



Assessing Interpersonal Communication Skills of Aged People and Their Caregivers

ARTICLE INFO

Article Type

Descriptive Study

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How to cite this article

Bagheri M, Niknami Sh, Rahmati Najarkolaei F. Assessing Interpersonal Communication Skills of Aged People and Their Caregivers. Health Education and Health Promotion. 2019;7(2):65-70.

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Article History

Received: January 06, 2019
Accepted: February 20, 2019
ePublished: April 09, 2019

ABSTRACT

Aims Since communication problems between caregivers and the elderly cause reduction and deficiency in caring and issues such as ignoring elderly people and negligence in caring by the caregivers, therefore, this study aimed at evaluating the interpersonal communication skills of elderly and their caregivers in Khorzugh, Isfahan province.

Instruments & Methods In this descriptive-analytical research, 140 elderly people in Khorzugh were selected by convenience sampling method as a target community. Data collection tools were demographic information questionnaire and Queendarn's communication skills questionnaire. Spss16 software, Kolmogorov-Smirnov test, Chi-square tests, and Spearman correlation were used for data analysis.

Findings The mean and standard deviation of elderly people and their caregivers were 66.39±6.16 and 55.0±6.38, respectively. Average score of communication skills of caregivers and elderly from 170 scores was 75.83±11.79 and 90.37±3.81, respectively. The communication skills showed a significant statistical relationship with the age in caregivers group and age and occupation in the elderly group ($p<0.05$). Also, in the elderly, there was a significant statistical relationship between attitude toward communication with marriage status, listening with living conditions, and emotion control with number of children ($p<0.05$).

Conclusion According to the results of this study, the level of communication skills of caregivers and most of the elderly was moderate regarding the importance of these skills in establishing effective communication between caregivers and the elderly. The necessity of creating appropriate conditions is felt for improving these skills and it is better to conduct educational programs to enhance the communication skills of the elderly and their caregivers.

Keywords Aged people; Caregivers; Communication skills

CITATION LINKS

[1] Effect of self-care training program on quality ... [2] The relationship between gender and disability in the elderly people ... [3] The effect of healthy lifestyle educational programs on the quality of life of the elderly ... [4] The prevalence of Alzheimer's disease preventive behaviors in elderly ... [5] The effect of communication skills training on perceived stress of caregivers of elderly with Alzheimer's disease referral to Iranian ... [6] The study of barriers of communication from the viewpoint of nurses and elderly patients in internal wards of surgery in ... [7] The patient-physician ... [8] Investigating the relationship of managers' communication ... [9] Good life style based on communication perspective ... [10] How does difficulty communicating affect the social relationships of ... [11] Communication disorders in elderly ... [12] Assessment of interpersonal communication skill levels in lecturers of Ilam University of Medical Sciences ... [13] Communication barriers among ... [14] Assessing the nurses' knowledge and awareness ... [15] Communication skills of department heads in Shahid Sadoughi University of ... [16] Effective patient-physician communication based ... [17] Assessing interpersonal communication skills of elderly in Gonabad ... [18] Investigating the effects of higher education on communication skills ... [19] Assessment of communication skills level among ... [20] Faculty members' communication skills in educational process in Arak University of ... [21] The relationship between head-nurses' communication skills and demographic ... [22] Nursing students communication skills with patients in Kermanshah University of Medical ... [23] Evaluating a nursing communication skills training course ... [24] Communication skills and related factors within patient by nursing ... [25] Professional communication competences ... [26] Examining the relationship between the communication ... [27] Expectations of institutionalized elderly from their ... [28] Residents' perceptions of their own sadness--a qualitative ... [29] Comparison of mental disorders between home owner ...

Introduction

Increasing the aged population is a universal phenomenon that has become a crisis, because the growth of the population over 60 in the world is higher than the growth of children's population [1]. In 2000, about 600 million people were over 60 years and in Iran, according to census of 1996, the elderly consisted 6.6% of total population. In 2006, this figure increased to 7.2%, in 2011 and 2016 the population over 60 years old were 8.23% and 9.28% of total population of country, respectively.

It is expected that this census will increase 10% until 2025 and 30% until 2050, i.e. 2 billion [2].

Oldness is the natural and irreversible phase of human's life that has too much difference with the other stages of his life. This process causes different psychological and physical changes in people with gradual decrease of performance and different individual capacities [3]. The changes made in old age include reducing physical abilities, mental disorders, chronic disease, reducing income, retirement, reducing social networking, loneliness, and the need for longer and higher care [4].

To dominate communication skills that are the axis of all clinical interventions and foundation of desirable care is necessary for people, who are responsible for management, run, or supervision on the care of the elderly and their treatment process [5], because communication is an unavoidable aspect of the elderly care and an important factor to satisfy them [6].

Communication is a continuous and permanent, exchange, targeted, multidimensional, and irreversible process that may be inevitable. One of the common definitions of communication is that everybody knows the process of communication and data transfer in 3 ranges of releasing, transferring, and receiving the message, while communication is a collection of skills and the most important of these skills is understanding the opposite side's opinion and realizing your opinion; however, the more shared meanings, the communication will be stronger and more effective [7].

Available evidence shows that there is a direct relationship between effective communication and people's understanding; therefore, the necessary condition for each kind of effective training is effective communication [8]. Since human is a social creature, communication with others in human's life is a normal thing, because he can meet his natural needs and continue his life by understanding the importance of communicating with others and its quality [9].

Palmer *et al.* in their study in United States showed that the reason of the elderly's inability in effective communication is reducing social exchange, less participation in social activities, and too much loneliness. This communication disorder may expose the elderly to the danger of mental and

physical problems [10]. Cingi *et al.* in their study in Turkey stated that public health problems like retirement or social isolation, chronic disease like cerebral palsy, multiple sclerosis, hearing, and visual damage, and neurological disease are seen more in older people that may impress the relationship of this age group. As a result, to improve the communication with the elderly, its necessary that all people around the world, especially their caregivers, be informed of their communication problems, use simple action for their improvement and minimize communication barriers with actions such as talking with usual conversation speed, stop talking very fast or very slowly, and repeat and explain important points [11]. Many studies were performed about confirming the importance of communication skills in daily life for many age and occupation groups [12-15], but according to the conducted research, the studies about interpersonal communication skills of the elderly and caregivers are rare [13, 16, 17]. Therefore, the researchers decided to conduct this study in Khorzugh to evaluate the interpersonal communication skills of the elderly and their caregivers in Khorzugh, Isfahan province.

Material and Methods

In this descriptive-analytical research, in winter 2017, 140 aged people and their caregivers (nurse, wife, or children) were studied in Khorzugh, Isfahan province, with convenience sampling method by meeting them at their homes. According to the results of a study conducted by Mojdam *et al.* [17] and using Cochran formula, confidence level of 95%, $d=0.05$, and $p=0.09$ and considering the possibility of 10% loss of sample, the sample size was calculated with 140 elderly and 140 caregivers.

The inclusion criteria for the caregivers included the interest and informed consent to participate in research, full consciousness, and elderly care at home. The inclusion criteria for the elderly were, in addition to the ones mentioned above, ages ≥ 60 years. Exclusion criteria included incomplete completion of the questionnaire and severe hearing problems in the elderly and carers. The measurement tool was a two-part questionnaire whose first part consists of demographic data, age, gender, marriage status, education, occupation, number of children and living condition of the elderly and age, gender, marriage, education, and occupation of their caregivers. The second part consists of interpersonal communication skills standard test. This questionnaire was invented by Queendam for measuring communication skills in adults. It has 34 items with 5 responses of almost never, seldom, sometimes, almost always, and most of the times. The scores of 1 to 5 are allocated to them and each person can obtain the score between 34 and 170. Of course, we should remind that

questions 2, 4, and 6 are scored inverted due to their nature and content. The higher score means that the person has higher level of communication skills and vice versa.

The reliability and validity of this questionnaire were determined by Hosseinchari and Fadakar. Its Cronbach's alpha was 0.69. Measurement stability, reliability, and validity of this questionnaire are reported high and acceptable by Queendam [18]. Because 4 levels of weak, average, good, excellent, were considered, the division was done as follows: scores 33-67 show weak communication skill; 68-102: average communication skill; 103-137: good communication skill; and 138-171: excellent.

After receiving medical ethics code number TR.TMU.REC.2017.662 and official introduction letter of Tarbiat Modarres University research deputy and providing enough information about the aim of this research and assuring participants that the collected information remain confidential and for study purposes, they were asked to answer the questions in the case of willingness and informed consent to participate in this study. The questionnaires were anonymous, and personal information was kept confidential. This study is registered at the Iranian registry of clinical trials (registration number 33665). After collecting questionnaires, demographic data and the scores of each questionnaire were registered in SPSS16 software and analyzed by Kolmogorov-Smirnov test, Chi-square, and Spearman correlation. Kolmogorov-Smirnov test rejected the normality of data.

Findings

Generally, 140 aged people and their caregivers participated in this study. The mean and standard deviation of aged people and their caregivers were 66.39 ± 6.16 and 55.01 ± 6.38 , respectively. The mean score of communication skills for caregivers and the elderly obtained out of 170 points available were 75.83 ± 11.79 and 90.37 ± 3.81 , respectively. In caregivers' group, 61.43% and 38.57% of the participants were old women and men, respectively, 77.14% were married, 15% were single, and 7.86% were widow. From 140 caregivers, 27.14% had elementary degree, 4% had middle school degree,

32.86% had diploma of whom 7.86% were unemployed, 11.43% were employed, 25.71% were retired, and 55% were housewives.

Also, in the elderly's group, 61.40% were women, 38.60% men of whom 72.10% were married and 27.90% were widow. 72.10% lived with their husbands, 14.30% lived with their children, and 13.6% were lonely. It should be noted that out of 140 aged people, 43.60% were illiterate, 20% had elementary degree, 12.10% had middle school degree, and 24.30% had diploma, of whom 4.30% were unemployed, 10.70% were employed, 28.60% were retired, and 56.40% were housewives.

In Table 1, mean scores of the elderly and caregivers' communication skills were compared by Chi-square tests, using demographic variables. With regarding to Table 1, a significant statistical relationship was observed between total communication skills with age ($p=0.038$). But, there was no significant statistical relationship between other demographic variables with total communication skills and also its other various dimensions ($p>0.05$).

In Table 2, mean scores of the elderly's communication skills were compared by Chi-square tests with demographic variables. With regarding to Table 2, a significant statistical relationship was observed between attitude toward communication process skill with marriage status, between listening skill with living condition, emotion control skill with number of children and total communication skill with age and occupation ($p<0.05$). But, there was no significant statistical relationship between the other demographic variables and communication skills, and total life style and also other various dimensions of these two variables ($p>0.05$).

According to Table 3, the level of the communication skills of caregivers and most of the elderly was evaluated at moderate level. With regard to Table 4, a significant statistical relationship was not observed between total communication skill mean score with scores decisiveness ($p=0.100$) in elderlies' group and listening ($p=0.061$) in caregivers group. But, in both groups, a significant statistical relationship was observed between other dimensional communication skills and total statistical score ($p<0.05$; $p<0.001$).

Table 1) The relationship between total communication skills score and its various dimensions in the elderly's caregivers with demographic variables

Skills	p-value of variables				
	Age	Gender	Occupation	Education	Marriage status
Listening	0.665	0.609	0.273	0.871	0.128
Receiving and Sending message	0.405	0.516	0.588	0.435	0.554
Vision to communication process	0.522	0.656	0.620	0.922	0.787
Excitement control	0.955	0.817	0.568	0.249	0.745
Communication with certainty	0.594	0.732	0.716	0.878	0.280
Total	*0.038	0.665	0.349	0.721	0.434

Chi-square test (* $p<0.05$)

Table 2) The relationship between total communication skills score and its various dimensions in the elderly with demographic variables

Skills	P-value of variables						
	Age	Gender	Occupation	Living condition	Education	Number of children	Marriage status
Listening	0.051	0.263	0.290	*0.005	0.651	0.757	0.900
Receiving and sending message	0.151	0.788	0.838	0.519	0.278	0.087	0.429
Vision to communication process	0.888	0.469	0.726	0.060	0.667	0.794	0.023*
Excitement control	0.071	0.517	0.646	0.224	0.630	0.049*	0.409
Communication with certainty	0.743	0.880	0.972	0.587	0.188	0.575	0.140
Total	*0.027	0.242	*0.031	0.659	0.336	0.893	0.513

Chi-square test (*p<0.05)

Table3) Frequency distribution of communication skill level of the elderly and their caregivers with the Score range of 34-170

Participants	Communication skill level		
	Number	Percent	Range
Elderly	140	100	Medium (68-102)
Caregivers	57	40.71	Weak (33-67)
	83	59.29	Medium (68-102)

Table 4) Distribution of score correlation and dimensions of the communication skills in the elderly and their caregivers

Skills	Elderly		Caregiver	
	r	p	r	p
Communication with Certainty	0.140	0.100	0.211	0.012**
Excitement control	0.481	<0.001*	0.239	0.004**
Vision to communication process	0.442	<0.001*	0.166	0.049**
Receiving, and sending message	0.562	<0.001*	0.328	<0.001*
Listening	0.315	<0.001*	0.159	0.061

**p<0.05; *p<0.001

Discussion

The result of this study showed that the mean of most of the elderly and caregivers' communication skill score was at the moderate level, using Queendam's questionnaire. These results are consistent with the result of pervious study that was done on medical students of Hamedan [19] and lecturers of Ilam University of medical sciences [12], but it was not nonsistent with other studies [20-25]. This difference has 2 reasons; first, difference in research units because elderlies have different physical problems, which can affect their communication skills like hearing problems and second, using different tools.

Also, in Majdam *et al.*'s study, elderlies' level of the communication skills is reported at good level, and the difference in two study's demographic features may be the reason of disagreement, because most of the community of Majdam *et al.*'s study are retired men and it is considered that interactions, outdoor activities, and freedom of men in the society can be a reason for Gonabad's elderlies' good level of the communication skills [17].

Findings of this study showed a significant relationship between total communication skills and

elderlies' age and caregivers' age. These results are consistent with the result of a study conducted by Palmer *et al.* [10], stating that the reason is reducing social exchange, less participation in social activities, and elderlies' too much loneliness, but the result of other studies [17, 12, 21, 19, 26] are inconsistent with the result of this study. Of course, in some studies, reverse correlation between age variable and total communication skill is observed due to two reasons. First, communication skill may not improve by passing time, increasing age, and experience, because it is forgotten without repetition and practicing [12]. Second, limitation caused by physical problems and the elderlies' disabilities and also faring from interactions and social activities can reduce the level of communication skill [17].

In the present study, a significant relationship was observed between communication skill and elderlies' occupation. In Majdom *et al.*'s study [17], although the highest mean score of communication skill was related to retirement, the result is consistent with the present study and the reason can be the retirement of most of the elderly. Cingi *et al.* [11] stated that elderlies' communication problems can be related to their social problems like retirement or social isolation. The higher the presence, communication, and social activities of the elderlies in society, the higher ability to communicate.

Also in the present study, significant relation was observed between attitude toward communication process skill and elderlies marriage status. The other studies showed that the marriage status is one of the effective factors of communication skill and married people have better communication skill level to communicate with others rather than singles because of having confidence and higher daring [19, 23, 24].

According to researcher, married elderlies have higher attitude to communication process rather than the widows because of continuous interactions with their partner in order to understand each other's behavior and words, obviate, and create a stable life with respect and peace away from correct judgments. In conclusion, in order to understand and comprehend others and appropriate influence on social relationship and interactions, they manage their abilities well.

The other result of this study was the significant statistical relation between listening skills with the elderlies' living condition, while in Majdom *et al.*'s study [17], this indicator has significant relation with elderlies' gender, and listen actively is so important to make a correct human relationship and avoid misunderstanding. Elderlies need good communication more than middle aged. They need the relationship with their spouse, child, and facts, to tolerate the pressures caused by the aging easier. Consequently, elderlies who live with their spouse or their children express their disabilities and actively listen to their family's opinions about how to deal with them. On the contrary, elderlies, who live lonely, do not attend to apathetic and impercipient people speeches and they do not express their disabilities and discomfort. Therefore, they select themselves loneliness and away from community more than ever.

In this study, a significant relationship was observed between excitement control skills with number of children. Corresponding to these results, other studies have shown that emotional misbehavior and negligence from children lead to frustration and disappointment feeling, as a result of loneliness in elderlies [27-29]. In fact, if a child in elderlies family with number of children, neglect emotionally, other children can compensate this lack of affection with sympathy and understand elderlies affection and emotions and soothe elderlies' discomfort and worried. But, about elderly, who has fewer children, this lack of affection without compensation leads to elderlies' disability in excitement and feeling control. In different situations, it reduces exhilaration and vitality feeling and faring from social interaction.

The results show that there is a significant and direct correlation in both elderlies and caregivers groups between mean score of total communication skill with the scores of ability of receiving and sending message skills, attitude to communication process, and excitement control. With regard to these findings, it can be concluded that the ability of the elderly and their caregivers in encryption and understanding excitement was accompanied by their social and emotional compromise. The more these skills are in elderlies and their caregivers, the greater their ability to communicate effectively with their audience. The proper relationship between the elderly and their caregivers can affect their level of satisfaction with their lives and reduce the negative consequences of living alone. The existence of a balanced relationship between aged people and their caregivers will attract more support.

The limitations of this study are the availability of sample, low literacy of most participants that led to completing most of the questionnaire, the method of interview by the researcher himself, and wasting time.

Conclusion

Regarding the importance of communication skill in aged people and the effect on elderlies' life quality, it is expected to improve these skills in elderlies' group and their caregivers, and regular and systematic curriculums will be designed and performed by relevant managers and authorities such that they can participate in the communication skills workshops to improve elderlies' health and learn essential topics of communication.

Acknowledgements: The authors express their gratitude to the research deputy of Tarbiat Modarres University and they would like to express their gratitude and appreciation to elderlies and their caregivers because of their sincere cooperation.

Ethical Permissions: TR.TMU.REC.2017.662

Conflict of Interest: None declared.

Authors' Contribution: Marjan Bagheri (First author), Introduction author/ Methodologist/ Original researcher/ Statistical analyst/ Discussion author (40%); Shamsaddin Niknami (Second author), Methodologist/ Assistant/ Discussion author (30%); Fatemeh Rahmati Najarkolaei (Third author), Methodologist/ Assistant/ Discussion author (30%).

Funding/Support: This article is part of MS thesis on health education and health promotion with the number 2017.662 in Tarbiat Modarres University's ethics committee.

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