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Older persons' expressions of emotional cues and concerns during home care visits. Application of the Verona coding definitions of emotional sequences (VR-CoDES) in home care

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ABSTRACT

Objective: This study aims to a) explore to what extent older persons express emotional cues and concerns during home care visits; b) describe what cues and concerns these older persons expressed, and c) explore who initiated these cues and concerns.

Methods: A descriptive and cross-sectional study was conducted. Data consisted of 188 audio recorded home care visits with older persons and registered nurses or nurse assistants, coded with the Verona coding definitions on emotional sequences (VR-CoDES).

Results: Emotional expressions of cues and concerns occurred in 95 (51%) of the 188 recorded home care visits. Most frequent were implicit expressions of cues ($n = 292$) rather than explicit concerns ($n = 24$). Utterances with hints to hidden concerns (63,9%, $n = 202$) were most prevalent, followed by vague or unspecific expressions of emotional worries (15,8%, $n = 50$). Most of these were elicited by the nursing staff (63%, $n = 200$).

Conclusion: Emotional needs expressed by the older persons receiving home care were mainly communicated implicitly. To be attentive to such vaguely expressed emotions may demand nursing staff to be sensitive and open.

Practice implications: The VR-CoDES can be applied on audio recorded home care visits to analyse verbal and emotional communication, and may allow comparative research.

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1. Introduction

The older population is increasing worldwide and so are the needs for home care services. Home care is provided by nursing staff, involving a number of challenges, including the complexity of communication. Even if communication is stressed as important in encounters between patients and health care providers [1–3], little is known about the communication between older persons and registered nurses (RN) or nurse assistants (NA) during care in the

home of the patient. To the best of our knowledge, research on emotional communication in home care settings is sparse. Previous research has focused on expressions of emotions and negative feelings in doctor–patient consultations [1,4–6], as coded with the VR-CoDES and in nurse–patient consultations in hospital setting [7,8]. In such consultations with physicians or RNs patients are more likely to express emotions as implicit cues rather than voicing them explicitly as concerns [1,6–8]. There is, hence, a need for research on emotional communication with older persons in home care settings. A deficiency in care providers in communicating with or being unable to see older persons' needs have been expressed as negative care experiences by older persons themselves [9]. In addition, communicative challenges have been reported as prevalent in the home care of older persons, which are

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difficult to handle and respond to [2]. To enable high quality care for and communication with older persons in their home, more knowledge is needed. Therefore this study was conducted.

1.1. Health, well-being and emotional concerns in old age

In most developed countries the start of old age is often deemed to begin at retirement age. In this study the age of 65 years and older is used as the definition of an older person. Worldwide, people are living longer today. The proportion of the world's population over 60 years of age is expected to be nearly doubled by 2050 [10]. Even if life expectancy has increased, there are common health conditions associated with aging, for example hearing loss, cataracts, pain, osteoarthritis, depression and dementia. Additionally, older persons are more likely to experience several of these conditions at the same time and may have complex health states [10]. Even if many older persons evaluate their quality of life positively, health problems such as anxiety and depressive symptoms are prevalent in late life [11], with negative consequences on daily living and well-being. Moreover, having social relations, being active and participating in meaningful activities and not having functional limitations are important aspects of older persons' health and well-being [12,13]. Older people consider the home and living in one's own home important [13]. Other areas of importance to older persons are thoughts on death and dying [14]. However, the emotional concerns of older persons in home care is to date sparsely studied. In patient–healthcare provider communication an exploration of patients' emotional concerns can positively impact on their health and well-being [15] and there is a need to further explore the occurrence and nature of concerns that may be expressed by older persons in home care.

1.2. Home care of older persons

As the older population is increasing worldwide, the need for home care services is increasing accordingly. Many older persons have a desire to remain living in their home, even if their health deteriorates or they have a need for help in their daily living [16]. Consequently, the home has become an arena for both professional and informal care. In this study, home care refers to the care provided by NAs or RNs, covering a wide range of activities [17]. The NAs are mostly focused on personal care, such as washing or dressing, while RNs are focused on medical administration and health care. There are differences between the policies, organization and availability of home care services within and between countries [18]. Nursing staff with different levels of education and competency usually perform professional home care [19]. Staff and patients may however have different views on important aspects of care. The diseases or disability may not always be of uppermost importance, rather older persons themselves valued being seen and acknowledged by healthcare professionals, and to be involved in the decision-making regarding one's own care [20]. Communicative competency is assumed to be of importance, even though little is known about what kind of communicative competency is needed in home care or the occurrence and nature of older persons' expressions of emotional needs and concerns in this specific context.

1.3. Person-centred care and person-centred communication

High quality care is closely linked to person-centred care, and the main idea of person-centred care is to treat the patient as a person [21]. Person-centred care points to the importance of communication and interaction. In the doctor–patient consultations patients' expression of emotional concerns is a core element [22]. Person-centred care focuses on the person in need of care and

is based on humanistic values of respect and understanding for persons [23,24]. A person-centred approach to care includes comforting communication and empathy [21], and points to the significance of communication in caring encounters. Nurse–patient communication is more than the mere transmission of information. It includes the acknowledgement and confirmation of emotions [25]. In a study on nursing home care during morning time, care providers initiated conversations and also chose the content for the conversations [26]. Older persons may express worries and concerns during home care visits [2]. Questions remain regarding the frequency and content of older persons' expression of emotional concerns during home care visits and whether the communication with older persons during home care visits is person-centred. To identify older persons' emotional needs, as part of person-centredness, this study aims to a) explore to what extent older persons' express emotional cues and concerns during home care visits; b) describe what cues and concerns these older persons expressed, and c) explore who initiated these cues and concerns.

2. Methods

2.1. Sample and setting

This descriptive and cross-sectional study, with a focus on verbal communication and older persons' expression of worries, is part of the international research programme COMHOME [27] on person-centred communication with older persons receiving healthcare. In the present study, audio recorded home care visits in Sweden were gathered between August 2014 and November 2015 and analysed using the Verona coding definitions on emotional sequences (VR-CoDES) [28,29]. Inclusion criteria for older persons were: aged 65 years or older, Swedish-speaking, being able to give their informed consent and not having speech or language difficulties. Older persons with cognitive deterioration were not included. Inclusion criteria for nursing staff were: permanent position as either NA or RN and being Swedish-speaking.

2.2. Procedure

The head of the department at eight home care institutions were contacted by the first or second author and served as gatekeepers in the contact with nursing staff. After their approval, oral and written information about the study were given to nursing staff at different workplace meetings. They were informed that we were conducting a study about communication during home care visits. When written informed consent was obtained the nursing staff were asked to recruit older persons. First they were instructed to identify older persons who matched the inclusion criteria described above, to give them oral and written information about the study, and to include those who agreed after receiving their informed consent. Thereafter the nursing staff could start the data gathering. They were also given instructions on how to perform the recordings, and to place the recording equipment on their upper arm during the visits. The recordings were started by the nursing staff when entering the home of the older person and stopped when leaving. Some recordings were excluded due to failure in recording. In addition to the recording the nursing staff were asked about demographic information concerning themselves and the participating older persons.

2.3. Analysis

The verbal communication during the audio recorded home care visits were analysed using the VR-CoDES [28,29]. The VR-

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