



**TURUN AMMATTIKORKEAKOULU  
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**Bachelor's Thesis**

**IMPACTS OF SOCIAL SKILLS IN ELDERLY  
PEOPLE'S CARE**

**Olumide Oludele Aluko**

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Author: Olumide Oludele Aluko	
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Specialization line: Nursing	Research Supervisor: Heikki Ellilä
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<p>The purpose of this study is to emphasize and to identify the immense impact and the use of social skills in the care of elderly people. The aim of the various tools of social skills is to identify problems at the same time enhancing patient's health. Some specialist does not understand what social skill might do in care management. It has been observed that medical doctors such as psychiatrists and other drug prescribers constantly prescribe drugs as opposed to adopting suitable social skills for patients. Therefore, impact of social skills was nowhere to be found in the care of elderly people.</p> <p>The research method is systematic literature review. The research questions are:</p> <ol style="list-style-type: none"> <li>What are the social skills and how they are used in elderly care?</li> <li>What are the factors needed by caregivers to the development of social skills in the care of elderly people?</li> <li>What are the reasons for adopting social skills in elderly people's care?</li> </ol>	
<p>For the research purpose 28 articles and books were studied, out of which 18 of books and articles found the answers to research questions.</p> <p>The result of this study showed meaning of social skills and how they are used in elderly care, the factors needed by caregivers in developing social skills in the care of elderly people. Also, the study showed the reason why caregivers should adopt social skills in elderly people's care.</p>	
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## Table of Contents

<b>1</b>	<b>INTRODUCTION.....</b>	<b>4</b>
<b>2</b>	<b>BACKGROUND.....</b>	<b>5</b>
2.1	ESSENCE OF SOCIAL SKILLS IN PATIENT CARE.....	7
2.2	IMPACTS OF SOCIAL SKILLS FROM CAREGIVER TO THE PATIENT.....	9
2.3	EMOTIONAL CARE IMPACT.....	11
2.4	NURSING-PATIENT RELATIONSHIP/ INTERPERSONAL SOCIAL SKILLS.....	13
<b>3</b>	<b>THE PURPOSE OF THE STUDY AND RESEARCH QUESTIONS.....</b>	<b>15</b>
3.1	THE PURPOSE OF THE STUDY .....	15
3.2	RESEARCH QUESTIONS .....	15
<b>4</b>	<b>RESEARCH METHOD .....</b>	<b>16</b>
4.1	LITERATURE REVIEW.....	16
4.2	DATA COLLECTION.....	17
4.3	INCLUSION AND EXCLUSION CRITERIA.....	19
4.4	DATA ANALYSIS .....	24
4.5	RELIABILITY AND VALIDITY OF RESEARCH METHOD.....	25
<b>5</b>	<b>FINDINGS .....</b>	<b>27</b>
5.1	MEANING OF SOCIAL SKILLS AND WHAT THEY ARE USING SOCIAL SKILL FOR IN ELDERLY CARE .....	27
5.2	FACTORS THAT NECESSARY FOR THE DEVELOPMENT OF SOCIAL SKILLS IN THE CARE OF ELDERLY PEOPLE.....	28
5.3	REASONS FOR ADOPTING SOCIAL SKILLS IN ELDERLY PEOPLE’S CARE.....	30
<b>6</b>	<b>DISCUSSION .....</b>	<b>31</b>
<b>7</b>	<b>LIMITATIONS AND RECOMMENDATIONS.....</b>	<b>33</b>
<b>8</b>	<b>SUGGESTION FOR FURTHER STUDIES .....</b>	<b>34</b>
<b>9</b>	<b>CONCLUSION.....</b>	<b>35</b>
	<b>REFERENCES .....</b>	<b>36</b>
	<b>APPENDIX I.....</b>	<b>39</b>
	<b>APPENDIX II .....</b>	<b>40</b>
	<b>APPENDIX III.....</b>	<b>41</b>

## 1 INTRODUCTION

This research focuses on using of social skills in the elderly people's care. It explores the nature of social skills and various ways in which they can be adopted to achieve desired goals in the care of elderly people in generally as a support element in elderly care. The research suggests that using social skills in elderly care allows both care giver and care receiver to understand more about the care and makes it easy for both of them to achieve goals of treatments. Even though social skills might look or sound common and simple, they are very effective in treatment.

According to Alan Cribb, "if we are to seek to understand the good functioning of a person, we need to consider more than biology; likewise, the causes and effects of good personal functioning or well being will be much broader than the causes and effects of good biology functioning" it means before specialist can meet goals of patient's treatment, specialist need to understand what is mean to good function in human being (Hinchliff et al 1998, 19).

Idea for this research was received from the personal experience from practice placement and job in hospital and home care. I got more inspiration when I was doing my intensive practice placement abroad. I realized that using social skills would locate patient's deepest feelings and help caregiver to win trust from patient, especially when language is the major problem in communication. It is also the best way to meet patient's treatment goals when caregiver use social skills in a proper way, because caregivers find the best way to communicate with their patients whereby the patient will have trust in their caregivers and believe in what they are offering.

In most cases, it has been observed that medical doctors (psychiatrics and prescribers) constantly prescribe drugs too easily as opposed to adopting suitable social skills for service users and so impact of social skills was nowhere to be found in elderly care. Social skills always affect care receiver's life. The purpose of this study is to let caregivers or anyone involved in the care for elderly people understand the impact and significance of social skills in the care provision. This study does not picture lack of social skills as disability for caregiver but shows how lack of social skills from the care provider might make it difficult to find correct diagnosis for the patient and even implicate patient's health condition.

## 2 BACKGROUND

Current research is extending the understanding of the influence social support has on health. Many epidemiological studies have focused on further linking measures of social support to physical health outcome. Although the longer-term effects of such interventions on physical health remain to be determined, such intervention shows promise in influencing the quality of life in many chronic disease populations. Recent findings show a robust relationship in which social skill and emotional support from others can be protective for health (Reblin & Uchino 2008).

During the last 30 years, researches have showed great interest in the phenomenon of social support, particular in the context of health. They discover that those patients with high quality of social network have a decreased risk of mortality in comparison with those who have low quality of social relationship (Berkman et al, 2000 cited in Reblin & Uchino2008). In fact House (1988) accepts that, social isolation itself is an independent major risk factor for all cause mortality (Reblin & Uchino2008).

Research found that those elderly patients with moderate or low social integration are almost twice likely to be re-admitted to hospital with post-myocardial infarct than those with high social integration. Researchers also believe that feeling of social usefulness in the elderly predicts lower level of disability and mortality (Reblin & Uchino 2008).

Typical social skills deficit include difficulties with reciprocity, initiating interactions, maintaining eye contact, sharing enjoyment, empathy, and inferring the interests of other (Bellini 2003) . The cause of social skill deficit varies, ranging from inherent neurological impairment (e.g limbic systems dysfunction) to lack of opportunity to acquire skills, (e.g social withdrawal). Most important, deficit of social skills makes it difficult for the individual to develop and keep meaningful and fulfilling personal relationships.

For some individuals social skill deficit leads to negative peer interactions, peer rejection, peer isolation, anxiety, depression, substance abuse, and even suicidal ideation, but for others it creates a pattern of absorption in solitary activities and hobbies; a pattern that is often difficult to change (Bellini 2003).

Social skills are generally acquired through incidental learning: watching people, copying the behavior of others, practicing, and getting feedback. The individuals who exhibit appropriate social skills are rewarded with more acceptance from those with whom they interact and are encouraged to develop even better social skills. (Children and adults with attention-deficit/hyperactivity disorder 2003)

According to Crawford and Goldstein (2005), social interactions in school lead up to our ability to exhibit social competence as adult, and this competence contributes to our quality of life as our lives are built on positive interactions and relationships with the people around us.

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are they influenced by policy choices WHO (2009). Care giver specialist need to adopt using of social skills, because social skills are what people around the world life depend on, it increase the good mood of immunes system in the body.

Social skills were defined as learned behavior that allows people to achieve social reinforcement and to avoid social punishment. Social skills have the largest effect, followed by modeling, coaching and social cognitive technique. They are a group of skills that are implored for the purpose of interaction or communicate with others. Social skills can be utilized as a tool of communication, problem solving, decision-making, self-management and peer relation that allows one to initiate and maintain positive social relationships with others (Bellini 2003).

Social skills and relations are created, communicated, and being used in verbal and nonverbal ways creating social complexity useful in identifying outsiders and intelligent breeding partners. The process of learning these skills is called socialization (Kiger 1995, 96).

As a researcher I believe that impact of social skills in patient care management is very important, it allows patient to have more trust and return back to their life in real world, which means the nurse-patient relationship is essential in order for patient to experience good care. According to Peplau (Peplau 1988 cited in Kunnunen & Pajunen 2007), patients feel safe enough to look for solutions and possibilities for him or herself, they take full advantage of the services offered to them trustworthy nurse – patient relationship heals client in many ways, physically, spiritually, psychologically, and in social life, it refills back everything they have lost.

## 2.1 Essence of social skills in patient care

According to Neo theoretical and conceptual model of nursing, nursing is not just administration of medicine and treatments but rather also oriented towards providing fresh air, light, warmth, cleanliness, quite and adequate nutrition recommending improve hygiene and sanitary condition for the patient well-being (Neo models (1860) cited in American Journal of Nursing 2007).

It is important to note that drug treatment in elderly people's care is not associated with a better outcome as it is widely thought by many people. As a matter of fact, a study observed that patients do not continue treatment for the recommended duration. This illustrates the urgent need for a change in the management of therapeutic engagement in health care (Kendrick 2000, 201).

Social skills are the first priority skills in care between patient and caregiver; it deals with personalities and explains more to both patient and caregiver.

The nature of social skills involves how an individual can deal with problems under normal circumstances, the patient behaves effectively in the environment until stress disrupt normal adaptations making his/her behavior erratic or less purposeful and the nurse actually provides nursing care to meet patient's needs. The client is an adaptive system and the goal of nursing is to help the patient adapt to changes in physiological needs, self-concept, role function and inter dependent relations during illness by using social skills in treatment (American Journal of Nursing 2007) In most cases, social skills can be significantly improved when there is an understanding of social skills as well as the areas in need of improvement (Children and adults with attention-deficit/hyperactivity disorder 2003).

According to Peplau's nursing model (1952), the ability of the caregiver to engage a patient in an object or goal oriented design ensures a positive effect in the therapeutic relationship towards meeting patient's needs. A caregiver's best way of organizing treatment pattern has an unequivocal coronation to social skills. When this is achieved, it relieves the patient from their sorrows and gives them a high sense of hope because they have developed trust, motivation and eagerness to complete treatment procedure. Nursing model focuses on the individual, the nurse and process of interaction, which gives a rise to the nurse client relationship. The unique feature of Peplau's model is the description of a collaborative nurse-client relationship through which a social interpersonal effectiveness meets the needs of the client (Peplau 1952 cited in American Journal of Nursing 2007).

Support, comfort, information and proximity make patient feel that he or she and specialist are close together. Assurance, appraisal (identification of treatment needs and planning for personal development), and adaptation to the crisis could ultimately affect patient outcomes.

Stuart et al discussed some of those "patterns of response" as neurobiological, cognitive and social responses. The authors suggested 5 dimensions of human response informing holistic nursing care: physiological cognitive (thinking), affection (emotion/feeling or mood), Spiritual (beliefs/values/meaning), and behavioral (action/social interaction) (Stuart and Laraia 2005 cited in Spade 2008). Holistic view of healthcare and the assessment of Psychosocial Vital Signs (PVS) require the caregiver's recognition of several responses that the patient may have to any single health event (Spade, 2008).

According to Aguilera (1998), situation support is the most important variable of any social context impacting effective coping of life situations. Caring individual offer the patient validation of personal strengths, they nurture the patient's self-efficacy and thus the ability to cope or adapt (Aguilera, 1998 cited in Spade 2008).

Nurse needs knowledge and skill in interpersonal relations, psychology, growth and development, communication as well (Johnson's model 1968). Mosby's medical nursing says that universally accepted vital signs provide quick picture of the patient's needs. This picture assists the nurse in attending to the patient's immediate and sustained progress and is predominately a view of the patient's physical needs.



However, a holistic view of healthcare requires a competent nurse to be able to see the patient as a whole whose needs pertain to “emotional, social, economic, and spiritual” aspects of life as well as physical needs (Mosby 2002 cited in Spade 2008). In order to implement holistic care, nurse must also have a tool and skills that can be used to assess vital psychosocial variables impacting the patient’s health status (Spade, 2008).

Nurses should be equipped with good social skills to identify the needs of elderly people. Failure to realize these problems may lead to faulty evaluation or assessments and this makes it difficult to provide appropriate help to patient where necessary. Social class differences in health and the uptake of health care have been shown to exist. If nurses are unaware of it or fail to understand that such differences exist, false assumptions maybe made about the way that people are expected to respond to illness and compliance with health promotion and treatment (Whittaker 2004, 8).

The effect of the treatment should be specific on social interaction. It allows a caregiver to see and understand the main root of patient’s problem, causes of illness, explain more about diagnosis and it set goal for treatment also it help provide help to meet the goals. Communication with patient increases his or her mood and makes them believe and trust in their caregiver.

## 2.2 Impacts of social skills from caregiver to the patient

Social skills allow nurses and doctors to know more about patient’s illness, history of illness, give more details about patient ability or attitude towards illness, explain what patient needs (it might not be only medicine). Also social skills help doctors in diagnosing and nursing intervention; it explains where to meet patient’s needs. Spade (2008) believes that teaching caregiver the use of Psychosocial Vital Signs (PVS) during the formative experiences of basic skills provides a lens through which a holistic view of health is initially focused.

In order to help patients feel cared for, nurse welcome patient and are polite, respectful and considerate towards the client. In the course of nursing, they engage in various activities that correspond with caring behavior, e.g providing helpful information and advice, physically helping patient when necessary, engaging in supportive behavior and administering technical care (McQueen 2004, 103).

Regardless of how skillful caregivers are in social situations, if they are too anxious, their brain is functioning in way unsuited to speaking and listening. In addition, if caregiver's body and face give the unconscious message that they are nervous, it will be more difficult to build rapport with others. Chronic illness requires that nurses assist patients to modify and manage their living conditions, and make major emotional adjustments (Reynolds & Scott 2000, 227).

La Monica et al. (1987) explore the effect of nurses' empathy on the anxiety, depression, hostility and satisfaction with care of patient with cancer. They found less anxiety, depression and hostility in patient life because of nurse's high-level empathy. These finding are positive effect of emotional support (La Monica et al 1987, cited in Reynolds& Scott 2000, 229). Also Shattell's (2004) study shows that, caregiver communication and behavior have impact on patients in the hospital setting. Positive interventions included the following: "a good nurse-patient relationship, treating the patient with respect as a valued person, displaying empathy and holding normal conversations with the patients; enabling the patient to have meaningful control over their care, listening to and especially believing in the patient". Empathy is known to be crucial for all for helping relationships. A major part of social anxiety is self-consciousness, which is greatly alleviated by focusing strongly on someone else. A fascination (even if forced at first) with another's conversation not only increases your own comfort levels, it makes patient's feel interested in. Since nursing involves series of relationship with significant others, patients, families and colleagues in the health team, empathy could be considered an essential prerequisite for effective nursing practice, and an ultimate one for fulfilling a variety of nursing goals (Reynolds & Scott 2000, 227).

A study by Krach (Krach et al 1998) found that to attain a high level of functioning, respondent needs to stress the importance of having empathy and affection for other through positive relationships (Krach et al 1998 cited in McInnis-Perry & Good 2006). MacKay (1990) explains the qualities of patient's self-disclosures, which were found to be associated with the level of empathy used by nurses. The cumulative research evidence across all helping professionals indicates that the hypothesized relationship between empathy and beneficial helper-client relationship remains a reasonable proportion (MacKay et al, 1990 sight in Reynolds & Scott 2000, 230). The description of the facilitative conditions emphasizes the communicative aspect of empathy, and the complexity of empathy, which are facilitative conditions operative in all effect relationships relate to the helper's attitudes, cognition and behavior (Barker 2003, 148).

Reynolds (2003) mentioned that accurate empathy is a form of interaction involving communication of the helper understands the patient's world (Barker 2003, 147). Also empathy provides a high touch skill in health care environments in which health professionals need to use empathy to humanize care (Reynolds & Scott 2000, 231). Research study by Olson (1994) shows that 70 patient and 70 nurses were participated in the research, out of 242 nurses in 10 medical and surgical units in two urban, acute care hospitals. Forty nurses were reported to have high level of empathy because patient's feelings of being understood and accepted by a nurse increased; there was decrease patient anxiety, depression, and anger. Nurse-expressed empathy understands verbally to the patient, and patient-perceived empathy is the patient's feelings of being understood and accepted by nurse. Same study has offered some evident that nurse empathy is positively related to patient outcomes and increased patient satisfaction. As nurse's expressed empathy increases patient distress decreases. Reynolds and Scott (2000) stated that unless nurses are able to offer a high level of empathy, they would be unable to understand the meaning of the client's experience. Another research says that empathy or the ability to experience other's feelings is the key to successful relationships of all kinds (Hair et al 2002).

### 2.3 Emotional care impact

Talking about yourself too much and too early can be a major turn-off for the other party in conversation. Faugier (2006) stated that intimacy in nursing develops gradually, and patients often choose for themselves who they can trust. Williams (2001) concluded that: "intimacy is a complex concept involving developing levels of disclosure, often dependent on patient vulnerability and the mutual sharing of personal experiences. Such sharing is done in the therapeutic interests of the patient, not for the nurse to somehow demonstrate that they do feelings" (Faugier 2006; Williams 2001, cited in Kinnunen & Pajunen 2007).

Good initial small talk is often characterized by discussion of subjects not personal to either party, or by an exchanging of personal views in a balanced way. However, as conversations and relationships progress, disclosing personal facts (small, non-emotional ones first!) leads to a feeling of getting to know each other.

When the patient has reached saturation point and cannot take self-exploration and understanding any further without help, the nurse can ask specific questions. At this point nurse need to demonstrate interest and genuineness and may use self-disclosure if such a tactic is appropriate, it may help and that means if only the patient remains the focus (Kiger 1995, 92).

By trying to view the situation from patient's perspectives and empathizing with their emotions, nurse facial expressions and behavior can be manage to display caring behavior. Alternatively, when nurse reflexively identify with patients in suffering, a degree of emotional management may also be required to enable them to function in a manner that is beneficial for patients. While, it is shows that humanity on the part of the nurse the aim of emotional management is to facilitate the best possible outcome for patient. Research also claims that emotional involvement by nurse may contribute to the quality of care because the majority perceives emotional engagement as a requirement of excellence in nursing practice. Engaging with patients at a personal level has been reported to be satisfying, and job satisfaction is also achieved when feedback of appreciation is giving by patient (McQueen 2003, 104-105).

During conversation, if you don't look at someone when you are talking or listening to him or her, they will get the idea that you are ignoring them, you are untrustworthy, and you don't like them. This does not mean you have to stare at them, in fact, staring at someone while talking to him or her can give them the feelings that you are angry with them. Keeping your eyes on them while you are listening, of course, is only polite. One study find out that active listening is an open body language, culturally sensitive nonverbal gesture and eyes contact, appropriate touch, and a myriad of open-ended questions are skill learned for creating purposeful interaction with patients (Spade 2008). Another study says that caregivers who were energetic and enthusiastic, made eye contact were physically relaxed and willing to talk about their own lives were characterized as confirmatory (Shattell 2004). Also result in Wood & Collins (2003) study discovered that communication and social skills subscale, which explain the insight strategies for reducing tension items were showing strong relationships with the communication and social skills items in their research, and their findings discovered that treatment and problem solving items were correlating with communication and social skills in which listening skills, eye contact and body posture were among.

The skills of social analysis are undoubtedly part of nursing work, whereby nurses interpret and understand how patients feel, ascertain their motives and concerns, and demonstrate empathy in their care. People who possess such skills can form connecting relationships with others easily, read other people's feelings and responses accurately, lead and organized other people and handle disputes successfully (McQueen 2003, 102).

The quality of care maybe enhanced when nurses can engage with patients, detect and act on cues, anticipated needs and wishes, and respond accordingly to address physical, psychological and spiritual aspects of care (McQueen 2003, 104). Research done by McQueen (2003, 107) found out that nurses require good rapport with patients understanding of their needs in order to provide good quality care, and also nurses engage in emotional work to foster caring relationship with patients.

#### 2.4 Nursing-patient relationship/ interpersonal social skills

Nurses should be health educators or instructors, they should build relationship that will help patient's problem and meet their goals in the care of elderly people. The relationship between nurses and patients is a state of understanding or connection that occurs in a good social interaction, relationship occurs on an unconscious level, and when it happens, the language, speech patterns, body movement and posture and other aspects of communication can synchronize down to incredibly fine levels. Relationship is an unconscious process, but it can be encouraged by conscious efforts. Reflecting back on language and speech, including rate, volume, tone, and words, also returns feedback of what you have heard. The nature of health education activity depends upon the environment in which nursing take place and there will be many different interpretations of the term. Also mention that some nurses have described health teaching as a nursing tool to be used to promote spiritual, mental and physical health (Kiger 1995, 57). Having a caregiver practitioner specially trained and educated in the assessment and care of the gerontological patient improve care in a number of ways. A particular sensitivity to geriatric issues fostered more effective interaction with patients and their families, giving both a more active role in the recovery process (Miller 1997).

Orlando (1972) stated that in order to make the assessment of need, a nurse need to hear what the patient is saying and then validate the inferred meaning of this with the patient. This signifies that nurses should understand how to meet the patient's needs by allowing them to express their feelings and giving them chance to explain what was their past experiences, what they are facing now as challenges and what might be their future challenges (Orlando, 1972 cited in Reynolds & Scott 2000, 228). Friehofer & Felton (1976) identified nursing behavior perceived to be most helpful to 25 fatally ill clients and their significant others. They reported that communication with the nurse, and physical presence, was very highly valued. Communication described as helpful included an empathized awareness of the client's need to talk about death and dying (Reynolds & Scott 2000, 231). Also empathy emphasis not just simple the subjectivity of the patient's experience, but the essentially inter-subjective nature of caregiver's communication with the patient; These skills may help the practitioner understand where the client is coming from and messages may need to be expressed back to the patients with clarity in order that the patient is aware that the practitioner has picked up this information. Reynolds & Scott (2000, 229) argues that it is difficult to understand how a patient's self-concept could improve if a nurse is not committed to him or her and is not open to the patient's experiences.

Edberg (2006) says that, if you become more interested in people, then you will naturally become a better listener since you are actually interested in what is on their minds. Then it becomes easier to find out what someone is really passionate about and to dispel negative assumptions that can mess up the communication. The major reason is that you make people feel good because of your attention, validation of them and their interest and the connection that is made. Miller (1997) research study find out that the patients and family were happy with the care and often expressed their appreciation at having a health care provider available, who wanted to talk with them and to answer their questions. Sheppard (1993) did research study on two study groups, and named them satisfied and unsatisfied group. This research proved that satisfied clients identified a greater degree of positive change than not satisfied clients, because the greater concordance with emotional and relationship problems amongst satisfied clients may be related to confirmation by the caregiver of the client's perception of distress most directly related to their self. Satisfied clients were more frequently aware of the work's definition of their problems, and work undertaken. These related clearly to the use of interpersonal skills such as those of communication, empathy, listening skills, openness and genuineness that client received from caregiver.

### **3 THE PURPOSE OF THE STUDY AND RESEARCH QUESTIONS**

#### 3.1 The purpose of the study

The purpose of this study is to identify and emphasize immense impact and the use of social skills in the care of elderly people. It will give overview of usage of social skills in care for elderly people and analyze the results of previous studies in this field.

#### 3.2 Research questions

Following questions were used in order to achieve aim of the research:

What are the social skills and how they are used in elderly care?

What are the factors that caregivers need in order to develop social skills in the care of elderly people?

What are the reasons for adopting social skills in elderly people's care?

## 4 RESEARCH METHOD

### 4.1 Literature review

The research method for this study is literature review. Literature review as a research method addresses complex topics by providing a map of research in a particular field and thus is more suited to theory building and hypothesis generation (Neale 2009, 50).

According to Neale (2009, 49-51) literature review is not, in other words, a “poor relation” to systematic review. It is, and must be preserved as, an important and diverse method on its own. Literature review involves analyzing and interpreting ideas and arguments.

Also, it will summarize, evaluate, synthesis and interpret previous research, arguments and ideas in order to make sense of current knowledge in the subject area being investigated.

Literature review helps specialist to find out the recent developments and enlighten them how to develop the new idea and make use of it (Polit et al 1995, 70). The aim of literature review is to move from 'the known (the individual pieces of research and other information) towards the unknown (combining the results of the different information to reach new insights on a topic). Literature reviews can also be undertaken to set the scene or provide the context for further evidence (Aveyard 2007, 18 cited in Neale 2009, 51).

Literature review can be legitimately drawn upon a wide range of materials. This can include published and unpublished scholarly writing, such as books, journals, articles, conference proceedings, abstract, dissertations and theses, bibliographies, discussion papers and government reports. It might also include document that are not published in the conventional way, such as online information, consultation papers, strategy documents, bulletins, circulars, resource packs, expert opinion, letters, personal communication, newspaper articles, audiovisual items and leaflets (Hek and Moule 2006 cited in Neale 2009, 51). Gathering of information from different data will help to capture the full range of perspectives and ideas currently in circulation (Neale 2009).



The research were review in systematic way, which the purpose is to gather information about particular topic based on already existing research articles, the clue of systematic literature review are the research questions and goal of it is to find answer for them. Over the years, the value of systematic review has also been recognized within the broader social care field and social sciences more generally, systematic literature review have the advantage to bringing together what can be vast bodies of information, and it's provide an easy-to-digest, considered synopsis of the latest evidence on a particular issue or intervention (Neale 2009, 63-64). This research choose to analysis the review in systematic way because by drawing together and summarizing the results of multiple research studies, systematic literatures review help make sense of the “glut” of information frequently encountered (Parahoo 2006, cited in Neale 2009, 66).

Systematic literatures review plays a key role in helping to guide the decisions of policymaker and practitioners. Systematic literatures review is also an important tool for researchers, who may use them to brief themselves both on a topic of interest and on gaps in current knowledge.

A good systematic literatures review can provide original insight and important new knowledge, which can improve the reliability and accuracy of research findings and recommendations (Neale 2009, 66).

## 4.2 Data collection

The material for this study was collected from four different source types:

Books from school and other libraries

Relevant websites

School databases

Research works of graduate students

Three databases – Medline Ovid database, Your journals' @Ovid, CINAHL (EBSCO host) from the school library webpage, and WHO website – were searched for the relevant articles.

These databases were chosen because they are easy to use and they provide beneficial factors, which can be useful in research work. Books and completed thesis researchers were also present in the study process.

The research includes books, thesis, website page and articles that were published in electronic journals in 1993-2009 (Table 1). The keywords that were used in the search were “social skills”, “caregiver”, and “elderly people”. All of these keywords mention above were used in searches in the entire database, in order to get answers to the research questions. Additional keywords were “psychosocial” psychosocial and social skills”, “psychosocial and caregiver”, “psychosocial and elderly care”, also “psychosocial and emotional care”.

Table 1. Distribution of articles, books and thesis according to their year of publication

Year of publication	Number of the researches
1993	2
1994	1
1995	1
1997	1
1998	1
2000	2
2001	1
2002	1
2003	4
2004	3
2005	2
2006	2
2007	2
2008	3
2009	2

The idea of “psychosocial intervention” and emotional care came out in the search in order to answer the research question because everything about “psychosocial” and “emotional care” deals with how to meet patient-nursing relationship goals and it combines all the factors that are responsible for social skills in elderly people’s care.

Inclusion criteria for research articles were:

Studies on the impact of social skill in elderly people’s care and emotional care.

Exclusive criteria for research articles were:

Studies on psychiatric illnesses in mental health clinics, the discussions about schizophrenia and depressed patients were excluded from the search criteria because current research focuses on elderly care in general. Also using of psychosocial treatment was excluded from the research because they have information that almost changes the topic and of the research.

Since the impact of social skills in patient care management for elderly people is the main interest, term "social skills" was always searched for in the database websites, “impact” was left out because it brought zero result about the research when searching for "impact" alone without subordinate verbs. Searching for only “impact” brought something else far from health care in data bases, term that can be suitable for article like “psychosocial”, "emotional care" although search came from different angles but there were still some related articles that relating with social skill, elderly care and caregiver in every search. Appendix I, II and III at the end of this study show the search terms that were used and how many hits each search combination had had in every database.

#### 4.3 Inclusion and exclusion criteria

Concerning inclusion and exclusion articles criteria, about research method, eight books were reviewed but only three books were analyzed while five books were excluded from the research method, because they do not have relevant information about how to do literature review as research method.

Altogether 70 articles and books were found about research study but only 28 of them had relevant information to review for the research study. 15 articles, 2 books and 1 thesis work had relevant and reasonable answers to the research questions, 10 articles and books included in literature review.

Table 2. Amount of included and excluded books and articles

Articles, books and theses	Numbers
Altogether articles, books and theses found	70
Articles, books and thesis that been present in research study	28
Excluded articles, book and thesis	42

Table 3. Overview of the researchers, included in the literature review

Author	Sample and place of research and year	Main objectives of the research	Main results of the research
American Journal of nursing	Nurse theorists, articles review 2007 America	Help the nurse understand how the roles and actions of nurses are interrelated.	Description of a collaborative nurse-client relationship through which a social interpersonal effectiveness meets the needs of the client. Also the ability of the caregiver to engage a patient in an object or goal oriented design ensures a positive effect in the therapeutic relationship towards meeting patient's needs.
Barker, P	Book Britain 2003	Emphasize the psychodynamic basis of the relationship between nurses and individuals or groups, of whatever age, also illustrate three broad models of therapeutic practice, which provide different practical ways of shaping the one-to-one or group relationship.	Caregiver communicative aspect of empathy and complexity of empathy emphasize the description of the patient's condition.
Bellini	Articles review	Addresses social skill deficits and provide social skills instruction, with particular emphasis placed on an emerging intervention strategy.	Recognized meaning of social skills and how it might be difficult for some to develop social skills or recognized it.

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD).	Articles reviews Maryland, USA 2003	Suggest approaches to assessing social and interpersonal difficulties in adults with AD/HD also suggest ways to treat social and interpersonal problems in adults with AD/HD	Discover that social skills can be significantly improved when there is an understanding of social skills as well as the areas in need of improvement. The individuals who exhibit appropriate social skills are rewarded with more acceptances from those with whom they interact and are encouraged to develop even better social skills.
Crawford, K. C Goldstein, H	Article reviews Minneapolis 2005	Describe the importance of supporting the success of students with emotional/behavioral disorders in school and life through interventions focusing on development of social skills.	Social skills competence contributes to our quality of life as our lives are built on positive interactions and relationships with the people around us
Hair, E. C. Jager, J. & Garrett, S. B.	360 research were combine together Washington, DC: 2002.	To examine the factors that lead to high-quality social relationships and good social skills, and the intervention strategies	Empathy as a key successful intervention strategy of relationship in every care
Kiger, A. M	Book New York 2005.	Emphasis on health rather than illness	Describe health teaching as a nursing to promote spiritual, mental and physical health. Using of social skills items to meet patient needs e.g. communication, appropriate eyes contact.
Kinnunen, S. Pajunen, I	Thesis (Article review). Salo Finland 2007	Investigate on mental health patient perceptions on of their illness and treatment that they received.	Caregiver intimacy in treatment should be managed in professional way.
McInnis-Perry, G, J. Good, M. J.	22older adulth (ages 65+) Canada 2006	To promote wellbeing and reduce the adverse effects of codependency among older persons.	Empathy is able to reduce adverse effects of codependence among elderly people and affection for other through positive relationship.
McQueen, A. C. H.	Articles review. Edinburgh 2004	To present an analysis of the literature on emotional intelligence and emotional labour, and consider the value of emotional intelligence to nursing.	Caregiver interprets and understands how patients feel. Emotional care helps caregiver to engage with patients to detect and act on cues to address physical, psychological aspect of care.
Miller, S. K	20 diagnostic group Philadelphia 1997	To discourses the impact of the gerontological nurse practitioner on hospital length of stay of the nursing home elderly with acute illness	Communication has impact in care being offer to elderly with acute care by gerontology nurse practitioner

Olson, J. K	70 patients 70 nurses Canada 1994	To examined relationships between nurse-expressed empathy and two patient outcomes: patient perceived empathy and patient distress.	Nurse –expressed empathy is positively related to patient outcomes, and increase patient satisfactory about treatment. Patient that perceived empathy from their nurse were less distressed.
Reblin, M. Uchino, B. N	Two focus groups. 2008 Utah, USA	To summarize recent research findings from selected publications focusing on links between social support and physical health	Find out that patients with high quality of social network have a decreased risk of mortality in comparison with those who have low quality of social relationship.
Reynolds, W. J. & Scott, B.	Articles review. Inverness 2000	Examine and observation, how registered nurse learn how to offer empathy to clients	Nurses who have apply high empathy gain positive relationship with patient. Reason for adopting social skills.
Shattell, M.	96 patients Alabama 2004	To review a theoretical model useful for developing nursing knowledge related to nurse-patient interaction.	Caregiver communication and behavior has a good impact on patient's care. Communication leading to limited understanding of the patient in treatment.
Sheppard, M.	Articles review. Devon England 1993	Explores client satisfaction with extended intervention from parishioners based at a community mental health centre	Client got satisfied when aware of the caregiver's definition of their problems. Empathy helps caregiver to understand patient's background and their goals in treatment.
Spade, C.	Group of patients and nurses Colorado 2008	To discusses components of psychosocial vital signs and the curriculum used for teaching students how to use psychosocial vital signs.	Social skills factors e.g listening skills were detected in psychosocial vital sign and were require the caregiver's recognition of several responses. Caregiver offers the patient validation of strengths, and ability to cope and adapt when they include social skills in treatment.
Woods, P. Collins, M.	503 patients Sheffield, UK 2003	To analysis the behavioural status index insight and communication and social skills subscales	Communication and other social skills items were correlating with treatment and problem solving in patient care.

Socio demographic data and level of social skills among the caregivers should be briefly discussed to get a better idea about caregiver and patient participation in the research. This chapter show how the individual articles link together and also where some of them stand alone, according to Neale (2009,49) stated that literature review show how individual publications link together and where any gaps in current knowledge lie. Review for research question (1) was taking from many articles, because it was scatter in other articles that deal with another topic, they were picked out and organized to form relevant sentence so that the meaning will be clearly understand by readers.

Researches done in Maryland, discovered what social skills means also how social skills can be significantly improved when there is an understanding of social skills as well as the areas in need of improvement, at the end they realized individuals who exhibit appropriate social skills are rewarded with more acceptance from those with whom they interact and are encouraged to develop even better social skills. The articles review done in Minneapolis, US discover that, Social skills competence contributes to our quality of life as our lives are built on positive interactions and relationships with the people around us. Utah, discover that patients with high quality of social network have a decreased risk of mortality in comparison with those who have low quality of social relationship and Journal of nursing (nurse theorist) done in America Described the collaborative nurse-client relationship through which a social interpersonal effectiveness meets the needs of the client. Also discover the ability of the caregiver to engage a patient in an object or goal oriented design that ensures a positive effect in the therapeutic relationship towards meeting patient's needs. The research done in Maryland, Utah, Minneapolis also nursing journal discoursed generally about what social skills means and how they have being use by caregiver in elderly people's care.

About research question (2) Communication was mentioning in every study. But five studies really mention communication as importance skills in social skills items, study done in Sheffield, UK sample were 503 patients believe that communication is relate positively with listening skills, other study done in Alabama sample of 96 patients shows that 50 patient, more than half of the sample were having positive nursing interaction and study done in Philadelphia Pennsylvania in sample of 20 diagnostic group discover that patient and their family were happy and express their appreciation at having the caregiver who wanted to talk with them.

The aspect of discussion almost 6 studies talk about empathy, but one thing to clarify is empathy was the second social skills which mention in this research, and research done in Devon England discover that satisfaction patients give caregiver only a very crude understanding of the reaction of the clients and satisfied patient were more than unsatisfied because most overall, “satisfied” patients received brief intervention showed greater concordance with their practitioners in their definition of their problems than “not satisfied” patients. Barker book suggest that the facilitative conditions operative in all effective relationships relate to the helper’s attitude cognition and behavior. In Alberta Canada out of 70 patients and 70 caregivers in research sample 40 caregivers were reported who have high score of nurse-express empathy. 22 older adults (65+) were divided into three groups in the study done in Edward, Canada. Group 1 (n=9), group 2(n=6), group 3(n=7), Study done in Inverness say that high empathy produced nursing patient relationship.

Two studies made in Edinburgh UK and Denver Colorado says caregiver understand how patient feel through emotional care using in professional way, E.g. communication, body gestures and appropriate eyes contact.

Literature review articles done in Inverness Scotland give clear answer to research question 3, which are the reasons to adopting social skills in elderly people’s care.

#### 4.4 Data analysis

The process of finding and getting articles from these data to analyze were very challenging. Many articles and books were talking about social skills but not all of them have answer to satisfy my research questions, only few could explain impact of social skills in patient care.

The data, collected for the literature review, was first read thoroughly several times, so that the researcher will get familiar with the information. The next step was to find answers to research questions; therefore all the concepts and sentences that answered the research questions were marked down carefully. After this, all the marked concepts and sentence were listed and the data was simplified by categorizing data into similarities, meanings and common factors of the same phenomenon. The data was organized and divided into groups.



The expressions that mean the same thing were combined into the same category and the categories were named according to their content while putting into consideration the research question.

The research questions are based on the analysis of 1 thesis, 2 books and 10 articles.

Searching and reviewing literature was very challenging, because it was not easy to find research that goes along with the study, they were scattered everywhere and just need to be recognized and gathered together to make sense.

#### 4.5 Reliability and validity of research method

Literature reviews analyze and interpret ideas and arguments. This requires the reviewer to combine, classify and then organize all the information they have collected in order to make connections between individual documents, explain any differences or similarities between authors and find new meaning from the literature as a whole (Aveyard 2007 cited in Neale 2009, 56-57). Literature review also serves the essential function of providing the individual researcher with a perspective on the problem necessary for interpreting the result of his/her study (Polit et al 1995, 70). Systematic literature review statistical power is the probability of detecting a significant difference between the groups being compared in a study. Individual studies are often too small to detect effects that may be clinically important. Systematic literature reviews also allow more thorough examination of all available data, and enable the reviewer to move beyond the conclusions of individual studies. They also resolve the disagreement between individual studies (Neale 2009, 67).

One of the problems that researchers face while using literature review to analyze in a systematic way is the opinion of other previous studies, is the difficulty of coping with the complexity of the huge volume of unstructured data which have to be analyzed (e.g. in the form of typescript, field notes, handwritten account resulting from unstructured interviews and participant observations). Greenhalgh stated that, it is easy for a reviewer to produce a piece of work that is difficult to verify because the methods of selecting, critiquing and analyzing the material are not clearly documented (Neale 2009, 53). There is a tendency for the data to become more and more sterile as the managing of it becomes more efficient and the file on each topic becomes larger.

The main problem is to sort data into categories without losing the subtle complexities and interlinks ages contained within them (Walliman 2001). According to Neale (2009, 52) literature reviews produce a much broader, comprehensive and accurate picture of topic than a single study or piece of work. For example they can clarify discrepancies between authors and explore theoretical issues that are beyond the scope of any individual document, also believe that literature reviews can quickly provide health and social care practitioners with a balance and accessible guide to the latest information on a particular topic.

By systematically searching literatures in reviewing, appraising and summarizing all relevant studies, a more objective assessment of the evidence is possible, and this improve both the reliability and the accuracy of conclusions (Neale 2009, 67).

## 5 FINDINGS

Now that method and background of the impact of social skills in elderly care studies are adequately explained, it is now time to refill the purpose of the literature review to the result that need to explain the three research questions which were (a) meaning of social skills and how they are used in elderly care; (b) factors that necessary for the development of social skills in the care of elderly people and (c) reasons for caregiver to adopt social skills in elderly care.

### 5.1 Meaning of social skills and what they are using social skill for in elderly care

Bellini (2003) discovered that, social skills were defined as learned behavior that allows people to achieve social reinforcement and to avoid social punishment. Social skills have the largest effect, followed by modeling, coaching and social cognitive technique. Spade. C (2008) found out that, social skills are a group of skills that are implored for the purpose of interaction or communicate with others. Bellini (2003) discovered that, social skills can be utilized as a tool of communication, problem solving, decision-making, self-management and peer relation that allows one to initiate and maintain positive social relationships with others.

Social skills and relations are created, communicated, and being used in verbal and nonverbal ways creating social complexity useful in identifying outsiders and intelligent breeding partners. Another research found out that social skills are generally acquired through incidental learning: watching people, copying the behavior of others, practicing, and getting feedback. The individuals who exhibit appropriate social skills are rewarded with more acceptance from those with whom they interact and are encouraged to develop even better social skills, this research was done by Children and adults with attention-deficit/hyperactivity disorder (CHADD).

Reasreach made by World Health Organisation (WHO, 2009) stated that, the social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system, social skills are what people around the world life depend on, it increase the good mood of immunes system in body to elevate.

Care givers are using social skills to identify the treatment that patient needs and planning for personal development, caregivers also use social skills to see and understand the main root of patient's problem, causes of illness, explain more about diagnosis and it set goal for treatment also it help provide help to meet the treatment goals outcome.

## 5.2 Factors that necessary for the development of social skills in the care of elderly people.

Many factors were appeared in literature review about elderly people's care. Certain factors were mention often, many of these factors were in one way or another linked to each other; almost all the factors work together as one. Sincerely five major factors were established in research question one, since they were seen to cover the most important and most frequently mentioned social skills factors that have impact in elderly. Social skills factors were:

- 1) Communication
- 2) Empathy
- 3) Good listening
- 4) Appropriate eyes contact
- 5) Self-disclosure

Communication can be seen as factor that is very important in elderly care, because care without communication has no meaning and every studies mention communication. Treatment and problem solving items were correlating with communication and social skills in which listening skills; eye contact and body posture were among.

The second factor on the list includes empathy, empathy as one of the factors that caregiver emphasized to the development of social skills in elderly care, however most of the studies that talk about communication mentioned empathy also as part of social skills impact in elderly care. Empathy decrease patient anxiety, depression, and anger. empathy made nurses interpret and understand how patients feel, ascertain their motives and concerns, and demonstrate good patient's care.

Third factor is good listening, which is always come out as communication subordinate because good listening by caregiver makes them find out what patient is really passionate about and to dispel negative assumptions that can mess up the communication. When caregiver is expressing good listening, it carry along empathy, be a good listening make patient believe you have interest in their care which indirectly show empathy at the same time.

Appropriate eyes contact is the fourth social skills factor that caregiver needed to the development of social skill in elderly care. Most of the studies did not talk much about this factor, but only three researches talk about appropriate eyes contact, they mentioned that, eyes contact and some other skills are skills learned for creating purposeful interaction with patients and it help in patient treatment and problem solving. There were no research based on appropriate eye contact like communication and empathy, but they just mention it as part of care.

Discuss about the last factor in this research discovered self-disclosure, which means appropriate self-disclosure, most of the research narrated this factor as emotional care, allow in nursing care but too much might affect the treatment being offer if caregiver did not apply it well in treatment setting. Self-disclosure is done in the therapeutic interests of the patient, not for the nurse to somehow demonstrate that they do feelings. Engaging with patients at a personal level has been reported to be satisfying, and job satisfaction is also achieved when feedback of appreciation is giving by patient.

### 5.3 Reasons for adopting social skills in elderly people's care.

Most of the caregivers believe that using social skills in the care of elderly people belongs to mental health, but according to the previous researches social skills can have positive impact on patient's life in care management in all specialties.

According to Ashworth (1980), there are four main aims of nurse-patient communication. They are:

- 1) To develop a relationship in which patient perceived the nurse as being friendly, competent, reliable and helpful and as appreciating the patient's individuality and worth
- 2) To establish patients' needs as seen by the nurses
- 3) To provide information that can be used by patients to structure their expectations
- 4) To help patients to use their individual wishes and the care made available for them (Ashworth 1980 cited in Reynolds & Scott 2000, 228).

The core objective of the nurse-patient relationship is to understand what the patients need from nurses and to assist the patient to take charge of his/her own life. This implies that effectiveness of any therapeutic relationship given to patient depends highly on the amount of openness of the nurse to patient. A social skill allows nurses to understand and know when, how and where to meet the patient's needs, because of hurting or injuring patient's feeling or adding more to patient's illness. Pushing a patient into revealing what he/she is not ready to discuss could be harmful because it may result in the intensification of the anxiety, which might exist as a consequence of health problem(s) or maladaptive living pattern.

Dawson's (1985) reported that, patients with hypertension were different from other patients. Hypertensive patients perceived less empathy in clinicians, and attributed greater importance to discussing with their health care provider, they're responsible to health care, as compared with personal problems and lifestyles matters. Otherwise, an opportunity for clients to an active role in problem solving will be lost and nurses will fail to appreciate patient's individuality. Social interactions enable people to meet their physical, emotional, intellectual, social and spiritual needs (Rawlins et al 1993, Dawson's 1985 sight in Reynolds & Scott 2000, 229).

## 6 DISCUSSION

The process of doing this study has taught me a lot, about research project and it has given me a useful experience for the future. Using literature reviews allow me to understand and get to know more about impact of social skills in the care of elderly people, because I have privilege to studied and gathered some point from other researchers, authors and writers, their ideas about what I did my research on. Literature reviews serve a number of important functions in the research process, and when a general topic has already been selected, and the research done on the topic helps to bring the problem into sharper focus and aid in the formulation of appropriate research questions, and then literature reviews is important for developing a broad conceptual context into which a research problem will fit (Polit & Hungler, 1995 p. 69-70).

Indeed, undertaking a literature reviews can be a good way for students and researchers to familiarize themselves with exiting knowledge and is often the first step towards developing expertise in a subject area. By revealing how others have defined and measured key concepts, undertaken related studies and structure their findings, the literature review can also help those planning their own study to ascertain the significance of their topic or problem, focus on their research question, and improve their methodology (Hart, 1998; Kumar, 2005 sight in Neale, 2009, 51).

The findings of this study do not give information that has not been reported before; literature reviews confirmed what existing theories say about the research. Social skills stand as a proper care for elderly people, it increases the relationship between patients, nurses and relatives even communities, because social skills relationship seems to be the key for recovery.

Study discovered that, when using social skills in the care of elderly people, it would help both caregivers and patients. According to Peplau, nursing-patient relationship is very important in treatment when talking about patient care treatment nowadays. Involving social skills into treatment allows caregiver to feel the impact in treatment of patients and allow the outcome of the treatment successful without regret for both parties (that is nurses and patients) (American Journal of Nursing 2007).

Children and adults with attention-deficit/hyperactivity disorder (CHADD 2003) discovered that, caregiver who exhibit appropriate social skills are rewarded with more acceptances from patients. American Journal of Nursing (2007) mentions that, a caregiver's best way of organizing treatment pattern has an unequivocal coronation to social skills. When this is achieved, it relieves the patient from their sorrows and gives them a high sense of hope because they have developed trust, motivation and eagerness to complete treatment procedure. Nursing model focuses on the individual, the nurse and process of interaction, which gives a rise to the nurse client relationship. Nurses should be equipped with good social skills to identify the needs of elderly people. Failure to realize these problems may lead to faulty evaluation or assessments and this makes it difficult to provide appropriate help to patient where necessary. Social class differences in health and the uptake of health care have been shown to exist. If nurses are unaware of it or fail to understand that such differences exist, false assumptions maybe made about the way that people are expected to respond to illness and compliance with health promotion and treatment.

Woods, P. & Collins, M. (2003) describes well how one factor link to another, especially “communication”, “good listening”, “appropriate eyes contact”, “self-disclosure” it explained more that strategies for reducing tension show strong positive relationships with items on listening skills, expressing opinion, social activities, sociability and support also appropriate eye contact and body gesture were included.

McQueen, A. C. H. (2004) explained how empathy and emotional (self disclosure and eyes contact) link together and the study agree that caring about someone implies care at a deeper level, where feelings are explicitly involve in the relationship and resulting care, same study mention that self awareness, self regulation, motivation, empathy, social skill are relevant to caregiver as they interact with others.

When caregiver neglect or over look using of social skills in treatment when offering care to their patients outcome of the treatment will always end with poor result because when caregiver do have poor empathy, then he/she will lack of sympathy, and when specialist lack of sympathy, patient will believe he/she having bad attitude or does not need to be trust.



Aristotle believe that, “Everything which is healthy is related to health, one thing in the sense that it preserves health, another in the sense that it produce it, another in the sense that it is a symptom of health, and another because it is capable of it” (Aristotle 1941 cited in Hinchliff et al 1998, 18). This means social skills interventions are healthy which related to health and they are capable of health in impact of social skills in care of elderly people. Also impact of social skills will always be positive and good treatment to apply as in elderly people’s care to support care, and this contribution entails not only caring for those who are sick, providing rehabilitative care and enabling patients to reach their highest potential for health and independence, but also and of equal importance, primary and secondary disease prevention and the promotion of health for individuals, families and communities.

## **7 LIMITATIONS AND RECOMMENDATIONS**

Research limitation can be found from research field broadness of the topic, many articles were written about mental illness treatment, and many articles could have found if research is based on mental health treatment or if the research is review about treatment in mental health hospital.

The topic chosen for the literature reviews is very simple but attachments to the topic are very broad. Using of social skills in treatment includes using the combination of many treatment that go along with it, also deal with physical health, emotional health, psychological health and social health, most of them have to be taken from mental health treatment, because they can only be seen in mental health treatment.

According to Neale (2009, 68) stated that many of stages of systematic literature review are conducted in duplicate to minimize bias, and acquiring primary publication and translating foreign language papers can prove expensive and can slow down the review process. Maybe if some of the articles that have relevant information were in English language it would have be more easier to review, because information about this research were from 19<sup>th</sup> century till 20<sup>th</sup> century. Even thou the number of the articles found were not much, but not all of them were used for literature reviews, because not all of them have relevant data to reviews.

The researcher makes the following recommendation based on the finding in the study.

Employed more experienced and expert care giver workers, so that it will be easier for care giver to have more time with their patients, because lack of worker will give little time to care for many patient and it will cause overworking. Caregiver should maintain good relationship with their patients and be careful of too much intimidation because it might have side effect on treatments.

This study indicated that care giver need to work harder and looking for way to solve elderly people's problem without using medicine as a first choice care in their treatments. I recommend that, care giver should try as much as possible to make proper arrangement between care receiver in other to meet treatment goals.

## **8 SUGGESTION FOR FURTHER STUDIES**

Researcher have found out that the impact of social skills in the elderly people's care, and throughout his articles review, he discovered some other topics which other researcher might have interest to look into incase of someone who might have interest in that field. They include:

Impact of social skill in patient care management (this will include questioner, not only article review) then it will allow us to see what is really going on by using social skill in elderly people's care from patient and care giver point of view.

How can the impacts of social skill affect health care budgets?

Why social skill treatment is better to use in patient's care before drug treatment?

## 9 CONCLUSION

Social skills treatments are universe treatment and using of social skills in elderly people's care will make it easy for treatment to meet the goals in elderly people's care. Social skills help patient and care givers to meet the goals in spiritual, emotional and physical health. Some of the researchers believe that, often time, social skills can be significantly improved when there is an understanding of social skills as well as the areas in need of improvement.

Care giver also need to be careful when introducing social skills for treatment in patient care management, because it might bring the closeness to both specialist and patient and it might lead to oppose care rules. Kiger (1995, 92-93) stated that, it might make caregivers to have a concrete relationship with care receivers. And this might lead them into breaking into having feeling for each other, and if the situation doesn't go according to their plans then the illness will worst more than before, and it might be too late to meet the goals for care giver. But as I said earlier Kiger, (1995, 92) argues that, when the patient has reached saturation point and cannot take self exploration and understanding any further without help, at this point nurse need to demonstrate interest and genuineness and may use self-disclosure if such a tactic is appropriate, it may help and that means if only the patient remains the focus.

Finally, quality social relationships and good social skills play a big role in healthy psychological development, academic success, and even later life relationships, such as marriage and parenting (Hair et al, 2002).

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## Appendix I

Database: Your journal @ Ovid

Limitation of the search: full text, publication date 1993-2009, multi-field search AND between the search words.

<u>Search terms</u>	<u>Number of hits</u>
Social skills	984
Elderly care	743
Caregiver	4035
Emotional care	143
Social skills and Elderly care	6
Social skills and Caregiver	110
Elderly care and Caregiver	40
Social skills and Elderly care and Caregiver	2
Emotional care and Caregiver	41
Elderly care and Emotional care	4
Social skills and Emotional care	3
Emotional care and Social skills and Elderly care and caregiver	0
Psychosocial	12100
Psychosocial and Caregiver	1242
Psychosocial and Social skills	500
Psychosocial and Elderly care	86
Psychosocial and Emotional care	226

## Appendix II

Database: CINAHL (EBSCO host)

Limitation of the search: advance search, linked full text, reference available, publication date 2000-2009 and search within the full text of the articles.

<u>Search terms</u>	<u>Number of hits</u>
Social skills	8
Elderly care	1534
Caregiver	47
Emotional care	1537
Social skills and Elderly care	1659
Social skills and Caregiver	22
Elderly care and Caregiver	1541
Social skills and Elderly care and Caregiver	1665
Emotional care and Caregiver	1543
Elderly care and Emotional care	4
Social skills and Emotional care	1656
Emotional care and Social skills and Elderly care	1675
Psychosocial	8086
Psychosocial and Caregiver	293
Psychosocial and Social skills	46
Psychosocial and Elderly care	9
Psychosocial and Emotional care	7



## Appendix III

Database: Medline Ovid

Limitation of the search: advance Ovid search, Ovid full text available, and publication date 1993-2009, AND between the search words.

<u>Search terms</u>	<u>Number of hits</u>
Social skills	871
Elderly care	603
Caregiver	3683
Emotional care	133
Social skills and Elderly care	7
Social skills and Caregiver	783
Elderly care and Caregiver	138
Social skills and Elderly care and Caregiver	3
Emotional care and Caregiver	123
Elderly care and Emotional care	5
Social skills and Emotional care	12
Emotional care and Social skills and Elderly care and caregiver	0
Psychosocial	9355
Psychosocial and Caregiver	5160
Psychosocial and Social skills	2424
Psychosocial and Elderly care	155
Psychosocial and Emotional care	163