

ORIGINAL ARTICLE

THE ASPECTS OF COMMUNICATION IN THE SOCIAL WORKER PROFESSION, WHO WORKS WITH SENIORS LIVING WITH DEMENTIA

Lukáš Stárek

Department of Special Education, Univerzita Jana Amose Komenského Praha s.r.o., Prag - Czech Republic

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Summary

Life aspects in everyone's life cause a human being all the time in a diverse social situation which affects everyone differently. These aspects are the people who surround us, cultures, political environment, and profession we choose to do for life. Every job should evolve and bring new needs and enquiries. This applies to social workers as well as this job reflects social and cultural attitudes towards diverse social groups such as a mother with children, foreigners, people without housing, people with disabilities, seniors, and seniors or people living with dementia.

The following text points out the significant importance of communication with a focus on social workers who take care of seniors with dementia. This text includes a theoretical perspective on the problem and practical recommendations, and it presents data which were collected during a questionnaire which was part of this research. The number of respondents to the questionnaire is 262, and the participants were from across the whole Czech Republic who are in everyday contact with the target group. The main aim of the research was to discover the social worker's attitude toward communication – how and what purpose is behind the communication with people with dementia, what tools do they use during the communication, and what complications can occur during the interaction?

Key words: communication; dementia; senior; social worker

Note: The term social worker is used in this text without gender correlation. Even though we are aware this profession is significantly feminized.

Introduction

The seniors are one of the most represented groups in society, which has their specifics that need to be respected while taking care of them. Even though we can assume the functional status will be longer within the future seniors than it is nowadays. The growth of seniors will have a significant influence on the whole society (1). The statistic prognosis claims that the year 2040 will be for the Czech Republic an era when the generation of baby boomers

in 70s of 20th century will become seniors the change in numbers of the population will not be significant, the considered number of the population older than 65 years will be more than 2,75 million, which will be 25% of Czech population (1).

Every culture has its specific system of communication which is constructed by language which is a national form of the spoken and written version of the speech, and by specific gestures and behaviours. However, the meaning of gestures and behaviours can be diverse from culture to culture. All cultures have common forms of communication which are divided into verbal and non—verbal forms (2).

The term communication originates from the Latin „communicatio“, which means “participate together” and that originated verb communicate which means in translation “share something”. With regards to the origin of the word, we can define communication as doing an activity together in mutual participation during which people share information (3).

To be able to communicate one needs to be equipped with a scale of abilities and skills which help one to manage conflict situations, motivation, understand human interaction, and correct communication against any barriers. Therefore, abilities and skills reflect the personal predictions of a social worker because in the social work profession is high demand for correct communication with clients.

The ability to communicate is one of the most important skills for human beings and it influences one's ways of communication and behaviour in relationships. Thus, communication is one of the primary tools for social interaction and it is essential for every person living in society. Communication is one of the most important needs of human life and it is considered to be the base of humanity. Therefore, without communication, there cannot be any human society and it cannot evolve without communication. Every human action is based on forwarding and sharing information, feelings, and perceptions. Ergo, communication is essential and for life the most important process.

Communication in social work with a focus on seniors living with dementia

Gulova (4) conducted research with the target group of experts in the social care sphere, she investigated to what extent is communication with a client important, the topic and importance of listening, and how a social worker via communication can help a client to orient in a situation and find a solution for that situation.

Listening in the social work profession is not easy because it is more than listening to the words. A social worker must be focused to be able to perceive the client's mimics, key aspect is eye contact which significantly improves understanding of the meaning (more what is behind the words). Also, it is important to carefully word questions that a social worker uses, but they should be able to be quiet when it is needed. Another crucial part is listening with the whole body, it is body language and mainly posture which signalize active listening. This whole package of little gestures, postures and eye contact proves that the social worker is truly listening, and maximal attention is given. Thus, one's human being values improve. Nevertheless, indeed, one does not believe in someone who during communication does not use eye contact.

Many areas of one's mind and abilities are damaged due to dementia such as memory, concentration, emotions, ability to learn, orientation, and sleeping cycle, often we can observe the change in one's behaviour, and the ability to communicate is different as well. Correct communication, which reflects changes in a senior's life (not only those living with dementia) aims to consider those changes in one's life. One of the most used tools in social work is communication which we should highlight the most. It is communication which is the builder of the relationship between a social worker and a client.

While one is ageing diverse changes happen to them. One of the most visible areas where these changes are significant is communication and communication skills. The character and extent of these changes are based on one's productive era in life. Mainly, the changes are based on the sphere of maximal communication skills achieved in the productive era, especially in the context of social, emotional, and psychological disposals. According to Pokorna (5), specifics of communication with seniors are primarily based on natural physical changes in the human organism (sensors malfunctions, issues with memory, movement malfunctions, and attention disorders) but

by psychological changes as well (one's physical condition before the illness, emotional abilities, anxiety, depressions, current physical condition). It cannot be forgotten to mention outside factors such as the client's lifestyle, relationships with family and close friends, and environment. Communication with seniors living with dementia is a very specific area of social work. During communication, a social worker should reflect on some common rules and recommendations so they can achieve the most effective communication with seniors. The key aspect to success is to choose the right communication techniques and to recognize and respect the limits of higher age and dementia. Every social worker should keep in mind that they are not communicating with an only human beings but with a person. Therefore, the social worker should respect seniors and their life history, experiences, and acquaintance. Overall, they should respect the whole person as all these "life history" aspects are part of the client. This includes previous social class, profession, life role, relation to decision making Type and level of dementia influence communication skills. Due to communication, a senior living with dementia becomes an active part of social interaction.

The risks of social distance and loneliness are high for people of elderly age. The understanding of human and professional keystones in the care of elderly people brings many questions. Nor in need of professionalism but the solution to stigmatization also (6).

Being able to communicate with a client who suffers from dementia is one of the key skills and abilities of a social worker. With inadequate communication, a worker can deepen the client's problematic behaviour, but mainly it causes uncomfortable tension and stress for both, the social worker, and the client, which later precludes a respectful and person-focused attitude (7).

Janeckova (8) claims that social workers provide less time to those clients who do not communicate or communicate with issues. Social workers do not speak with those clients, they do not react to their verbal expressions, they do not ask them, they do not try to listen to them, and they speak about them during their presence. The social workers behave like the clients with verbal issues are deaf. Likewise, people living with dementia have and experience many diverse emotions. Therefore, it is important that families, friends, and social workers can recognize these emotions and can reflect on them and work with them.

Disrupted communication for a senior living with dementia can be caused in diverse areas. It can be aphasia, dysarthria, dysphagia (swallowing disorder), or cognitive-communication disorder. Speech disorders for elderly people can be caused by perception disorders – visual disorders (speech disorders caused by visual disorders) and by hearing disorders (speech disorders caused by hearing disorders).

Principles for communication with elderly people living with dementia, according to Philipp-Metzen (9):

- kindness, patience, and helpfulness,
- speak slowly and understandably,
- use any tool – point to the subject we are talking about, show where we want to go,
- communication should use short and easy sentences,
- communication should be at a short distance,
- the social worker should use eye contact,
- there should be enough time for a reaction so the client can respond,
- recognition and validation, - give signals of understanding "Yes, I know what you mean" and support the trust,
- communication should take place where is a minimum of disruptive factors such as noise. Hauke (7) claims that it is important to keep a calm environment and to focus on the seniors living with dementia, so their attention is not disrupted, and communication errors are eliminated.
- next Hauke (7) points out that speaking about the client in their presence in the third person is minimizing their autonomy and disrespect for them as a person is lower.

Provaznikova and Kalvach (10) in their deeper research highlight in communication with an elderly person living with dementia these:

- address the client with their name – the name is often a tool for how a person with dementia notices you,

- look what they are doing – observe them and listen to them,
- avoid useless compliments – “you are handy, “this is great”.

Further, we can add to these principles our recommendation which originates from our experiences:

- during communication use term and words which senior with dementia knows and accepts,
- do not try to persuade or controvert information, do not cause unnecessary conflicts,
- explain what and why you are doing, offer an alternative solution and possible changes, comment situation,
- respect their privacy,
- do not force seniors to communicate if there are not ready to communicate or do not want to,
- do notice and reflect on senior’s emotions, especially if they are scared, anxious, or are experiencing hallucinations,
- do avoid to urgent attitude and confront the behaviour,
- do not fix their words and do not finish sentences for them, so you do not cause misunderstanding,
- while using nonverbal communication you should avoid sudden and fast movements,
- the client does not want to listen about your issues and your mood.

As mentioned above it is obvious that during communication with a senior living with dementia can occur some communication barriers which cause some communication issues to appear. These can be caused by our environment, our professional attitude, and our current mood.

Pokorna (5) divides these barriers into two categories – internal and external.

- Internal barriers originate from abilities, skills, one’s experiences and medical conditions. Primarily, she means fear from failure, negative emotions (fear, anger), barrier behaviour (xenophobia), physical discomfort, or illness.
- External barriers are caused by the external environment and its organization. Pokorna (5) includes here disruption by someone else, noise, visual disruption, inability to listen, or communication overflow.

Different understanding and classification offered by Venglarova (11) or Mlynkova (12), originate from three groups of possible barriers during communication with seniors. They are:

- Barriers caused by a client, are often caused by seniors. For example, seniors can be tired and thus they do not provide some information. Another cause can be a lack of trust which possibly could be not established between a social worker and a client. The client can be passive during dialogues about specific topics, which could be caused by an upbringing in a specific time for elderly people these topics could be sex, financial situation, relationships in family. Further, it could somatic barriers which cause that senior living with dementia is passive. The somatic barrier can be a pain, decondition of sight or hearing, speech disorders, dementia; or psychological barriers experiencing fear, anxiety, or stress. Sometimes elderly people living with dementia can use vulgarisms and rude words, after the situation is important to identify whether it is caused by the illness or if it was a reaction to the concrete situation.
- Barriers caused by a social worker could be connected to the profession of social worker – often social workers mention a lack of time and resources to take adequate care of a senior living with dementia. Another problem could be caused by topics/questions about which a social worker cannot or does not want to talk or think about such as long-term illness or death. Also, many seniors still practise religion and it could happen that a social worker is not religious. So, they might find it uncomfortable to talk about this. Another barrier, not only a social worker, could be the unsympathetic relationship between a social worker and a client. This leads to the situation when a social worker finishes the most important tasks and wants to leave soon. With regards to relationships between social workers and clients, we can talk about bad previous experiences, which have violated the relationship between a social worker and a client. Further barriers can be caused by a social worker’s insufficiency such as speech disorder or physical flaws. Also, dementia could cause social workers to fear or stress about their professional capacity and experiences.

- Environmental barriers could include noise, uncomfortable temperature, or air in a room. Further, it could be the presence of other people in a room and lack of privacy. The ideal is to provide a room where the need for calm and safe feeling could be provided for a senior who lives with dementia. In the case of environmental barriers, we should mention the social situation of a senior as well. Often, senior family is taking from them their ability to decide for themselves and they disrupt communication. The social environment is important from a social worker's lens, where must be established process providing information about a client with regards to their needs, changes and situation which occur.

The harder is for a senior with dementia to understand verbal communication, the more important non-verbal and para-verbal communication. Therefore, all parts of communication must be in line with the social worker's speech. This includes non-verbal communication which should be truthful and concerning what is a client experiencing. This cannot be reached without the full devotion of social workers to their job (7). Non-verbal communication is more unconscious, and it cannot be fully controlled in contrast with verbal communication. Non-verbal communication can support verbal communication, it can strengthen the results of verbal communication, or it can overtake verbal communication. Sometimes a gesture of mimics is enough, and words are unnecessary. If a social worker's verbal communication is not in line with non-verbal communication a client rather believes in non-verbal communication (13). Non-verbal communication in combination with verbal communication is more understandable for seniors with dementia and they are more able to understand communication. It is important to remember this mainly in later phases of dementia when a senior is losing the ability to speak due to the illness. It is crucial to be able to offer diverse types of communication which do not include verbal communication and they will not demand answers, but their main aim will be the presence of a social worker or a family member. According to Venglarova and Mahrova (14), we can use these tools to replace verbal communication:

- Sight – relationships can be made through a sight which we share. To look at someone means we recognize their existence. This is a very intense form of communication, and we can express many things by a look. Our eyes speak through the length of a look, frequency of a look, the angle of a look, and the focus of a look. From eye contact, we can read a person's emotions.
- Touch – lovely gesture calms, lowers aggressivity. Thus, we should touch a person living with dementia if they find it comfortable. Meanwhile touching a person, we should talk as this build more trust.
- Mimics – a person living with dementia has a different style to express their feelings. Through mimics, we can express hundreds of emotions we feel (happiness, fear, peace, sadness, interest, satisfaction)
- Hearing – to become closer with a person through music can provide a calming experience. Nevertheless, the colour and intonation of the carer's voice are important as well.

In the framework of non-verbal, we can modify findings from the medical sphere to the social sphere, according to Zacharova and Simickova-Cizkova (15), carrying situations have a significant influence on choice, usage, and intensity of non-verbal communication. A client's experiences are based on non-verbal communication during everyday meetings and situations. Personal attributes (age, clothes, temperament) of a social worker and a client create somehow a picture of non-verbal communication. During a longer communication can a carer worker expect from a client some established non-verbal expressions. Non-verbal communication is crucial in social work and medicine as well. As it helps to improve communication, and effectivity, manage behaviour, express emotions, and understand what they are living through. Also, it is important to differentiate the environment where the communication is happening (a private room, social areas, a hall, a dining room), the role of the receiver (a social worker – a client, a nurse – a client, a chef – a client), relationships between people (friendship, superior relation, authority), daytime when the communication is happening (morning, noon, evening, night), and length of communication (short conversation during a random meeting at a hall, organized meeting with a social worker). Social workers must receive and recognize non-verbal signals from a client/ a senior living with dementia.

Research

Theoretical frameworks could be hardly accepted and used without research and practical notes from practice. Thus, the topic of senescence and dementia needs to be researched and findings need to be shared. Therefore, we want to present and share unique insights which could help not only social workers but to improve the life quality of people living with dementia.

The main aim of the research was to identify the attitudes of social workers toward the topic of communication – how and with what purposes do social workers communicate with seniors living with dementia. Further, what tools do they use and what complications can occur during the communication.

Our research took place from November 2021 till the end of January 2022. The method was a quantitative questionnaire. The online questionnaire was shared via Microsoft Forms to email addresses, which were provided by Register of social care providers MPSV ČR, there were 79 providers of social work and further distribution was through other online platforms mainly in diverse groups on Facebook.

Characteristics of respondents

The target group were people – social workers taking care of people living with dementia. This research used answers from respondents from the whole Czech Republic, this has been claimed within the question from which region of Czech Republic respondents are. In this research, we used answers from 262 respondents who managed to fill the questionnaire properly. In this research participated 17 males (6%) and 245 women (94%). Age structure was 7% of respondents were under 25 years. One-third of respondents were between 36-45 years old and more than 10% of respondents were older than 56 years.

The structure of respondents based on their education was as follows 57% of respondents have studied any form of university degree (more than one-third achieved a master's degree and more than one-fifth have achieved a bachelor's degree). Only less than 20% have studied a high school. This group of social workers is in the group of older social workers as well (more than one-half are older than 46 years). The biggest part of social workers studied social work major (34%), 17% of respondents studied social care, 14% of respondents studied charity and social industry, and 11% of respondents studied social-law work.

Not only socio-demographic data were collected, but the length of social care practice and characteristics of social care. Respondents were presented equally with their length of practice. The smallest presented group were respondents with a length of practice under one year which was less than 4%. On the other hand, 15% of respondents work as social workers for more than 20 years. The biggest presented group were social workers with a length of their practice between 1-3 years, this was 18% of respondents.

The majority of social workers (76%) work in residential social care provisions, specifically, most of them work in senior houses (35%), in residential provisions with specific regimes (26%), and in care houses (9%). The social workers worked in the Central Bohemia region (23%), Prague and the South Moravia region. In contrast, the smallest number of respondents were from the Zlin region less than 1%.

Findings

The main part of the questionnaire was focused on communication with seniors living with dementia. The questions investigated how and with what purpose social workers communicate with people living with dementia. Further, what tools do the social workers use and what complications can occur during communication with a person living with dementia.

The majority of social workers feel that they reached certain expertness in the topic of communication with seniors living with dementia – specifically, 55% of respondents said, “definitely yes” and 39% of respondents said, “probably yes”. Only 6% of respondents said they feel they do not orient in this topic. Mostly, these are people with a length of their practice under one year and without a course focused on communication and dementia.

Most of the respondents (85%) have been at a specific course dedicated to communication with a senior living with dementia. Only 15% of respondents have not been to any course. It has occurred that mostly those social workers who have not been at any course work in a non-profit making organization.

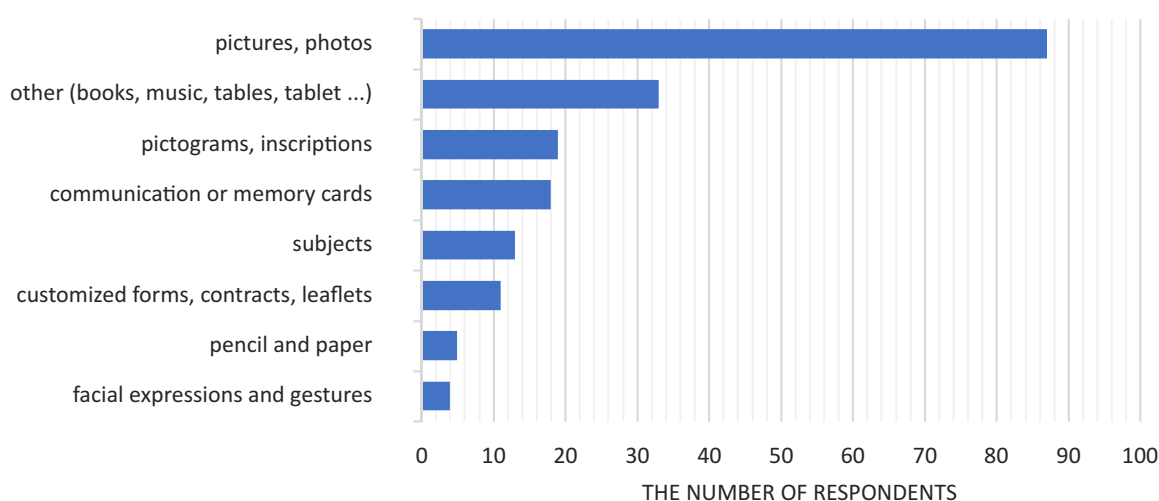
Sort all respondents customise their communication to the needs and abilities of a person their work with, and almost every respondent (90%) paraphrases information they receive during communication with the purpose

to improve their understanding. Also, they all try to find a calm place to lead a dialogue with a person living with dementia. The four-fifths of social workers introduce the details of the meeting to a senior at the begging of their meeting. The same number of social workers use touch and non-verbal communication during a conversation. On the other hand, only 15% of respondents work with seniors with dementia on daily basis and at least one-fifth of respondents confess that they have some assumptions during communication with people living with dementia. Others said that they might have some assumptions.

Table 1. Used forms of communication (1=definitely yes, 2= more likely yes, 3= more likely no, 4= definitely no).

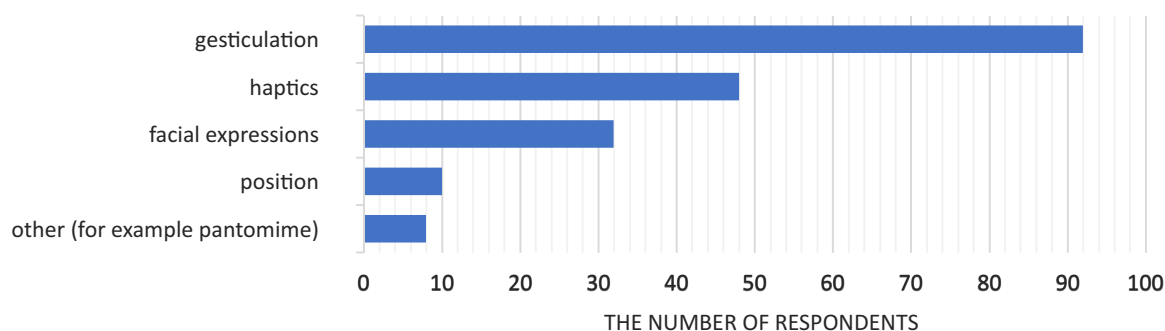
Form of communication	%				Average grade	Median
	1	2	3	4		
Introduction of time scale and other details related to a meeting	37	40	18	5	1,9	2
Social worker's assumptions	3	18	79	0	2,8	4
Usage of calm place	56	35	6	3	1,6	1
Modification of communication to the needs and abilities of a person	85	14	0	1	1,2	1
Usage of tools	29	30	39	2	2,1	2
Usage of non-verbal communication	47	36	16	2	1,7	2
Saying "vy"	76	6	3	15	1,6	1
Paraphrasing of information	42	48	9	1	1,7	2
Possibilities to use touch	35	42	19	3	1,9	2

The help tools use almost 60% of respondents. Often the used tools are pictures, photos, and pictograms which use by 40% of respondents. Further, they use communication and memory cards, tablets, tables, books, or modify leaflets, contracts, and leaflets (graph 1).



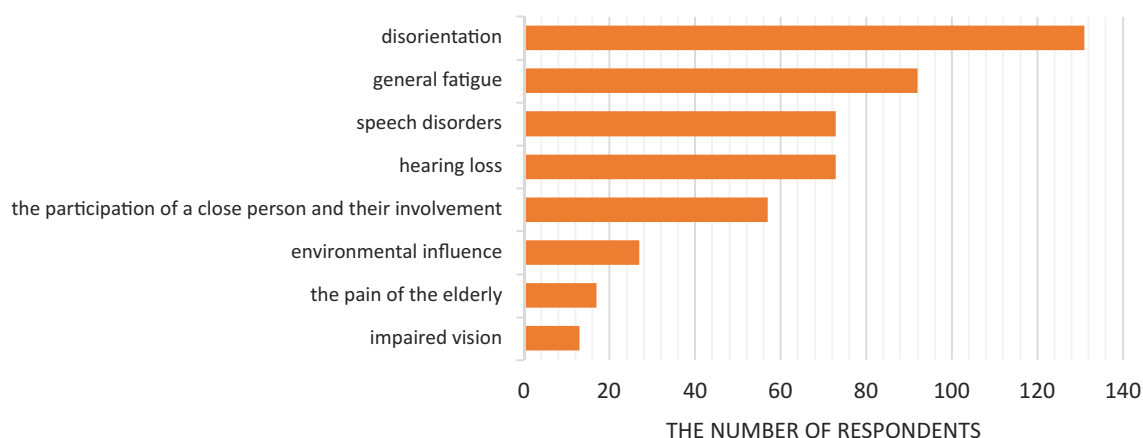
Graph 1. Tools used during communication with a senior.

Non-verbal forms of communication during a conversation with a person living with dementia are used by more than 80% of respondents. Often it is gestures, which uses by more than one-third of all respondents (graph2).



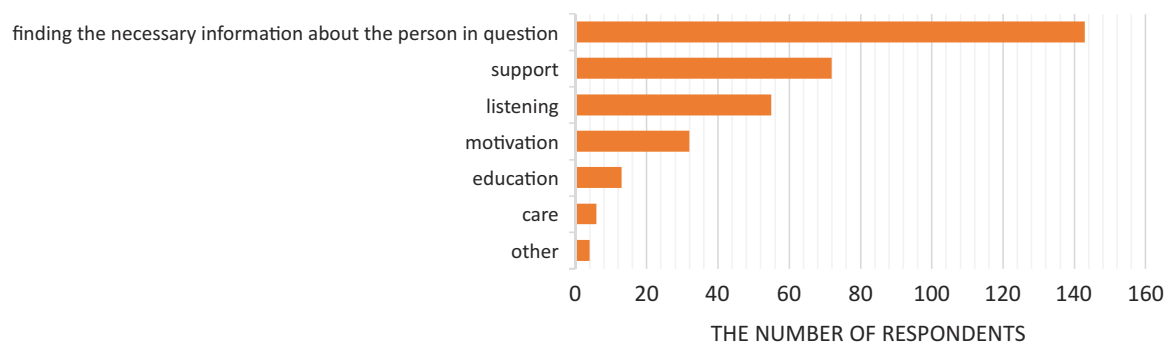
Graph 2. Non-verbal forms of communication used during communication with a senior.

During a conversation with a senior living with dementia social workers often needs to face a situation which complicates communication (graph 3). Most frequently it is a senior's disorientation which happened to half of the respondents. Next, it is a senior's tiredness, speech disorder or hardness of hearing. In 22% of situations, communication is complicated due to the presence of a senior's family member who takes over the communication.



Graph 3. The most frequent situations which complicate communication with a senior living with dementia.

The most frequent purpose of communication with a senior living with dementia is to receive needed information (55% of respondents). The second most mentioned purpose is support, listening and motivation (graph 4).



Graph 4. The purpose of communication with a senior.

Conclusion

From this research is visible that the topic of communication with seniors living with dementia is interesting and necessary. Not only in the context of target groups which has own specifics with regards to their illness. One of the findings is that the higher education a social worker achieved their professional orientation in the topic of communication grows as well. This relation occurs not only from statistical findings. Similarly, the counted amount clarifies that between variables is strong negative relation and that professional orientation can be explained by the length of practice by only 20%. Further, there is an important relation between professional orientation on the topic of communication and the level of a person's focused work. Suchlike the higher orientation in the topic of communication with a senior living with dementia social workers more often uses social work focused on a person.

Social workers who have not been at a specific course related to communication with a senior living with dementia are more likely not to use communication tools. Specifically, 55% of respondents are not using any tools at all. This is a significantly higher number than those who have been at a course related to communication (38%). However, with closer attention to the statistics, we can say that this relation is not that tight. Nevertheless, we can claim that there is a statistically significant relation between undertaking a course related to communication with a person living with dementia and usage of communication tools during a conversation with a senior living with dementia. Specifically, we can claim that social workers who had not undertaken a specialized course focused on communication are more likely not to use communication tools.

Respondents are more likely to introduce to a senior the details of their conversation if they graduate from a course focused on communication with people living with dementia. Also, numbers in statics prove that this relation is statistically important. Therefore, we can say that details of a meeting introduce more likely those social workers who had undertaken a course related to the topic of communication with a senior living with dementia.

This profession 45% of asked social workers consider to be their devotion and 40% of respondents feel this work is exhausting, but it is needed, and it provides results. Only 8% of respondents rate their job as a usual profession. Almost all respondents specifically 85% modify their communication to the needs and abilities of a person and almost every respondent (90%) uses paraphrasing during a conversation with the purpose to improve understanding, and they try to provide a calm place for conversation. Almost four-fifths of social workers shared with senior details of their meeting at the begging of their conversation. The same number of social workers use touch and non-verbal communication during their conversations. More than one-third of respondents use gestures as a form of non-verbal communication.

At least one-fifth of respondents confessed they have assumptions during communication with seniors living with dementia. Others have not said whether they have got or have not got any assumptions. Even in the context of communication, there could occur barriers which can complicate social work. During communication, the social workers often experienced situations that complicate communication. The most frequent situation was senior disorientation which has experienced by more than half of the respondents. The next most mentioned situation was the senior's tiredness, speech disorder or hardness of hearing. In 22% of cases, communication was complicated due to the presence of senior family members who overtook their answers.

From this research, e can conclude that those social workers who have participated are aware of the severity that this profession brings not only in the context of the target group. Also, they reflect new trends and concepts that this profession offers. Could this be due to the topicality of dementia, its specific, or its frequency?

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Conflict of interest statement

The author declares that they have no conflicts of interest regarding the publication of this article. The author alone are responsible for the content and writing of the paper.

Adherence to ethical standards

This article does not contain any studies involving animals performed by any of the authors. This article does not contain any studies involving human participants performed by any of the authors.

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