of others, who have to adjust their communication styles and channels to meet the needs of older people who have deficits in communication. In this context, some NVC expressions reflect positive attitude, such as affection, sensitivity, concern, and respect for others. Other NVC expressions reflect negative attitude, such as reluctance, averseness, apathy, and disrespect (Ambady and Rosenthal, 1992; Hall et al., 1995; Caris-Verhallen et al., 1999; Kozier et al., 2000; Ambady et al., 2002; Taylor et al., 2002; Roberts and Bucksey, 2007). There are also NVC expressions that reflect positive or negative attitude, depending on the context of interaction. NVC is a highly significant factor in establishing the well-being of the elderly. NVC expressions reflecting positive attitude have been proved to be associated with short- and long-term improvement in the functioning of clients (Ambady and Rosenthal, 1992; Hall et al., 1995; Ambady et al., 2002; Roberts and Bucksey, 2007). On the other hand, distancing behavior has been proved to be strongly correlated with decreasing physical and cognitive functions (Caris-Verhallen et al., 1999; Ambady et al., 2002).

The aim of our study was to determine the characteristics and frequency of the caregivers' NVC expressions in their interaction with residents of homes for the elderly. Three types of NVC expressions were observed and analyzed: facial expressions and head movements, hand gestures and trunk movements, and tone of verbal expressions and paralinguistic signals. We hypothesized that caregivers more frequently use NVC expressions that reflect positive attitude than expressions that reflect negative attitude. This hypothesis was based on the fact that the majority of today's generation of caregivers in nursing homes in Slovenia belongs to the generation brought up with the values prevailing before Slovenia became independent (Musek, 2004), and it was assumed that they had taken jobs there because they enjoyed old people and wanted to help them. This assumption is in accordance with the findings of Bowers et al. (2001). It was also hypothesized that the expressions differ in relation to the caregivers' gender and profession.

2. Participants and methods

2.1. Participants

This study was performed in the context of a broader research project on NVC in homes for the elderly (hereafter referred to as nursing homes) between the elderly and their professional caregivers. The data were collected from January to March 2004. The sampling frame was the List of the Homes for the Elderly in the Republic of Slovenia (Skupnost socialnih zavodov Slovenije, 2010b). At the time of the study there were 63 institutions in Slovenia where 3258 healthcare and social care workers provided health care, nursing, and social care for 13,098 elders (Skupnost

socialnih zavodov Slovenije, 2007), with approximately 200 residents in each home. First, from the list 27 institutions were randomly selected. Afterwards, in every selected nursing home, about 10 observational units (consisting of elderly person-caregiver dyads) were randomly selected. Altogether 267 dyads participated in the study.

2.2. Measurement

For the purposes of this study, the special Kovacev Non-Verbal Expression Check List (KNVECL) (Kovacev, 2008) was applied. This instrument included three groups of NVC expressions, reflecting positive, negative, or positive/negative attitudes: (a) facial expressions and head movements (definitely positive attitude: making eye contact, smiling, raising the eyebrows, nodding; definitely negative attitude: dropping the eyes, refusing by head shaking, frowning, staring, making grimaces; positive/negative attitude: looking around, laughing, pressing the lips together/biting them); (b) hand gestures and trunk movements (definitely positive attitude: moving the upper part of the body forward, touching the other person's hand/arm, opening gestures, caressing, touching the shoulder, patting the partner, pointing to the partner, circular gestures; definitely negative attitude: moving the upper part of the body backward, clenching fingers, changing the sitting position, playing with an object, shrugging, pointing to oneself, holding one's head; positive/negative attitude: gestures directed toward oneself, pointing to the other persons in the room, leaning on the table, touching the legs, supporting one's head with an arm); and (c) modes of speaking and paralinguistic signals (definitely positive attitude: normal speaking; definitely negative attitude: interruptions of the other person's speaking, quarreling; positive/negative attitude: keeping quiet, moments of silence, loud speaking, simultaneous speaking, persuasive speaking, and whispering in the ear). The validity and reliability analysis of the KNVECL showed good content validity (content validity index: 0.903) and good internal consistency (Cronbach's alpha: 0.803). Additionally, factor analysis showed that data were unidimensional and that all items measured the same latent construct (Kovacev and Zaletel, 2007).

Each pair was observed for 15 min by a trained pair of observers (i.e., nursing students). During this period, NVC expressions of each pair were registered by the observers every 30 s. The observation was conducted during their morning activities (bathing, dressing, toileting, feeding, and other interventions). The observed outcomes were related to the gender and profession of caregivers.

The study was performed according to the guidelines of the Ethics Committee of the Republic of Slovenia. It was approved by the Ljubljana University Faculty of Health Sciences (formerly College of Health Studies) in 2003 and by the directors and head nurses of selected nursing homes.

2.3. Statistical analysis

Data were analyzed from different perspectives. First, in each group of expressions, the average number of manifestation of all expressions per observed caregiver and the standard deviation were calculated. Gender differences were tested by *t*-test, whereas differences between professional groups (i.e., nursing staff such as graduated nurses and nurse assistants – health professionals who completed secondary school for healthcare professionals, social helpers, and other professions such as physiotherapists, occupational therapists, and social workers) by analysis of variance. Adjustment for multiple comparisons was planned to be done by the Bonferroni method (Altman, 1993). Differences in frequency were also adjusted for the effects of gender and age of the elderly (up to 70 years, 71–80 years, ≥81 years) by multiple linear

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