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Promoting Aphasia Patients' Communication in Nursing Care

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Promoting Aphasia Patients' Communication in Nursing Care

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Aphasia patients have difficulties in self-expression. However, research has shown that health care providers lack efficient communication skills which can lead to neglecting aphasia patients' needs. The purpose of this study is to examine how aphasia patients' communication is promoted in nursing care.

The data was collected by using a questionnaire containing open-ended questions that was distributed to six registered nurses working in Jorvi hospital's neurological unit. The research was analyzed with qualitative approach.

The findings indicate that nurses in the neurological unit make an effort to facilitate aphasia patients' communication during the daily activities. Several communication methods have been applied in communication with aphasia patients. The most significant method for communication with aphasia patients was the use of picture cards. However, the results point out that communication between nurses and patients is challenging due to nurses lack of knowledge on how to communicate effectively with the specifically aphasia patients.

The nurses require more specialized communication skills to offer nursing care that fulfills aphasia patients' needs. Nursing education institutes and the employers should offer more training in communication with aphasia patients.

Keywords: Aphasia, Promoting communication, Nursing care

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1. Introduction

Patients with aphasia face difficulties in communication. The term aphasia refers to a condition that affects a person's ability to comprehend language (Launonen & Korpijaakko-Huuhka 2009, 226-227). Aphasia patients retain their intellectual capabilities, even though their language comprehension is impaired (Aivoliitto 2013). These patients can comprehend a lot of what is spoken although they may experience difficulties in verbalizing words.

Research has identified that the most common cause of aphasia is stroke. Stroke can cause significant physical, psychological and social changes (Sundin 2000, 481). In addition, aphasia might cause patient and the patient's family members to experience fear and frustration. Adaptation to stroke-related changes requires the person to come in terms with the diverse losses (Sundin 2000, 482). While finding ways to promote communication with aphasia patients, it is important to reduce the impact that the disease causes to an individual's psychological, physical and a social being.

Aphasia causes interferences in cognition, perception, mobility and communication. Aphasia patients' daily activities such as communication are hindered by the consequences of a stroke. (Sundin 2000, 482). Health issues should not make a person overly dependent on others, and instead efforts should be made to ensure that patients are able to participate in normal life even with limitations such as aphasia.

In order to support patients with aphasia it's important to understand the aphasia as a disease. However, nursing staff lack the necessary specialized skills to deal with patients with impaired communication abilities (Webb & Holland 2011, 207).

Nurses spend significant amounts of time with the patients and are likely to influence a person's recovery through their actions. For nursing care to be effective and therapeutic, nursing communication has to be patient-centered (McCabe and Timmins 2006, 4). It is important to give everyone a chance to have their views heard no matter what their situation is. The avenue of communication is the key factor that can provide knowledge on what an individual's needs are. Aphasia patients are capable of making their own decisions and are able to understand even though their ability to speak is limited (Carr & Shepherd 1998, 256).

Aphasia patients' needs might be neglected due to communication incapacities (McGilton 2013, 13). Nurses should empathize with aphasia patients to offer care that improves their lives. A nurse should be able to interpret feelings expressed by a patient and predict their

needs. Many aphasia patients feel they have lost their independence and are socially isolated (Carr & Shepherd 1998, 256).

The purpose of this study is to examine how aphasia patients' communication is promoted in nursing care. The study focuses on how nurses' care-taking practices affect the well-being of patients with aphasia. The study will specifically focus on the case of patients in the neurological unit of Jorvi hospital. The hospital ward was interested on the research topic. They were therefore, enthusiastic due to the fact that new knowledge is always beneficial for the fluency of work.

1.1 Study plan

The following figure illustrates the thesis process.

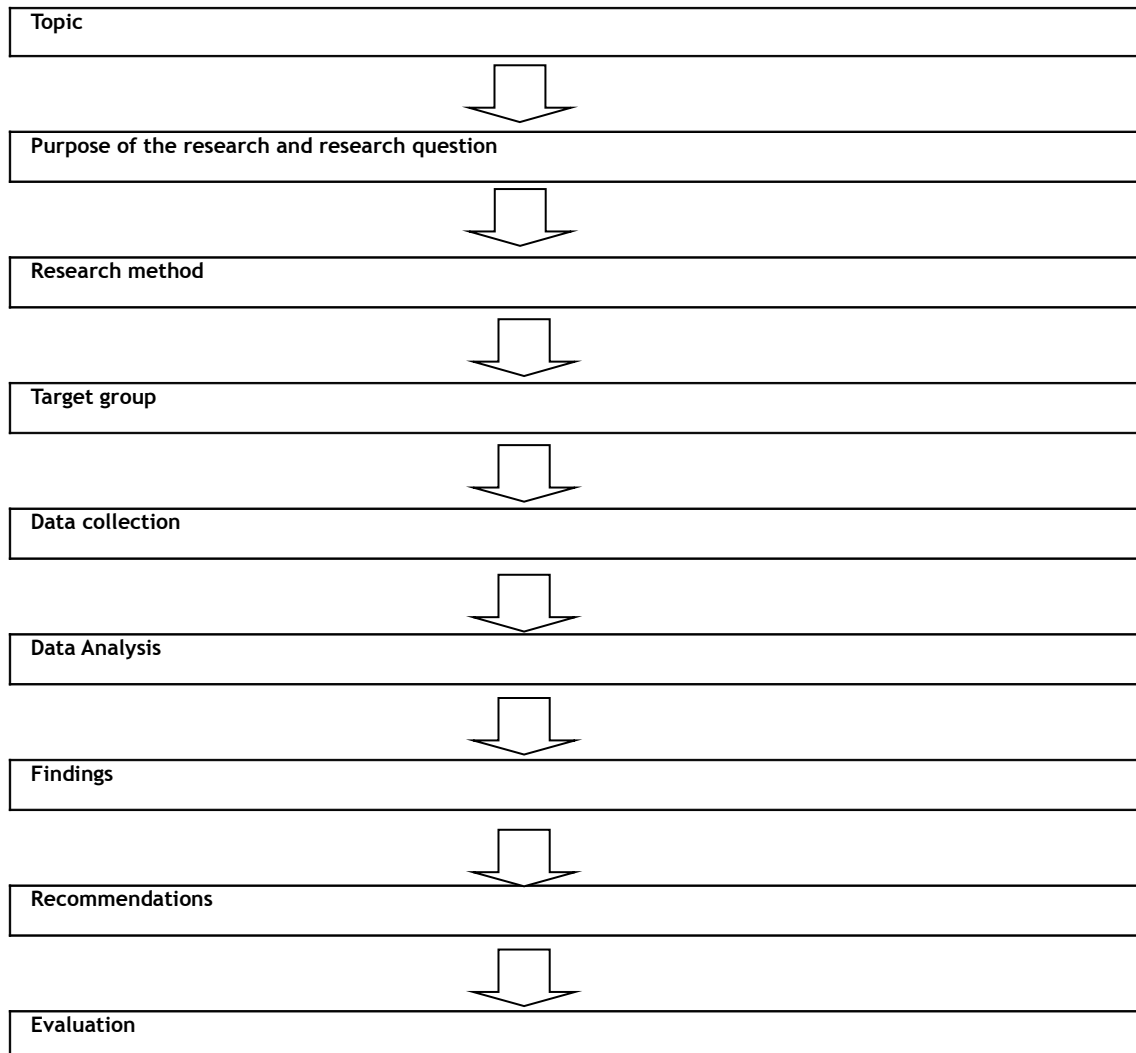


Figure 1. Illustration of study plan

The above structure indicates the plan of the thesis process. The process was initiated by determining the thesis topic followed by the consideration of research question and the purpose statement. Qualitative research method was used to perform the research.

The participants in this thesis were nurses working in the neurological unit of Jorvi hospital. The data collection method was a questionnaire with open-ended questions. The data was analyzed through transcribing with inspiration from thematic data analysis method.

The thesis process was assessed and evaluated throughout the thesis process. However, the final box in the illustration of the structure of the study leads into evaluation of the thesis process in which ethical considerations, trustworthiness and conclusions were reflected.

2. Purpose statement and research question

The purpose of this study is to examine how aphasia patients' communication is promoted in nursing care.

The research question for this Bachelor's thesis is: "How is communication of aphasia patients promoted in nursing care?"

2.1 Objectives

In order to address the research question and to help achieve overall objective of the study, further theoretical and empirical sub-objectives have been developed. They are as follows:

- ⤴ To study the relationship between nurses and patients during communication with aphasia patients in nursing care.
- ⤴ To examine the methods used in promotion of communication in nursing environment.
- ⤴ To contribute to the practical aspects of promotion of communication with aphasia patients.

3. Theoretical framework

3.1 Aphasia

Aphasia refers to the loss of previously acquired language abilities or disturbances in comprehending of languages following a cerebral accident in the left cerebral cortex. The most common cause of aphasia is an ischemic stroke. Aphasia can also be caused by a hemorrhage in the brain. (Launonen & Korpijaakko-Huuhka 2009, 226, 231-232).

Aphasia patients still retain their intellectual abilities and therefore they are capable of making independent decisions. Aphasia affects language abilities such as comprehension and production of speech as well as reading and writing (Aivoliitto 2004). In acute aphasia the patient might not understand the health care providers' instructions and this might make the situation chaotic (Salmenperä, Tuli & Virta 2002, 66-67).

There are many forms of aphasia, for example in Broca's aphasia, the person is capable of understanding the language but the ability to produce speech is dysfunctional. The patient might be able to utter simple words slowly and with poor grammar. Stroke patients with aphasia might experience sudden loss of understanding even the simplest speech. This can lead to frustration and anger (Carr & Shepherd 1998, 256-257).

In medicine, Aphasia can be categorized as expressive and receptive types. In expressive type the speech is disrupted where receptive type, understanding of the speech is disrupted. However, after development of neurological imaging methods in order to explore the brain more detailed. The location of the brain damage was more specifically explored. It was found out that there is more fluent speech in case the frontal lobe is damaged other than when the temporal lobe is disturbed. Aphasias can be classified according to these differences, which are fluent and non-fluent aphasia. Fluent aphasia includes anomic aphasia, conduction aphasia, transcortical sensory aphasia and Wernicke's aphasia. The non-fluent aphasia such as global aphasia, Broca's aphasia and transcortical motor aphasia (Launonen & Korpijaakko-Huuhka 2009, 228. Ponsford 2004 325). Rehabilitation of the aphasia is a continuous process throughout one's life. The most common communication promotion method is speech therapy. (Aivoliitto, 2004).

3.2 Communication

Communication is transmission of information through different forms from one person to another. In order for any communication to be correct the other person must be able to receive the message as well as interpret the message as intended (Webb 2011, 7).

Communication is shown in different forms, whether we appear in front of others or we are enclosed somewhere. Communication is present whether we want to speak to someone or not, the body language would betray us in situations of unspoken communication. Therefore we are bound to communicate either with a language or our bodies. Communication is not always perfect and sometimes we leave a conversation not satisfied and we leave others feeling the same dissatisfaction (McCabe & Timmins 2006, 3). Aphasia is an acquired communication disorder that calls for nursing care team to develop specialized skills in order to have meaningful communication.

Communication processes is considered simple or complex. The linear model of communication implies a simple communication process. Where the sender sends the message and the receiver receives the message. In linear model, in communication the sender triggers the correctness and the tone of the message. Feedback help the sender realize that the receiver got the intended message. This type of communication would not meet the complexities involved during communication with humans (McCabe & Timmins 2006, 3). Developing communication strategies that suit the person in the context is vital such as those involving aphasia patients.

3.2.1 *Communication in nursing*

Communication is interaction with intentions. Communication is regarded as interaction with people; nursing communications therefore is a main aspect of nursing. In order for nursing care to be effective and therapeutic, nursing communication has to be patient centered (McCabe & Timmins 2006, 41). Aphasia patients cannot be exempted from having meaningful interactions with others and their care givers. Care providers should strive to provide means of interaction that meets the demands of aphasia patient in this context.

Good communication and development of therapeutic communication is the only ways to individualize the patient needs. A nurse has to use his/her presence, listening skills as well as anticipation of the patient need in order to create a therapeutic communication (McCabe & Timmins 2006, 41). One has to be present during nursing. Health care providers must use their presence, listening skills and anticipation of patients' needs to bring healing. Aphasia should be cared by nurses who are able to use the above aspects in order to give patient centered care.

This study examines effectiveness of communication with aphasia patients in nursing. Lack of communication skills is mentioned in McCabe & Timmins research as the biggest barrier in creating nurse - patient relationship. McCabe & Timmins state that it is important to give patients time to view his or her needs including symptoms, thoughts, feelings and expectations. Therapeutic nursing includes treating patients as a person with health needs rather than perception of the person as a disease entity, as well as show that they are being understood. (McCabe & Timmins 2006, 41) Aphasia patients' need care givers who understand their situation and able to go to their level and offer support through communication. It is important to see to it that when communicating to this patient one knows how to use proper communication skills to expresses their needs freely without intimidation due to their disease.

Sigmund Freud's theory represents human personality that identified the id, the ego and superego as three components of personality. Id presents basic human need satisfaction like for food, comfort and sleep for survival. The ego is developed as the child grows as a response to the environment. This is based on the reality and the acceptable behavior as well as maintaining self-esteem. The superego develops as a child becomes an adolescent. It is based on conscience and the incorporation of an individuals and society's sense of morality and forms the basis of values and beliefs that play an integral role in behavior (McCabe & Timmins 2006, 41). This different identity personalities do not change when a person get aphasia. Some health care providers may underestimate the patients understanding because he/she is not talking. Inside that quiet, lonely looking individual is a person who hopes that his identity is not violated due to his disabilities.

Maslow theory mentions that human needs are driven by positive forces to achieve their full potential in life. This needs include the psychological needs, safety and need to belong, the need for positive self and self-actualization. Nurses need to understand this in order to offer therapeutic care to his or her patient (McCabe & Timmins 2006, 41). Aphasia patients maintain their personalities even though they have the disease, it is important for care givers to understand the roles this individual played in their life and help these patients to adjust to their "new life". Roles for aphasia patients may change due to the reliance on health care providers on help with many daily activities. Health care providers should work toward keeping all the categories of needs into normality. Different mechanisms should be employed to ensure that these individuals have fulfilling life experiences.

3.2.2 Communication with aphasia patients

Aphasia patients' world must be understood by the health care providers in order to meet aphasia patients' needs. A number of patients who experience cerebra vascular accident have been facing social seclusion and feelings of loss of independence. Aphasia can be seen as loss of communication capabilities leading to a loss of one's personal identity. Patients with aphasia have expression inabilities even though they are aware of what they want to express (Carr & Shepherd 1998, 256-257). This loss of a part normality is a set back to the affected individuals. When an individual losses a role of a parent or a job that one enjoyed, it leaves the person devastated and in many instances they may experience depression due to lack of control to the present situation.

The study discusses different communication methods used when interacting with aphasia patients. For instance aphasia patient should be allowed to express oneself, even though communication requires time, it do not fit to answer on behalf of the client (Carr & Shepherd 1998, 256-257). Care givers should be careful not to do for the patients but support patients own determination in communication. Care providers should be educated on special skills that guides then in communication with aphasia patients.

Indispensable disparities exist between nurse-patient relationships, because unlike in a social relationship, patients can't really choose health care providers thus, patient is left vulnerable, reliant and dependent on health professionals to intervene in their care (Webb & Holland 2011, 21). According to Webb & Holland Nurses are obligated to interact, educate, and share information genuinely in a patient centered way (2011, 21). It is therefore vital to provide information that is helpful to patients without favor.

3.2.3 Promoting communication in nursing

According to McGilton nurses require training on specialized skills of communication. This depends on the form of the problems encountered by the nurses during care (2010, 13). The researcher mentions that more than 50% of stroke survivors have speech and language impairments. Lack of these specific skills on communicating with patients with aphasia may cause nurses not to understand patient's needs (McGilton 2010, 13).

Stroke is a major cause of death, despite that in Canada 80 % of stroke victims survive but with lasting physical limitation as well as neuron- cognitive shortcoming such as communication impairment. In order to make aphasia patients' needs met there should be meaningful interaction with nursing provider (McGilton 2010, 13). Nurse-patient communication must be efficient in order to establish a therapeutic relationships and negotiation of care. Through research on communication between nurse and a patient over the years the nurses has repeatedly focused on the physical care in a routine and superficial manner with little or lack of social and emotional interactions. Limited social and emotional communication revolved around, workload, time pressure and ward culture (Gordon. 2008, 545).

3.2.4 Promoting aphasia patients' communication in nursing care

Patients with impaired communication abilities and patients with acute conditions like stroke may suffer acute aphasia, which impairs their ability to communicate verbally. Nurses code of ethics, in the act of nurses acting as patient advocates, the standards of conduct, performance and ethics, calls for nurses to find ways that helps the patient access health and social care, information and support. A nurse should make necessary arrangements to meet the needs of people with aphasia (Webb & Holland 2011, 206).

Webb and Holland indicates that nurses have limited knowledge of the patients and therefore a lack of understanding to deal with the forms of communication that patients may use. (2011, p206) For a patient with stroke it is recommended to establish possible forms of communication as early as possible to maintain communication with care givers and with the family members (Webb & Holland 2011, 207).

Webb & Holland suggest that nurses should use touch, eye contact, facial expression, simple gestures, nonverbal responding such as tapping or blinking. As family members being the key in interpreting a stroke patient's efforts to communicate, in such cases family members would be suitably placed to interpret the patient's gestures as they best know him or her (Webb & Holland 2011, 207). This form is greatly recommended than those requiring yes or no answers.

The authors also seeks to promote picture boards for simple communication to provide choices to the patient

There are different forms of aphasia. In Broca's aphasia the person's ability to understand remains, but the capacity to providing speech is dysfunctional. The patient might be able to provide simple words with poor grammar and slow speed. Stroke patients with aphasia might experience sudden loss of understanding of speech and simplest communication which leads into frustration and anger. Therefore, it is advisable to use special methods of communication when interacting with aphasia patients. For instance the aphasia patient should be allowed to express oneself, even though the communication requires time, in addition to this answering on behalf of the client is not advised. (Carr & Shepherd 1998, 256)

Communication methods such as eye contact, facial expressions and visual signs are beneficial to the clients understanding. Furthermore, it is appropriate for the aphasia patient in case the questions are constructed in yes or no form. This will ensure possibility for the patient to answer to the question. In addition to this, the sentences should be phrased in the way that it is effortless for the patient to follow the conversation. Stroke patients with aphasia might experience difficulties of understanding of speech. (Carr & Shepherd 1998, 256)

According to Gillen aphasia patients might have difficulties with reading and writing and therefore the understanding of the written information might be challenging. The computer-assigned programs can be used to enhance the aphasia patients' language abilities, but however, the use of the computer software programs might be difficult (2011, 541). Gillen states that aphasia patients should be given time for expression as well as encouragement in expressing their views in order to promote aphasia patients' communication. Gillen advices that aphasia patients be informed that person listening of the conversation is aware of the aphasia. Non-verbal communication, such as, gestures and facial expressions can be applied when communicating with aphasia patients (Gillen 2011, 540).

3.2.5 Patient-centered communication

Patient-centered communication promotes ways for patients to be involved in negotiation and decision-making regarding their own care (Webb 2011, 30). In this case the power and control is shared equally between the nurse and the patient. Genuineness, warmth and empathy are important in providing patient centered care (Webb & Holland 2011, 30) a nurse should be able to express the above aspects to aphasia patients in order to have patient-centered care.

Patient-centered nursing is most effective when there is efficient communication between the nurse and the patients. Communication is the basis of nurse-patient relationship on the

grounds where patient's needs are met. Patients value simplicity during interaction, continuity of care and nurse-patient time, all which facilitates nurse patient-relationship. This relationship focuses on enhancing optimal physical, mental and spiritual health (Webb, Holland 2011, 21). Aphasia patients experience life realities similarly to healthy persons. Making physical, spiritual and mental health a reality to these patients would be a great mile stone towards enhancing their health.

3.3 Nursing care

Nursing is defined as purposeful interventions to the patient that enables nature to take its course on him or her. Nursing is defined by Florence Nightingale in 1958 as Nursing leaders portrays nursing as an art as well as a science (Smeltzer, Bare, Hinkel & Cheever 2008, 5). Nursing definition however, has developed overtime and in 2003 nursing social policy statement, the ANA defines nursing as the "*diagnosis and treatment of human responses to health and illness*" (Smeltzer et. al 2008, 5). As the researcher states, it is important for a health-care provider to know their role during care. Aphasia patients should be cared by individual that understand their health problems are capable of providing working intervention to alleviate their needs. Nursing include equal care of everyone regardless of their condition in all settings. Nurses promote health, prevent illness, and take care of people who are ill, disabled or dying patients (ICN 2010).

Patients are the recipients of services offered by the health care providers. The word patient is derived from Latin verb and the meaning is "*to suffer*" and traditionally it portrays those who are recipients of care as dependents. In this regard nurses favor the term client which means "*to learn*" in Latin, which connotes a situation of interdependence. (Smeltzer et. al 2008, 5).

A patient or a health care recipient can be "*an individual person, a member of a family, and a citizen of the community*" (Smeltzer et. al 2008, p 5). According to Smeltzer et.al the patients have a variety of needs depending on their current situation and past experiences. Nurse's make assessment of patients' needs as well as prioritize the nursing actions (Smeltzer et.al 2008, 5).

This study will represent the patient as interdependent person who also have a right to be involved in his own health care. Decision concerning the health care of aphasia patients should not be determined by the health care providers alone; hence the patient should be involved in their own care. (Gordon, Ellis-Hill & Ashburn 2008, 545). American Nurses Association (ANA) mention in their theory that communication is one of the major focus of nursing care and research among others (Smeltzer et.al 2008, 5). Aphasia patients too are entitled to have their

voice heard as well as respected during nursing care. Multidisciplinary care should be observed while determining how to care for the patient as well as find suitable means that involves the patient to his own care. Doctors, speech therapist, nurses as well as the family members should work together to determine the best care possible for the patient.

Nursing aphasia patients means nursing a person with communication needs including others that may be associated with the disease. Helping a family of the aphasia patients in different levels such as such as helping the family see the changes that has occurred to their family member. It is also important for a nurse to know the background of a patient while offering care so as to give quality care to a patient according to their needs.

4. Methodology

Methodology refers to the structure which contains models related with a particular set of significant rules that one uses to conduct a research (O'leary 2004, 85). Qualitative research method was used to conduct the research while questionnaires were the tools for the data collection.

4.1 Qualitative method

In this thesis, qualitative method is used to examine communication involving nurses and aphasia patients. The use of qualitative method is to understand deeply multiple participant meanings and interpretation of real-life events (Yin 2009). As a result, qualitative research does not produce one ultimate single truth as in the case of quantitative research where generalization is often common. Hence, it seeks to find answer for the research question from several perspectives of participants in order to understand the phenomenon (Streubert & Carpenter 2007, 21).

Qualitative researchers believe that there are many different perspectives in phenomenology. In other words, qualitative research, gives freedom for people to express their own opinion without restriction from the researcher (Streubert & Carpenter 2007). Noted by Polit and Beck (2008), qualitative phenomenology tries to explore every day meanings of people's life. Phenomenological research is often conducted with small amount of respondents in the study. (Polit & Beck 2008, 227).

In essence, qualitative methodology is a research method which produces knowledge from collected data which does not include statistical measures or mathematical interpretation. The characteristic of qualitative research methodology focus on the phenomenon and often collecting information by use of, for instance interviews, videotapes or observations (Strauss & Corbin 1998, 10-11). During the data collection process the authors used an open-ended questionnaire to provide this study with its outcomes.

According to Guest, MacQueen & Namey qualitative research has several definition, some definitions define research by the data collection method. For instance, the researcher collects data by observation or case studies of the people participating on the research which can produce descriptive recitation from the phenomena. However, it can also be described by the content of data or data collection methods which are typical in the qualitative research such as working with text, sounds or images (2012, 3-4).

The thesis data was collected by using a questionnaire given to nurses of the neurological unit. In addition, there is recently published evidence-based literature to support the findings and concepts of this study and theoretical framework were utilized in the research.

Qualitative research method might be chosen for instance when the research topic focus on natural phenomenon's. This can lead into deeper findings than other research methods. The interpretation of the data is done by the researcher based on the collected information, therefore, it is necessary to create main concepts which are associated to the phenomenon and the data collected (Strauss & Corbin 1998, 10-11). Since this research is conducted with the participation of individuals the qualitative method suit for the nature of the study. The respondents answered a questionnaire with open-ended questions. Therefore, the respondents had an opportunity to give deeper ideas and individual perspectives from the topic. The main concepts of the thesis were associated with the phenomenon of the research. The main concepts of this thesis are aphasia, promotion of communication and nursing care.

4.2 Respondents

A respondent is a person who takes part and provides information to a study. (Polit & Beck 2008, 767) The description of a respondents in this context, are the nurses who participated in answering the study questioners. The questionnaire was answered by six registered nurses from Jorvi hospital. The data was coded and analyzed with qualitative research method approach. The respondents chosen for this thesis were purposively selected registered nurses working in the neurological unit. In purposive sampling the chosen respondents are knowledgeable in the area of research (Polit & Beck 2008, 343).

4.3 Data collection

Data collection is a process that illustrates the means by which the thesis data was collected as well as analyzed (Holloway & Wheeler 2010, 43). The authors contacted Jorvi hospital's neurology department. Jorvi Hospital is part of Helsinki University Central Hospital (HUCH), and provides care for patients requiring surgical, psychiatric, pediatric, gynecological or obstetric, pulmonary, neurology or internal medicine treatment (HUS).

The data collection process begun with the permission from the department supervisor in Jorvi hospital and the ward manager of the neurological unit. The management of Jorvi hospital was contacted through an e-mail and introduced to the thesis topic. The ward was also informed about the purpose of the study and the use of the results. In addition to this, it was pointed out to the manager of the ward through an e-mail that the participation to the study should be voluntary.

However, initially the intention was to collect data by conducting an interview using tape recorders but the management informed the authors that it was impossible to have a lot of free time for nurses to the study due to many of the nurses attending organized education in the ward. The option therefore, was to send questionnaires to the ward to gather the necessary information.

Permission to perform the study was issued through an email. The department manager accepted the authors' topic. The management also had a genuine interest to the topic, because the ward thought that through the project they would have useful information to the ward.

The nurses who participated in the study were frequently working with aphasia patients. The study was done through a questionnaire that had open-ended questions and consequently e-mailed to the hospital ward manager. The manager in turn gave the questionnaires to the nurses who participated in the study. The questionnaires were then returned to the ward manager. The handling of the questionnaires' between the nurses and the ward manager is not known by the writers. The ward manager forwarded the answered questionnaires to the authors through post in closed envelope.

Common data collection method in qualitative research is open-ended interview which nowadays has increased its popularity in social media such as internet and e-mail. The benefit of open-ended interview is that the informants can share their point of view from a topic (Streubert & Carpenter, 2007). This study will be dealing with a questionnaire that had open-ended questions. Beck and Polit has stated that open-ended questions are suitable in qualitative research. A questionnaire with open-ended questions allows the respondents to discuss from their own point of view with full sentences (2008, 414). The questionnaire was linked with the theoretical framework and aimed to answer the research question and purpose statement.

The nurses' responses to the questionnaire were anonymous. Since the form of the questions was open-ended, the informant had a possibility to be specific with the answer. The nature of the questions asked was based on the daily communication with aphasia patients. The structures of the questions were clear and simple. Therefore, it was effortless for the nurses to answer the questionnaire. The response from the respondents took approximately one week to answer. The questionnaire was formulated in English, translated into Finnish whose copy was sent to the respondents and later the responses were translated into English by the authors.

4.4 Data analysis

When conducting a data analysis it is significant for the researcher to consider the entire participants opinions. (Streubert & Carpenter 2007, 399). Qualitative data analysis consists of “data reduction, data display and drawing of conclusions” (Miles & Huberman 1994, 10-12).

In the reduction phase the purpose is to review the data by selecting and simplifying the data, the reduction of the data is present throughout the research process since the researcher decides what to include to the research. Data display on the other hand, refers into process where the data is organized and composed for the conclusion construction in order to develop an action. After displaying the data, the next phase in qualitative data analysis is conclusion drawing phase (Miles & Huberman 1994, 10-12). During the research process the researcher might hold on to assumption and conclusion, but according to Miles & Huberman the final conclusion should be formed after the data collection. These three phases of qualitative data analysis form the structure of the data analysis (Miles & Huberman 1994, 10-12).

In this thesis the data was analyzed by forming categories which formulated the major concepts of the findings. In the findings section under the major concepts is collected information from the respondents' answers. The data-analyzing was performed with qualitative approach and was inspired by thematic data-analyzing method.

Thematic data-analysis is a method for systematic data-analysis in qualitative research. The characteristics of thematic analysis include coding and conceptualizing the topic of interest of the data into themes. The themes reveal the content of the data, in contrast, the theme can describe the implicit level of data (Marks & Yardley 2004, p56-57). Marks & Yardley states that thematic analysis requires the researcher to form conceptual tools in order to fully understand the phenomenon. The conceptual tools can be formed by coding which refers into categorizing of the data. In the process of coding the researcher should focus on the purpose of the study and the themes should be formulated in order to answer the research question. The reason for categorizing the raw data is to enable the researcher to perform a systematic comparison from the corrected data. However, the categories are formed towards answering the research question. Therefore, the data analysis is established from the collected material such as interview transcripts, videotapes or open-ended answers from a questionnaire (Marks & Yardley 2004, 56-57).

During the data-analysis phase the raw data was assessed carefully and the meaningful words were underlined. The underlined words were selected on the basis of their meaning and relevancy to the study. In addition, the words which were repeated often in the answers were

underlined. The underlined words from the answers were categorized on the basis of their nature and relationship to form major concepts in the findings. The aim of categorization of the raw-data was to answer the research question of the study. The following is an example of a chart that was formed to assist in data analysis.

	Nurse.1	Nurse.2	Nurse.3	Nurse.4	Nurse 5.	Nurse 6.
Question1.	Answers					
Question2.						
Question3.						

Figure 2. Illustration chart for data analysis

The responses from the respondents were carefully assessed and the similarities of the responses were taken into consideration. As an example the nurses who answered with similar meaning was assumed to be the voice of the majority. In addition to this each of the respondents answers were considered and assessed. However, after studying the questionnaire and its responses, the theoretical framework was reviewed in order to support the phenomenon and the findings were presented and later on analyzed in the discussion section.

5. Findings

The formulation of the questionnaire given to the nurses was not categorized. Hence, the major concepts of the data were formulated on the basis of the questions and the answers of the respondents. The main concepts of the findings were professional background, promotion of communication, nursing interventions, effect of communication and nurse's personal effort.

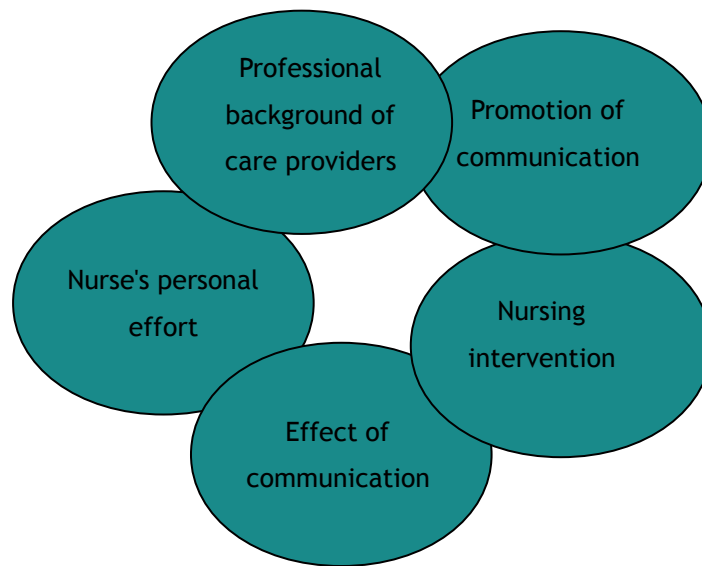


Figure 3. Illustration of major concepts in data analysis

5.1 Professional background of care providers

This concept aimed to point out the professional background of the respondents in order to know if this was the right target group for the study. In this questionnaire the respondents' education background was primarily registered nurses. These nurses were in daily contact with aphasia patients during care. Some had experiences particularly of over 20 years of work with aphasia patients.

All respondents had contact with the aphasia patients and had knowledge from aphasia through nursing education, through hospital wards training arrangements and familiarization. One of the nurses also mentioned of searching information as well as cooperating with the wards speech therapist.

5.2 Effect of communication

This concept aims to establish how effective communication has been towards aphasia patients. This looks also into what kind of feeling are expressed by aphasia patients as the outcome during interactions with nursing providers.

In the questionnaire the nurses responded on how the patients showed their feelings during communication. According to the nurses the patients were having feelings of frustration and sadness which were expressed through crying when they were not understood. Nurses also expressed that the patients lost interest in trying to communicate, in case they felt they were not being understood.

Hoitaja 6 "Kyllä joskus ilmaisevat turhautumisen tunnetta, kun eivät saa ilmaista itseään. Potilas saattaa luovuttaa yrittämästä kommunikointia"

Nurse 6 " Yes, Sometimes expresses feelings of frustration, since are not able to express themselves, Patient can give up of trying to communicate"

Frustration of aphasia patients was noted in the answers of almost all the nurses. Aphasia effect on the patient's feelings, irritations and anger were also mentioned by a few respondents. It was shown that unsuccessful communication with aphasia patient reduces the patient's motivation of trying to communicate.

Another aspect which the respondents mentioned in their answers was that aphasia patients did feel acceptance and expressed feeling of feeling joy and happiness through smile and laughter, after being understood.

Hoitaja 1 "Yleisesti: ajoittain ilmaisevat turhautumisen tunnetta kun eivät tule ymmärretyksi. Tuntemuksia kuten tuhtumista, itkua, vihaisuutta. Yleisesti: hyväksyntää kun tulevat ymmärretyksi. Tuntemukset: hymy, nauru, ilo"

Nurse 1 "Generally: occasionally expressed feelings of frustration, when not being understood. Feelings like irritation cry and anger. Generally: acceptance after being understood. Feelings like smile, laugh and joy".

5.3 Promoting communication

In this category the respondents were asked how communication of aphasia patients had been promoted and what kind of communication methods were in use in the neurological ward. Also the respondents were asked if they thought that aphasia patients' communication should be promoted and for what reasons.

Communication with aphasia patient was being promoted in the ward with regular sessions from speech therapist. Nurses also spent time with the patient which in turn promoted communication with aphasia patients.

Nurses mentioned that they promoted aphasia patients' communication by giving time to the patients to respond and understand what they were saying. The nurses encouraged and motivated patient during daily activities in the ward. Moreover, many nurses mentioned that use of picture cards, writing as well as singing with the patients. One of the respondents on the contrary indicated that little was being done as far as promotion of communication in the ward was concerned. Majority of the nurses thought that it was important for nurse to promote communication of aphasia patient, because aphasia patient need to be understood too.

The nurses mentioned that it was necessary to promotion communication with aphasia patients to allow patients express their needs better and in turn have a route of negotiation towards their care. One of the respondent mentioned that aphasia patients might be isolated from social contacts and therefore proper communication may promote socialization which promotes the well-being of the patient. The nurse, patient and significant others have a common goal, which is successful communication with aphasia patients. According to the respondents supporting of speech is part of the patient's rehabilitation process and the ability to learn earlier acquired speaking skills back, required practicing.

Hoitaja 1 "Säännöllinen puheterapia puheterapeutin tekemät harjoitukset. Anetaan potilaalle aikaa yrittää. Käytetään kuvakortteja. Kannustetaan potilasta käyttämään/harjoittamaan puhetta päivittäisten toimien yhteydessä."

Nurse 1 "Regular sessions with speech therapeutics. Giving time to the patient to try. Use of picture cards. Encourage the patient to use or practice speech during daily activities. "

Hoitaja 2 "Kuvakortit"

Nurse 2 "Picture cards"

Hoitaja 3 "On, afasia potilas on usein yksinäinen vetäytyy/eristäytyy sosiaalisista kontakteista"

Nurse 3 "Yes, aphasia patient often turn out to be lonely and isolated from social contacts"

5.4 Nurses' personal effort

The study addressed nurses' personal effort as well. The study tried to inquire if nurses had time and energy to promote communication of aphasia patients.

Hoitaja 1 "Yritän järjestää aikaa, energiaa kyllä löytyy. Tosi harvoin on hetkiä jolloin erittäin kiire ja kommunikointi afasia potilaan kanssa jää vähäiseksi"

Nurse 1 "I try to arrange time, energy I have, Not often there are moments where it would be so busy that communication with aphasia patients would be slightly diminished".

Hoitaja 3 "Harvoin"

Nurse 3 "rarely"

Hoitaja 2 "Silloin on, kun afasia potilas on omana potilaana"

Nurse 2 "When I have aphasia patient as my own patient"

Majority of the nurses had time and energy to promote communication. Only one respondent mentioned that rarely had time or energy to promote the communication of aphasia patient.

5.5 Nursing intervention

In this category the aim was to explore the nursing intervention towards promotion of communication of aphasia patients. Therefore, questions such as what kind of methods were in

use during communication with aphasia patients, and if they had been able to communicate with aphasia patients.

The results from respondents show that, nurses were able to communicate with aphasia patient to some extent. On the other hand some respondents mentioned that in case there was failure in understanding from the patient as perceived by the nurse, then communication method was reconsidered.

Hoitaja 5 “ Kuvat, kirjoittaminen. Jos kommunikointi ei onnistu, ymmärtämisongelma estää kommunikointia -> Metodien vaihtaminen.”

Nurse 5 “Pictures, writing and in case communication did not work due to understanding problems that prevent communication, method was changed”

The nursing intervention such as use of picture cards was a method which was used among the entire respondents. The nurses used picture cards, writing as an intervention in communication. Non-verbal communications such as; signs and facial expressions was also mentioned by about the respondents to be a suitable method of communication with aphasia patients. Another aspect to communication among majority of the respondents was the manner of talking whereby nurses found calm speech, clear sentences and expressions useful methods of communication with aphasia patients.

Other methods mentioned among the respondents such as writing, eye contact and giving time to the patient to respond. In addition to this one of the nurse suggested confirming from the patient that the message had been clearly understood.

Hoitaja 6 “Olen, ilmeet, eleet, kuvat, lyhyet lauseet, selkeä ilmaisu, katsekontakti, laulaminen potilaan kanssa. Annetaan potilaalle aikaa ilmaista itsensä. Varmistetaan, että olemme ymmärtäneet viestin oikein; tarkoititko, että..?”

Nurse 6 “Yes, I have used facial expressions, gestures, pictures, short sentences, clear expressions, eye contact, singing with the patient. Patient is given time to express himself. Make sure that we have understood the message right by for instance, asking; did you mean that?”

The respondents gave recommendations to improve aphasia patients' communication such as taking time for daily speech exercise. The methods such as use of pictures, communicators and speech training by use of computer software programs could be applied in nursing. According to the participants the nurse could put more effort to an individual by giving him/her enough time and ensure that patient had understood the message, as well as the nurse had understood the patient's message.

According to the respondents, certain goals could be set for the patients' speech training and the daily speech exercises and speech therapy sessions could be increased. The nurse could educate aphasia patient on communication as well as giving guidance.

Hoitaja 6 "Puheharjoitteita tietokoneita apuna käyttäen"

Nurse 6 "Speech training using computers"

Hoitaja 3 " Kommunikaattorin käyttöä tai oman tietokoneen. Enemmän paneutumista yksillöllisyyteen. Tavoitteita"

Nurse 3 "Use communicators or own computer putting more effort in individuality. Goals".

6. Ethical considerations

Ethics can be defined as philosophy which investigates human moral behavior as well as to distinguish what is right or wrong (Shampoo & Duningant 2000). Since this study was written with the co-operation of the individuals who participated to the research, taking ethical issues into account is essential.

Miles and Huberman suggest that researchers should consider following ethical issues: Worthiness of the project, Competence boundaries for instance the researcher competency for the project, Informed consent of the project from the research participants, benefits and costs of the project (1994, 10-12). These ethical issues should be considered throughout the research process.

However, before conducting this research the worthiness of project was evaluated. For instance, the background search on the phenomenon was done in order to establish the importance of the area of research. The search revealed that there is little research done concerning the promotion of communication of aphasia patients in nursing care. Before conduction of the research the authors' competence for the research was estimated and therefore the area of interest was narrowed. Since the authors were first timers in conduction of the research which was Bachelor's programme in Nursing. The authors had background information on research methods and the thesis process.

Informed consent was considered during the research. The participants were informed on the reasons of the research. The authors obtained permission to conduct the study in the ward. Participants were informed of where the information and the results were meant for. The participant had the right also to withdraw from the research if they deemed so.

The benefits and cost of the projects was considered. The authors aimed to provide more information in communication with aphasia patients for the well-being of aphasia patients. Consequently the authors aimed to create awareness through this paper on where to improve while communicating with aphasia patients. The costs of the project were minimal and the thesis was part of a degree programme in Nursing.

The researcher should consider the following issues such as: "Harms and risks of the study for the people involved, honesty and trust between the researcher and the participants, the participants anonymity and privacy (Miles, Huberman 1994, 292-293).

The harms and risks towards the nurses participating on the research project were considered. For instance the design of the questionnaire aimed to ask questions which would not have harm for the individuals regardless of their answers.

The ward was requested permission for the research and they were informed of where the information and the results were meant for. The trust between the respondents and the researcher was valued and therefore, the authors withheld identities of the participants' during reporting. Moreover, the answer sheets were kept hidden from the public and the answers from the nurses were anonymous. The authors were careful while analyzing the data given by the respondents. The hospital ward was assured that the information provided as well as the findings to be produced would not mention names of the participants. Therefore, trustful relationship between the respondents and the authors was achieved. However, even though the confidentiality was valued the authors do not know whether the answers were held untouchable before they were received to the authors.

Another ethical issue that Miles and Huberman mention during the process of research is advocacy of weaker side of the study (1994, 293-294). Advocacy was also considered, since the topic of research was regarding aphasia patients, who are not able to express themselves with similar matter. Therefore, evidence-based material was used as a foundation of the thesis.

Quality of the research, data ownership and use of the results should be put into consideration during a research (Miles & Huberman 1994, 294 -295). Questions intended for the nurses were thought carefully. The quality of the questions and answers depended on the trust between the researcher and the respondents, in order to pursue quality information from the respondents. During the study the author had the ultimate hope that the participants would be honest when providing any information. Thus, this project produced a reflection of the truthfulness presented by the respondents.

During the thesis process the references used were clearly mentioned. Therefore, the authors respected the authors of references. The data produced on the study was to be published by Laurea University with the permission of the authors. The use of the results was intended for the Bachelor's thesis of Laurea University of applied sciences. In addition, the participants of the research were aware of the use of the results. The findings were interpreted according to the respondents' answers to question; therefore the authors did not change the meaning of the respondents' answers.

7. Trustworthiness

Trustworthiness of a research, aims to make the reader believe that the results of the research are reliable and valid (Silverman 2005, 237). The author also quotes Buchanan's comment by saying; that "it is not only by following prescribed formulas that determines the validity of a research but the quality of the language used to demonstrate the picture of the world in which we discover something about ourselves and our common humanity" (Silverman 2005, 237).

In this study the qualitative research method was applied and questionnaire was the data collection method. The research pursued to examine how promotion of aphasia patients' communication can be achieved. This method suited best for the study and therefore, it did not limit the respondents thoughts of their expressions. Silverman noted that many researches done in social science are formed by using open ended interviews. This is because the method is most suitable research technique in social sciences (2005, 237).

Trustworthiness is an important aspect in any study. According to Talbot, in order to be trustworthy in one's research, four objectives are to be attained that is, "credibility, transferability, dependability and conformability" (1995, 487). The above mentioned objectives were carefully considered in this study. The credibility of the study evolves different facts that show that this study was scientific and was not biased. The study included presenting of the study plan to the selected group which was sent to the ward manager of neurological unit in Jorvi university hospitals. The respondents were purposively sampled for the research. Therefore the selected group of respondents was nurses in neurological unit who work frequently with aphasia patients.

This study was conducted with ethical considerations, where people remained anonymous with the answers they gave. In addition to this, recent literature from the phenomenon was used to support the theoretical framework. Furthermore, the structure of the study followed a systematic order which constituted to the reliability of the study. Therefore, transferability was fulfilled.

The study used different literature reviews to help understand the concepts as well as shed light of the need of engagement to improve communication strategies towards aphasia patient (Talbot 1995, p 488). Many theories have proved beyond doubt that there is great need to improve this area of communication in nursing care, in order to offer quality care to aphasia patients.

The research questionnaire was thought carefully based on the theoretical framework of the study. Hence, the nurses were able to present quality answers to the study for analysis. Due to the fact that the management of the hospital ward were interested on the research topic. They were therefore enthusiastic due to the fact that new knowledge is always beneficial for the fluency of the work. Hence, there was no reason for the nurses to conceal the data from the authors.

In this study, the trustworthiness of the results was based on the author's motivation to improve this area in the nursing field and the patients' satisfaction. Information in this paper is well grounded and the processes can be repeated to achieve the same results as what has been found in this study. This study is also audited by credited organs of the University of Applied Sciences to ensure that the thesis is authentic.

Despite the fact that the authors of this research were inexperienced in conducting a research, the research area was narrowed into a smaller area to be researched. In addition to this the authors of this thesis were neither native English speaker. The responses were translated from Finnish into English by native Finnish speaker. Since the research was conducted with few participants the results cannot be generalized. In addition to this there were two authors in this thesis work which limited the information passage during the process of writing the thesis.

The research was initiated with a thesis plan where the research process was planned beforehand. The plan included the contents and the structure of the thesis. Therefore, the thesis followed certain protocols which lead towards the outcome. However, the original purpose was to analyze the data by using thematic analyses but rather the data turned out to be analyzed by transcribing the answers of the respondents'. Therefore, perhaps other data-analysis method may have produced more findings or data.

8. Discussions

The purpose of this study is to examine how aphasia patients' communication is promoted in nursing care. In this study, six registered nurses who work frequently with aphasia patients answered the questionnaire anonymously.

All the nurses who were interviewed had been in contact with the aphasia patients. The nurses were knowledgeable on aphasia communication and the respondents mentioned that they had familiarized themselves in communication with aphasia patients in the ward.

Patients with aphasia have difficulties in the use of languages and their ability to communicate is impaired (Launonen & Korpijaakko-Huuhka 2009, 226-227). Nursing has been defined as care of an individual in all settings by the International Council of Nurses. As mentioned before by Sister Callista Roy, one of the nursing goals is to improve the quality of life of the patients.

The research revealed that aphasia patients experienced feelings of frustration and even cried when they were not understood. In addition Carr & Shepherd mentions that aphasia patients experience loss of understanding which can lead to frustration and anger. However, in order to improve patients' quality of life, it is essential to promote communication. The patients who succeeded to communicate had feelings of joy and happiness. Nurses are constantly in contact with the patients and that means nurses must be able to communicate with the patients.

The respondents' responses and the literature indicate that communication with aphasia patients is challenging and therefore, nurses require enhanced training in knowledge and skills to communicate with aphasia patients. Theories indicate that nurses have to use their presence and listening skills, and also anticipate the patients' needs to facilitate therapeutic communication (McCabe & Timmins 2006, 41). For a nurse to effectively promote communication with aphasia patients, it is important for her/him to be skilled on the different modes of communication. A nurse should have listening skills and able to identify and meet the needs of the patients.

Webb & Holland argue that patient-centered care should involve communication that promotes ways for patients to be involved in negotiation and decision-making regarding their own care. Aphasia affects the patient's language capabilities but the intellectual capacity remains. Aphasia patients are capable of making their own decisions (Launonen & Korpijaakko-Huuhka 2009, 226-227). A number of nurses mentioned that they use different meth-

ods to engage patients in their care. These methods should be employed to enable patients effectively participate in negotiations and decisions regarding their care.

It is essential that the nurses promote aphasia patients' communication during nursing care. McGilton (2013, 13) nurses require special skills in communication; otherwise aphasia patients' needs might be neglected. Training institutions and employers should find ways to improve caregivers' communication skills. Some nurses expressed the need for extra training. There were also plans to train nurses to enhance communication skills in order to communicate effectively with aphasia patients.

Most respondents mentioned that aphasia patients' communication is promoted in the ward by regular speech therapy sessions with the speech therapist. Some respondents felt the amount of speech therapy sessions should be increased. Nurses spend time with the patients during daily activities, which give the nurses a chance to promote patients communication by giving time for the patients to express oneself. The time used to take care of the patients is a crucial moment to promote communication. A nurse should encourage and motivate the patient to speak and communicate and this in turn gives a chance to the patients' needs consideration.

Maslow's theory emphasizes that human needs such as physiological needs, safety, need to belong and the need of positive self and self-actualization conducts towards the full potential in life. Another research (McCabe & Timmins 2006, 41) mentions that in order to fulfill the needs of aphasia patients; their interaction with caretakers should be meaningful. Nurses should set achievable goals when caring for patients. Nurses should realize that they have a great influence on how patients respond to the care through constant monitoring and evaluating to see that the set goal has been reached and how to act if not reached.

Findings show that nurses do promote aphasia patients' communication during daily activities in nursing care. In addition to this, majority of the nurses are willing to promote communication among aphasia patients. The nurses described communication methods such as the use of picture cards, non-verbal communication such as use of sign language and also took into account the importance of facial expressions in nursing care. Picture cards were used by all the nurses. Half of the respondents mentioned using non-verbal communication methods. Other methods which the nurses used to promote aphasia patients' communication were writing and hyphenating the words.

Literature states that it is essential to give patients time to view his or her needs including symptoms, thoughts, feelings and expectations. It also mentions that as a part of therapeutic communication, the nurse should express to the patients they are being understood (McCabe

& Timmins 2006, 41). Most respondents described that speaking calmly and using clear sentence structures were efficient communication methods.

Respondents mentioned that in case the method of communication did not work with the patient, another communication method was considered. Aphasia patients should get support according to the way an individual responds to therapies offered to them. Literature mentions that patients have a variety of needs in their current situation and the past experiences. Therefore nurses should make an assessment of patient's needs and prioritize the nursing actions (Smeltzer et.al 2008, 5).

Respondents gave individual future recommendations for promoting communication with aphasia patients. The nurses emphasized that nurses should put more effort on an individual and ensure that the nurse or the patient has understood the message. Setting goals on how to improve communication among the aphasia patients was also a future recommendation from the nurses. Another method was using speech training software. However, a major issue which was pointed out was that half of the respondents agreed that the patients require more practice and guidance with communication.

The neurological ward organizes familiarization training for the nurses in order to help them deal with aphasia patients. The nurses that participated in the training had been in contact with aphasia patients. The findings indicated that the communication has an effect on the patients' feelings, for instance after not being understood the patients had experienced frustration. Majority of the respondents were interested in promoting the communication of aphasic patients. The use of picture cards had been the most successful method of communication with aphasia patients, therefore all the respondents mentioned using picture cards when communicating with aphasia patients. In addition to this some of the participants specified that they had succeeded in communicating with the patients by using picture cards. Other methods that have been used to promote communication include non-verbal communication methods, singing, writing and hyphenating the text. The participants found it important to give the patients time to construct their expressions.

However, since this study was done with few respondents, the findings cannot be generalized due to fact that this was a qualitative study. Perhaps, in the future this study could be done by using both qualitative and quantitative research methods in order to be able to further generalize the findings. Furthermore, since the questionnaire was in Finnish, translating the data into English could have had an effect on interpreting the results.

8.1 Suggestions for future development

In nursing, the clients' satisfaction is important and the goal of nursing is the patients' well-being (ICN 2010). The respondents in the study had experienced negative feelings among patients when communicating with the patients. Negative feelings such as anger and frustrations were described in the patient's behavior when not being understood. In contrast the patients had positive feelings such as joy after being understood. Therefore, it can be assumed that communication is significant for the person's mental well-being. The nurses are in close contact with the patients in the hospital and consequently, the nurses can be used as agents of promoting of communication among aphasia patients. The common goal of nursing is to promote health and quality of life of the patient (Roy 1986).

Nurses' communication skills should be improved in order to empower them in communication with aphasia patients. Nurses can support the client's communication during daily activities. In other words, nurses can function as promoters of communication in the hospital ward.

Theoretical understanding of aphasia seems to meet the reality of the aphasia patients in the hospital setting. Hence, there is no gap between reality and the theory in the aphasia patient communication or aphasia patients' behavior. However, all of the nurses thought that it is important to promote communication of the aphasia patients.

Our findings show that the patients were not always satisfied with communicating with the nurses. Therefore, this is a topic which should be considered as important in nursing care. As discussed before that, Maslow's theory explains the needs of humans. (McCabe & Timmins 2006, p4) Maslow's theory can be used as an approach in nursing, for instance, promotion of communication with aphasia patients could help them achieve their individual basic needs.

Nurses require more training on specialized skills of communication in order to meet aphasia patients' needs (McGilton 2010, p13). Respondents to the questioner also pursued motivation for promotion of communication of aphasia patients. In this context the recommendation is that nurses would be trained more in communication skills.

Another aspect on future recommendation is to promote aphasia patients' communication by introducing more speech therapies. Majority of the respondents were in favor of this. Some respondents hoped to practice the use of pictures and communicators more in order to improve communication with aphasia patients.

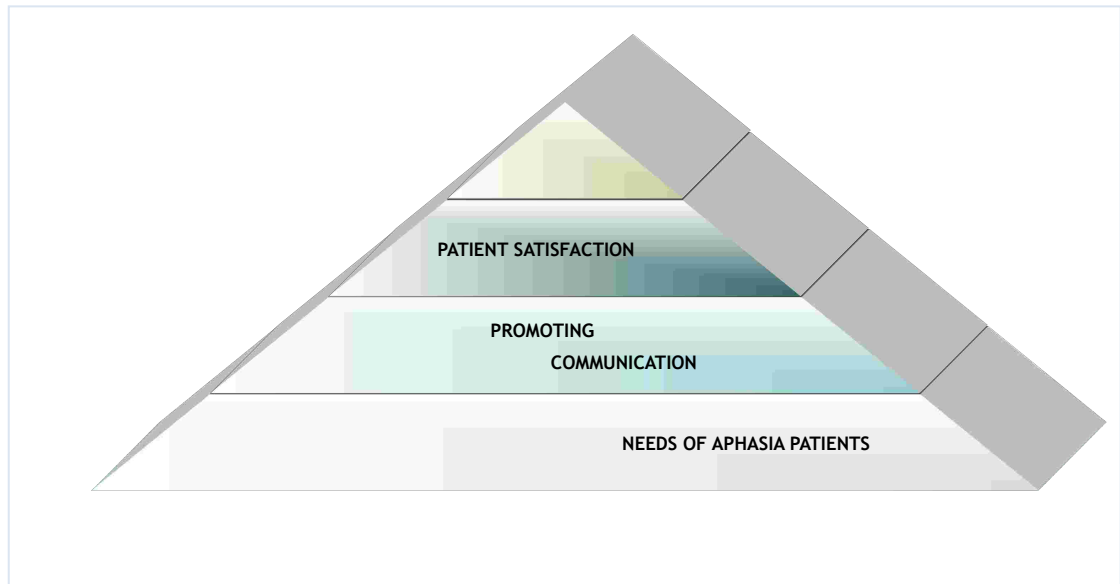


Figure.4 Illustration on the future recommendations in a pyramid model

The above figure illustrates future recommendations in a pyramid model.

The bottom of the pyramid illustrates a problem which needs to be solved in order to meet the needs of aphasia patients. Since aphasia patients were not always able to communicate with the nurses, their needs might not have been taken into account.

The middle of the pyramid represents an action that aims at solving the problem. In this case the solution would be promoting communication. The communication methods should be considered individually for each patient. In order for the nurses to achieve this, specialized training on aphasia patient communication should be offered to caregivers by educational institutions or the employers.

Finally, at the top of the pyramid shows the result after solving the problem: the patient's needs could be taken into account better which leads to more satisfaction.

9. Conclusion

This thesis was part of Laurea University of Applied Sciences Degree Programme in Nursing. The purpose of this study is to examine how aphasia patients' communication is promoted in nursing care. The thesis portrayed the significance of communication in nursing care and the challenges which occurred when aphasia patient had difficulties in managing the language. The study aimed to have clarified deliberations on what mechanisms were in place while promotion of communication among aphasia patients was concerned. Therefore, the purpose of this study was to examine how aphasia patients' communication was promoted in nursing care.

Frustration and sadness are some of the emotions expressed by aphasia patients when their caretakers fail to understand them. Theories challenge nurses' to use his or her listening skills, his/her presence as well as anticipate patients' needs to create therapeutic communication. Even though nurses are aware of the communication methods, this does not necessarily mean that they have the skills to implement them to the patients. Therefore, nurses require more training in the use of communication methods.

Aphasia patients should get support according to the way an individual responds to therapies offered to them. Literature mentions that patients have a variety of needs in their current situation and the past experiences. Therefore nurses should make an assessment of patient's needs as well as prioritize the nursing action (Smeltzer et.al 2008, 5). In case the method of communication does not work with the patient, another method should be considered.

Although promoting aphasia patients' communication is mainly handled by nurses, other professionals such as speech therapists should be consulted when patients require more speech training sessions. Symbolic methods such as picture cards and writing as well as verbal communication and non-verbal communication should be promoted during the daily activities. It is also important for a nurse to reserve enough time for the patients while communicating to enable the patients to express themselves.

Aphasia patients' communication needs should be further improved in the nursing field. Aphasia patients are equal among other patients and therefore they require quality nursing care. Promotion of communication among aphasia patients is a great opportunity to empower the patients into individual decision-making and strengthen their independence.

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Appendix

Appendix 1

Thesis Contract



LAUREA 5/10/2013

The name of the student(s): Anna Kaisa Osei & Lilian Mwangi

The project of the thesis: Promotion of communication with aphasia patients in nursing

The subject and the aim of the thesis The purpose of this study is to examine how aphasia patients' communication is promoted in nursing care.

How the thesis is connected to the objectives of the project :

The main concepts and theoretical framework:

The main concepts are Aphasia patient and promotion of communication in nursing

The most important sources (references): Evidence based literature to support the thesis work.

The methods: Qualitative research method with questionnaire with open -ended questions to Jorvi hospital nursing staff in the neurological unit.

The time-table of the thesis: Estimated time of the project till Dec 2013

The role of the working life partner as a facilitator: Jorvi hospital

How the results of the thesis will be published and distributed in working life: It will be published for common use in the school library another copy given for co-operating unit.

The student's assurance of commitment to follow ethical guidelines during the thesis process

I am fully aware of being under the oath of confidentiality as the legislation in Finland prescribe when doing my thesis work. ¹ No information is released without prior knowledge and informed consent of the participants. I assure to keep any personal information confidential. The oath of confidentiality is also valid after the thesis is completed.

I will take care of proper dealing with the data and will not give it to any outside persons. I obey confidentiality and truthfulness in gathering and analysing the data. I take care of that the thesis will not make any harm to the participants. In my actions, I adhere to Laurea codes of research ethics.

How supervision is organised:

Thesis tutor Emmaculate Tamankag

Signatures

Students(s)

Anna Osei & Lilian Mwangi

Supervisor(s)

Working life partner(s)

A copy of this contract will be given to each party (student, supervisor, working life partner) and it also will as will be saved in the work place of the project at Optima

¹Sosiaalihuollon asiakkaan asema ja oikeudet (2000/812/15 §) and Laki terveydenhuollon ammattihenkilöistä (1994/3/17 §)

Appendix 2

Opinnäytetyön aihe:

Promoting Aphasia Patients' Communication in Nursing Care

Olemme Laurea Otaniemen Sairaanhoidaja opiskelijoita. Opiskelemme sairaanhoidajaksi englanninkielisessä koulutusohjelmassa. Haluaisimme tehdä yhteistyötä osastonne kanssa opinnäytetyö hankkeemme johdosta.

Teemme opinnäytetyötämme Afasia potilaiden kommunikaation edistämisestä. Opinnäytetyömme tarkoitus on kuvailla miten afasia potilaiden kommunikaatiota edistetään hoitotyössä. Pyydämme lupaa haastatella 4-6 neurologisen osaston hoitajaa.

Tutkimuksen tuloksia käytetään vain opinnäytetyöhömmme ja opinnäytetyö julkaistaan vain Theseus-ammattikorkeakoulujen julkaisuarkistossa. Täten, opinnäytetyö on vapaasti nähtävillä Theseus- ammatikorkeakoulujen julkaisuarkistossa. Haastattelu tehdään nimettömänä sekä vastaukset käsitellään luottamuksellisesti.

Annamme mielellämme lisätietoa opinnäytetyö hankkeestamme.

Ystävällisin terveisin!

Anna Osei & Lilian Mwangi
Laurea Otaniemen opiskelijat

Appendix 3

Questionnaire

1. What is your profession?
2. Do you have patients who have aphasia in your ward or have you cared for aphasiapatient before?
3. How is the communication with aphasia patient promoted in your ward?
4. What kind of methods of communication are in use when communicating with aphasia patients?
5. Have you had knowledge from aphasia or have you been introduced with the communication of the aphasia patient's in your ward or earlier studies?
6. Have you been able to communicate with aphasia patients?
 - a) In case yes which methods did you use when communicating? In case no what reasons lead for the communication not to succeed? Explain the situation shortly.
 - b) Did your clients with aphasia seem to express feelings of anger or acceptance? Explain shortly what kind of feelings?
- c) Do you have time and energy to promote the communication with aphasia patients?
7. How would you promote communication with aphasia patients?
8. Why do you think is important to promote communication of aphasia patients?
9. What kind of future recommendations you hope for aphasia patient's communication?

Thank you for answering the questions!

Kysely

1. Mikä on ammattinimikkeesi?
2. Onko osastollanne potilaita joilla on afasia tai oletko hoitanut afasia potilaita aikaisemmin työssäsi?
3. Miten afasiapotilaiden kommunikointia on edistetty osastollanne?
4. Minkälaisia kommunikoinnin metodeja on käytössä silloin kun kommunikoit afasia potilaan kanssa?
5. Onko sinulla tietoa afasiasta, onko sinulle perehdytetty osastolla tai aikaisemmassa koulutus ohjelmassa miten kommunikoida afasiapotilaiden kanssa?
6. Oletko onnistunut kommunikoimaan afasia potilaiden kanssa?
 - a) Jos kyllä, minkälaisia metodeja käytit kommunikointiin? (Esim. kuvia) Jos ei, Mietitkö syitä siihen miksi kommunikointi ei onnistunut?

(Selitä tilanne lyhyesti)

- b) Ilmaisiko afasia potilas turhautumisen tunnetta tai hyväksyntää? Selitä tilanne lyhyesti, minkälaisia tuntemuksia potilas ilmaisi?
 - c) Onko sinulla aikaa ja energiaa edistää afasia potilaiden kommunikointia osastollanne?
7. Miten sinä edistäisit afasia potilaiden kommunikointia?
 8. Onko mielestäsi tärkeää edistää afasia potilaiden kommunikointia, miksi?
 9. Mitä ehdottaisit tulevaisuudessa afasia potilaiden kommunikointiin?

Kiitos vastauksistanne!