

DOI: 10.15225/PNN.2014.3.2.4

Difficulties Related to the Communication with the Patient with Aphasia According to the Nursing Staff

Trudności w porozumiewaniu się z pacjentem z afazją w opinii personelu pielęgniarstwa

Małgorzata Cheba¹, Regina Żuralska², Marcelina Skrzypek-Czerko³

¹Pomeranian Centre for Infectious Diseases and Tuberculosis in Gdansk, Poland

²Department of Social Nursing and Health Promotion, Institute of Health Sciences in Slupsk
The Medical University of Gdansk, Poland

³Department of Neurological-Psychiatric Nursing, The Medical University of Gdansk, Poland

Abstract

Introduction. Sudden onset of aphasia due to stroke deprives man of communication with the environment, as well as eliminates of family, social and professional life. Difficulties in communication with patients with aphasia are important issues in ensuring the proper care and improve the quality of patients' life. Therefore, it is important to have the nursing staff knowledge and skills in communication with a patient with aphasia.

Aim. The aim of the study was to evaluate the difficulty of communication with a patient with aphasia, to determine the possibility of communication and the factors contributing to the improvement of the situation of the patient in the opinion of the nursing staff.

Material and Methods. The survey was conducted among 100 nurses working on the neurological wards in six specialized hospitals in the Pomerania region, between August 2012 to August 2013. Research material was collected by the author's questionnaire.

Results. Statistical analysis revealed that age, education and work experience of nurses are related to owned by nurses the knowledge and skills to overcome communication difficulties.

Conclusion. Better educated nurses with long work experience, often declare their readiness to therapeutic cooperate with patient with aphasia. Most respondents indicated that no therapeutic action by nurses result of external causes that relate to excess duties. (JNNN 2014;3(2):75–80)

Key Words: aphasia, a communication process, stroke, neurological nurse

Streszczenie

Wprowadzenie. Nagłe wystąpienie afazji wskutek udaru mózgu pozbawia człowieka komunikacji z otoczeniem, jak też eliminuje z życia rodzinnego, społecznego i zawodowego. Trudności w porozumiewaniu się z pacjentem z afazją stanowią istotny problem w zapewnieniu właściwej opieki i poprawy jakości życia chorych. Dlatego też istotne jest posiadanie przez personel pielęgniarstwa wiedzy i umiejętności w zakresie komunikacji z pacjentem z zaburzeniami mowy o charakterze afazji.

Cel. Celem pracy była ocena trudności porozumiewania się z pacjentem z afazją, określenie możliwości komunikacji oraz analiza czynników wpływających na poprawę sytuacji pacjenta w opinii personelu pielęgniarstwa.

Materiał i metody. Badanie przeprowadzono wśród 100 pielęgniarek pracujących na oddziałach neurologii w sześciu specjalistycznych ośrodkach na terenie województwa pomorskiego w okresie od sierpnia 2012 do sierpnia 2013 r. Materiał badawczy zebrano za pomocą autorskiego kwestionariusza ankiety.

Wyniki. Analiza statystyczna dowiodła, że wiek, wykształcenie i staż pracy personelu pielęgniarstwa mają związek z posiadaną przez pielęgniarki wiedzą i umiejętnościami pokonywania trudności komunikacyjnych.

Wnioski. Pielęgniarki lepiej wykształcone z dłuższym stażem pracy, częściej deklarują chęć współpracy terapeutycznej z pacjentem z afazją. Większość ankietowanych wskazała, że niepodjęcie działań terapeutycznych przez pielęgniarki wynika z przyczyn zewnętrznych, które dotyczą przeciążenia nadmiarem obowiązków. (PNN 2014;3(2):75–80)

Słowa kluczowe: afazja, proces komunikacji, udar mózgu, pielęgniarka neurologiczna

Introduction

‘Speech is said to be one of the most difficult activities performed by the man with the use of the tongue. Language communication is an ability to use the language and apply it relevant to the situation and context’ [1]. Aphasia suddenly interrupts the ability to communicate and deprives the man not only of contact with the closest environment but it also imposes a burden of disability — causes a complete dependence, breaks family ties, professional functions, roles in society. The patient loses the balance in all aspects of life, remaining alone, imprisoned in a new situation, he or she does not understand [2,3].

The problem of Communications with a patient with speech disorders is ignored in a multitude of other complications resulting from the main disease. However, for the patient the lack of interaction with another person destroys his/her self image and considerably lowers the self esteem and even deprives the patient of personal dignity. Very often it constitutes a burden higher than disability, reduces the quality of life. For the nurse aphasia is a challenge requiring knowledge and skills which make it possible to overcome difficulties related to the process of communicating.

The paper aimed at assessing difficulties in communicating with the patient suffering, according to the nursing staff, from aphasia. Particular goals regarded the determination of the possibility of communicating with the patient by means of subjective assessment of the staff in respect of knowledge and skills acquired in the course of work at the neurological ward as well as the analysis of the factors having effect on the improvement of patient’s situation based on correct reading and diagnosing patient’s needs according to nurses’ opinion.

Material and Methods

The tests were carried out in six centres in Pomaranian Province: J.K. Łukowicz Specialist Hospital in Chojnice, Florian Cejnowa Specialist Hospital in Wejherowo, J. Korczak Province Specialist Hospital in Slupsk, Saint Wojciech Albert Specialist Hospital in Gdansk, Copernicus Pomeranian Traumatology Centre in Gdansk, University Clinical Center in Gdansk. The tests covered 100 nurses working at neurological wards.

The group of respondents consisted exclusively of women at the average age of 43.6. The youngest respondent was 22 years old, and the oldest was 60 years old. The vast majority of respondents (52%) were nurses with higher education. The remaining respondents graduated from medical school (36%) and medical nursing (12%). Two graduates from medical school declared higher education in teaching, whereas 1 person completed a specialization in preventive nursing.

The research material has been collected using the author’s survey questionnaire consisting of 23 multiple choice questions (4 of which included metrics) which allowed to define the characteristics of the group tested as well as description of coping with difficulties in communicating with the patient suffering from aphasia. Statistical analysis was performed with the use of: the Kolmogorov-Smirnov test, the non-parametric test used for comparison of one-dimensional distribution of statistical characteristics (values: $d=0.09552$, $p>0.20$ were adopted); Lilliefors’s, test applied for determining whether the variable has a normal distribution, was made from the transformation of the Kolmogorov-Smirnov test (values: $p<0.05$ were adopted).

The statistical analysis was carried out by means of StatSoft Inc. programme (1984–2010) STATISTICA version 9.1. The description of the groups tested and the characteristics of the variables were performed with the use of measurements of descriptive statistics: tables of frequency. Whereas for the assessment of correlation between the variables, cross-tabulation tables were applied [4].

Results

In the tested group of nurses it was observed that most respondents at the age of 35–40 had assessed their professional preparation to work with the patient suffering from speech disorders as good. This age group consisted mostly of nurses with higher education — 20 respondents (38.46% of all nurses with a university degree).

The analysis of the effect of work experience at the neurological ward on self assessment regarding the level of professional preparation of the nursing staff indicates that nurses working longer than 20 years is the group declaring good professional preparation — 18 persons (18% of all respondents), the remaining respondents with the same work experience considered their qualifications

as satisfactory — 15 persons (15%) or unsatisfactory — 8 persons (8% — the most numerous group in the whole study). That might indicate perhaps a certain verification of knowledge as well as of skills acquired by education in long-time contact with the patient.

The analysis of the effect of age and seniority on the ability to read the needs indicated by the patient with aphasia showed that just as in the self assessment regarding professional preparation, the most numerous group which declared that they correctly read the needs of the patient with aphasia were nurses aged 35–40 (18 nurses — 18% of all respondents). Only one person (1%) aged 45–50 acknowledged she insufficiently recognized the needs of the patient with speech disorders.

The effect of working experience at the neurological ward on the recognition of the needs of the patient with aphasia, analogously as in the aforementioned case has been observed in the group of nurses over 20 years old — 21 persons (21%). This group is the most numerous, however in the same age group there is also one person who does not have sufficient skills to read the needs of the patient with speech disorders. Nurses aged 35–40 mostly confirmed that they had skills which allow to overcome difficulties related to speech disorders in the patient: 22 persons (22%). Of similar opinion were 13 persons aged 45–50 and 12 persons (12%) aged 40–45. One person aged 55–60 (1%) declared she had no such skills. The group aged 45–50: 14 respondents (14%) declared insufficient skills.

Analysing the effect of work experience on the assessment of nurses' skills regarding communication with the patient suffering from speech disorders, it has been observed that the most numerous group consists of nurses who have been working for over 20 years, 22 of which confirm the possession of relevant skills enabling communication with the patient with aphasia, which constitutes 53.66%. However, 19 respondents from this scope of seniority acknowledged that had insufficient skills (46.34%). In the tested group where the declared working experience was below 5 years — 16 persons confirmed having skills which allow to communicate with the patients with speech disorders. This constitutes 61.54% in this range of seniority. 10 persons however, defined their skills as insufficient (38.46% of respondents in the working experience range up to 5 years). In the group of nurses with 10-year working experience, 1 person indicated lack of skills for communicating with the patient with aphasia. 4.35% of respondents from the group were in this working experience scope (23 nurses with experience not longer than 10 years participated in the research). The nursing staff with working experience not exceeding 15 years (10 persons) responded in the manner confirming the ability to communicate with a patient with aphasia, excluding one person who considered her skills as insufficient.

Nurses with secondary education (medical school graduates) most numerous confirmed having the skills to communicate with a patient with aphasia, allowing to overcome difficulties resulting from speech disorders — 22 respondents, which is 61.11% of all respondents who graduated from medical schools, 1 person (2.7%) was of the opinion that she did not have such skills, whereas 13 persons defined their skills as insufficient (36.11%). In the group with a bachelor of nursing degree: 20 respondents out of 34 acknowledged that they had skills allowing communication with the patient with aphasia. Nurses after 'bridging' studies (20 persons) positively replied to the question regarding the skills in 60% of the group of this group — 12 persons, whereas 8 respondents (40%) acknowledged they insufficiently know how to overcome difficulties in communicating with the patient with aphasia. Similarly, respondents after nursing studies of 1st degree: 8 persons out 14 confirmed having the skills (57.14%), and 6 nurses (42.85%) assessed they insufficiently manage with the contact with a patient with speech disorders. In the group with nursing master degree (18 persons) 11 persons responded affirmatively (61.11%), including 2 nurses after uniform nursing studies and 9 persons after studies of second degree. The remaining respondents (38.88%) acknowledged their skills were insufficient: 6 respondents after II degree studies and 1 person after uniform master degree studies.

Sources of knowledge used by nurses to communicate with a patient with aphasia consist of: personal experience — 17% of respondents, and vocational training — 10% of respondents. The nurses admitted they also had used other forms of communicating skills acquisition regarding patients with speech disorders.

The analysis of responses concerning knowledge and its practical application by the nursing staff in communication with the patient with aphasia showed that the respondents had been communicating with the patient by means of short, simple sentences articulated clearly and carefully (37%) or effectively listening and replying (24%). There have been differentiated, among the groups studied, a group (19%) making use of both the first as well as the second manner during a talk with the patient.

In the case of the question regarding the sphere of communication with the patient with speech disorders 22 nurses (22%) replied it had mainly referred to information regarding care treatments. 19 persons (19%) chose information regarding relevant situations being an element of hospitalization. 18 respondents (18%) considered contact with the family or relatives of the patient as well as spontaneous conversations on any topics.

Analysis of the significance of non-verbal communication with the patient with aphasia showed that: 42 nurses considered it necessary for recognizing patients'

needs (42%), 30 were of the opinion that it was indispensable for the nursing process (30%), 25 (25%) declared both aforementioned variants.

In the group tested, 18 persons (32.73%) declared, that they correctly understood the signs of patient's needs and recognised non-verbal communication as indispensable for the nursing process. 19 respondents (34.55%) recognised non-verbal communications as indispensable in diagnosing patient's needs, whereas 15 persons (27.27%) confirmed both answers at the same time. The respondents, considering their skills sufficient to read the needs indicated by the patient — 22 persons (50%) stated that non-verbal communication is indispensable for diagnosing, and that it was of significant importance in the nursing process — 12 persons (27.27%). In the group there were nurses who confirmed both variants of response — 10 nurses (22.73%). 1 person assessing her skills as insufficient to read the needs expressed, acknowledged non-verbal communication as necessary for their recognition.

There was analysed nursing staff's knowledge regarding basic actions which ought to be taken in reference to the patient at the initial stage following the occurrence of aphasia. The group of 40 respondents stated it meant persuading the patient to multiple repetitions (40%). 25 respondents confirmed the use of gestures and mimicry in the contact of the patient as well as slow whispering of simple sentences with clear stress on significant words (25%). 15 respondents (15%) declared the combination of both methods.

In the test regarding the time and situation for taking actions by the nursing staff in order to re-educate the patient with aphasia, it was declared: during every contact with the patient — 89 respondents (89%). 3 respondents (3%) negated making therapeutic contact in reference to the patient with speech disorders. 8 respondents (8%) commenced re-educational actions regarding the patient after the end of the acute phase of stroke. 3 nurses (3%) took actions immediately after the arrest of the acute phase of illness and during every contact with the patient.

In the group of respondents who declared having relevant skills to reconstruct verbal communication with the patient with aphasia, the most common reason for the lack of therapeutic actions was the employment of speech therapist/physiotherapist (37.70%) or considerably limited time due to excess duties (24.59%). It was observed with the respondents who assessed their skills as insufficient for working with the patient with speech disorders that the failure to take therapeutic actions results from employment of a specialist at the ward (speech therapist/physiotherapist) (42.11%) or from shortage of time due to too many duties (10.53%) as well as from both (10.53%). One person admitted the lack of skills allowing to overcome difficulties of speech

disorders and indicated she did not take any therapeutic actions as she did not have relevant experience and it did not fall within the scope of her duties.

Among the respondents, 58 nurses (58%) confirmed there was a standard of speech therapy regarding the patient with aphasia, 21 (21%) acknowledged that they had no opinion in this matter, and the same number responded with an answer negating functioning of the standard.

The analysis nurses' opinion regarding conditions for the performance of therapy of the patient with speech disorders proved that 60 respondents had confirmed there were appropriate conditions at the ward for the therapy (60%), 25 acknowledged that they were insufficient (25%) whereas 15 denied their functioning. It was also analysed whether the nursing staff support the patient with aphasia: 51 respondents confirmed supporting the patient (51%), 43 declared they always guaranteed support to the patient with speech disorders, (43%), 6 respondents provided support occasionally (6%).

The assessment of broadening knowledge and skills by the nursing staff related to the therapy of speech disorders showed that 93 respondents (93%) confirmed the aforementioned need, 7 respondents (7%) denied that they had such a need.

Analysing nurses' expectations regarding external actions with a positive effect on the process of communicating with the patient with aphasia, it was proved that 30 respondents indicated a higher accessibility of services performed by the psychologist, speech therapist or physiotherapist (30%). 27 respondents emphasized considerable significance of work according to the individual scheme prepared (27%). 10 respondents ticked the necessity of staff training (10%).

In the group of nurses confirming the need of supplementing knowledge and acquiring skills regarding speech therapy: 27 respondents (29.03%) expressed their belief that the possibility to use the services supplied by the psychologist, speech therapist or physiotherapist would positively affect the process of reconstructing the communication skills lost. Among the respondents from the same group, 24 (25.81%) acknowledged that work with the patient with aphasia according to an individually prepared scheme would have a positive effect whereas 10 persons (10.75%) expressed an opinion that staff training would have successful results.

Among the respondents who negated the need to broaden knowledge and skills by the scope of therapeutic actions aimed at reducing speech disorders, 3 persons (42.86%) acknowledged that services supplied by the psychologist, speech therapist or physiotherapist should be made accessible or, according 3 other respondents (42.86%) one should work according to a scheme individually prepared for an patient with aphasia.

Discussion

There are only few research in literature referring to the role of the nurse in the therapy of speech disorders in the patient with aphasia. Therefore, comparisons regarding the development of this problem over time are not possible. The only one to which one can refer was carried out in 2000 by K. Anuszevska-Mastalerz in a group of 37 nurses from neurological (20) and neurosurgical wards (17) where the average age was 28.9 whereas average seniority was 6.4 — neurology, and 8.3 — neurosurgery; 93% of nurses completed medical school [5].

The analysis of the obtained results regarding the degree of reading patients' needs by the nursing staff which are indicated by the patient with aphasia, shows progress when compared to the research carried out in 2000: nurses taking the advantage of training opportunities acquire not only knowledge but also but also the professional assurance — are able to assess their abilities through the prism of education which gives more reliable value than seniority. Due to that they have more self-confidence and professional stability which finds its evidence in the increase of the level of quality of care and willingness to take challenges such as work on overcoming communication difficulties together with the patient with aphasia. Studying the sources of knowledge and skills the nursing staff with secondary education indicated own experiences more often than professional preparation, unlike the staff with the staff with the University degree. In contrast to the results from 2000 — contemporary nurses have higher education, therefore it may be concluded that the vocational education is significant as the base, however experiences based on it constitute the value. Considering the possibilities of communicating with the patient with aphasia which are available to the nurse, there have not been reported significant differences as far as education and seniority are concerned. There have been obtained results similar to those in the previous literature: the most important properties of verbal communication include: slow speaking in a low voice, clear repetition of important information (stressing), application of raised intonation, keeping eye contact, illustrating the speech with gestures or facial expressions [6–8]. The tests confirmed that the nursing staff had knowledge regarding early therapy of speech in the patient with aphasia and applied it effectively. The nurse through interaction with the patient collects information referring to the patient: in what manner the patient communicates with others, how the patient reacts to certain types of behaviour, contents expressed, action; is able to interpret signals coming from the patient's body. The gathered information allows to select and use non-verbal communication, create individual relation with the patient based on the system of consistent

messages. The patient then feels being understood, has confidence in the ability which generates satisfaction and reconstruction of self-confidence — values stimulating work on speech improvement. The nurse creates the bridge of communication between the patient and the environment as well as the rehabilitation team: due to the resulting bond the nurse positively affects patient's motivation to cooperate with specialists in order to reduce illness deficits. According to the research, best effects of rehabilitation result from cooperation of an interdisciplinary team, which significantly contributes to early prevention of complications constituting threat to patient's life or delay patient's recovery [9]. Empathic response is the confirmation of nurses' preparation to the professional performance of their occupation [10]. From the therapeutic point of view — activities other than nursing-medical treatments help in speech rehabilitation, for example: the use of emotional speech which is defined as anti-inhibitive effect' [11,12]. Any conversation with the patient with aphasia is an occasion to use the language, enter a specific social situation, try to create relationships with the participants of the communication situation (nurses, the family) which strengthens patient's abilities and skills [13]. Creation of appropriate conditions and situations where the patient would be able to improve his language and communicative skills is an area of tasks for the nurse implementing educational goals to the chronically ill [14,15]. American research from 2000 proved that patients with aphasia have the ability to read lies regarding emotions [16]. This generates compensatory mechanisms ie. non-linguistic abilities allowing to read intentions and thoughts from facial expressions, voice modulation and tone as well as gestures, body position and small movements accompanying speech [17]. That is the reason for the significance of non-verbal communication which is, according to the research, used by nurses in the contact with the patient. By the failure to take action related to speech therapy to a patient with aphasia, nurses are trying to distance themselves from work which may be defined as professional burnout prevention [18,19].

Conclusions

The analysis of collected research material helped to formulate the following conclusions:

1. There is a correlation between the age, education, seniority of the nursing staff and the knowledge and skills declared by nurses which help overcome difficulties related to speech disorders in the patient with aphasia.
2. Nurses, regardless of education and seniority present high level of preparation to work with the patient with speech disorders.

3. The research confirmed the effect of non-verbal communication on reading the needs indicated by the patient with speech disorders.
4. The failure to take therapeutic activities by the nursing staff results, according to the research carried out, from external reasons which regard overloading with duties.
5. It may be concluded based on the analysis that according to the opinion of the nursing staff the organizational factors such as: standards of therapeutic work, conditions for the therapy of speech disorders or the work of the therapeutic staff help to reconstruct patient's communicating abilities. Just like individual characteristics of the nurse: the ability to support and willingness to broaden knowledge positively affect the process of communication with the patient.

Implications for Nursing Practice

Analysing the results received, it is worth considering implementation of trainings in the nursing environment aiming at the explanation of the principles of working with the patient with speech disorders which would help restore and improve the process of communicating with the patient.

References

- [1] Bouvet D. *Mowa dziecka*. WSiP, Warszawa 1996;24–28.
- [2] Laidler P. *Rehabilitacja po udarze mózgu. Zasady i strategia*. PZWL, Warszawa 1996;18–24, 33–35, 176–180.
- [3] Prigatano G.T. *Rehabilitacja neuropsychologiczna. Podstawowe zasady i kierunki oddziaływań terapeutycznych*. PWN, Warszawa 2009;121–127, 266–268.
- [4] http://www.statsoft.pl/textbook/glosfra_stat.html?http%3A%2F%2Fwww.statsoft.pl%2Ftextbook%2Fglost.htm 19.01.2014 23.40.
- [5] Anuszevska-Mastalerz K. Pacjent afatyczny — problem porozumiewania się w opinii personelu pielęgniarskiego. W: Wyzwania współczesnego pielęgniarstwa. *Ann. Acad. Med. Siles.* 2000, suppl. 30;223–228.
- [6] Łuczywek E. Postępowanie terapeutyczne we wczesnym okresie po zachorowaniu. W: Nowakowska M.T. (Red.), *Rehabilitacja chorych z afazją*. PAN, Wrocław 1978;23–36.
- [7] Pąchalska M. *Afazjologia*. Wyd. Nauk. PWN, Warszawa 1999.
- [8] Pąchalska M. Terapia chorych z afazją: cele, realizacja i dy-lematy. *Postępy Rehabilitacji*. 1991;5(2):9–24.

- [9] Kalra L., Yu G., Wilson K. i wsp. Medical complication during stroke rehabilitation. *Stroke*. 1995;26:990–994.
- [10] Moryka M. Empatia a studia pielęgniarские. *Sztuka Leczenia*. 2006;13(1–2):33–38.
- [11] Majewska-Tworek A. Opieka logopedyczna nad pacjentem z problemami neurologicznymi. *Rehabilitacja*. 2003;5:80–83.
- [12] Kułak W., Krajewska-Kułak E. Komunikowanie z pacjentem neurologicznym. W: Krajewska-Kułak E., Kwiatkowska A., Panek W. (Red.), *Komunikowanie interpersonalne w pielęgniarstwie*. Wydawnictwo Czelej, Lublin 2003;96–109.
- [13] Czapplewska E., Kaczorowska-Bray K. Kształtowanie kompetencji komunikacyjnej u dzieci z różnymi dysfunkcjami. W: Porayski-Pomsta J. (Red.), *Diagnoza i terapia w logopedii*. Dom Wydawniczy Elipsa, Warszawa 2008;315–327.
- [14] Sobczak M., Andruszkiewicz A., Banaszekiewicz M. Wykształcenie, jako czynnik wpływający na rozwój zachowań asertywnych pielęgniarek. *Zdrowie Publiczne*. 2010;120(1):76–79.
- [15] Woynarowska B. *Edukacja zdrowotna*. Wydawnictwo Naukowe PWN, Warszawa 2008;98–111, 261–265.
- [16] Etcoff N., Ekman P., Magee J.J., Frank M.G. Lie detection and language comprehension. *Nature*. 2000;405:139.
- [17] Sacks O. *Oko umysłu*. Zysk i S-ka Wydawnictwo, Poznań 2011;58–59.
- [18] Ogińska J., Żuralska R. Wypalenie zawodowe wśród pielęgniarek pracujących na oddziałach neurologicznych. *Problemy Pielęgniarstwa*. 2010;18(4):435–442.
- [19] Olkiewicz J., Andruszkiewicz A. Związek między typami zachowań i przeżyć w pracy a zmiennymi społeczno-demograficznymi w grupie pielęgniarek neurologicznych. *Pielęgniarstwo Neurologiczne i Neurochirurgiczne*. 2012; 1(2):70–75.

Corresponding Author:

Małgorzata A. Cheba
Zakład Pielęgniarstwa Społecznego i Promocji Zdrowia
ul. Dębinki 7, 80-952 Gdańsk
e-mail: orange_fairy@gazeta.pl

Conflict of Interest: None

Funding: None

Author Contributions: Małgorzata Cheba^{A, B, C, D, E, F}, Regina Żuralska^{A, C, D, G, H}, Marcelina Skrzypek-Czerko^{G, H}
(A — Concept and design of research, B — Collection and/or compilation of data, C — Analysis and interpretation of data, D — Statistical Analysis, E — Writing an article, F — Search of the literature, G — Critical article analysis, H — Approval of the final version of the article)

Received: 22.04.2014

Accepted: 09.06.2014