

Are elderly people exhibiting greater sensitivity to the nature of communication due to sneezing and nasal discharge?

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Abstract. – OBJECTIVE: Communication with elderly has always presented specific challenges which do not affect other groups. The aim of the study was to investigate how elderly patients perceive communication with doctors due to sneezing and nasal discharge, in particular during COVID-19 pandemic having personal protective equipment, including goggles, face shield, mask and hazard suits affects the quality of communication.

SUBJECTS AND METHODS: 100 patients (50 male and 50 female), all over the age of 65 years, were enrolled as the study group. Elderly patients attending the otorhinolaryngology department, for any reason, were invited to participate in the study, which was carried out during the COVID-19 pandemic. A control group, consisting of 50 patients (male and female), and aged between 25 and 35 years, was also recruited in the same way. Communication questionnaire and Social Communication Skills Rating Scale were applied to all participants.

RESULTS: The results indicate that patients sneezing, with nasal discharge symptoms, and doctors' use of personal protective equipment, including goggles, facial shields, masks and hazard suits and the precautions in behavior designed to protect the doctor during the COVID-19 pandemic were associated with negative effects on doctor-patient communication.

CONCLUSIONS: It is a cultural expectation that seniors be invariably treated with respect. In the extraordinary circumstances of the current pandemic, clinicians need to pay even more attention than usual to how they communicate, to ensure that communication remains both effective and respectful at all times.

Key Words:

Communication, Sneezing, Nasal discharge, COVID-19, Elderly.

Introduction

In every field, interpersonal communication plays a vital role. Many problems can only be resolved through effective interaction and com-

munication. However, miscommunication can also easily generate misunderstanding and other issues. Currently, complaints can be heard on an almost daily basis about the inadequate nature of communication between doctors and their patients. Yet, communicating well is a basic skill that all clinicians need to acquire if they wish to work in an efficient and competent manner. By communicating well, doctors earn the trust of their patients and thus can establish a genuine therapeutic alliance between the healthcare team and the patient. Effective clinical communication not only leads to much more effective utilization of professional skill and the facilities available in healthcare settings, but it reveals that the doctor is a willing helper, who cares about the patient's welfare, is open to their problems and attentive to their needs. Thus, when clinical communication involves hearing the wishes and noting the preferences of patients, clinicians can perform at a higher level, resulting in greater prestige for the healthcare facility involved and an increased demand for the services that facility can offer¹.

It is reported that rhinitis increases with age, and the highest prevalence is seen in the elderly. Although the most prevalent is nonallergic rhinitis, mixed rhinitis is also very prevalent². Whilst it is indisputable that communication is essential in whatever format and whenever health services are offered, in extreme situations like the current COVID-19 pandemic, the importance of effective communication becomes even more pressing. There have been many tributes paid to the dedication and service of healthcare practitioners during the COVID-19 crisis, yet the fact that clinical communication has sometimes fallen below acceptable levels has not escaped remark.

Communication with patients who are elderly has always presented specific challenges not affecting other groups.

There is an extensive research literature covering issues which adversely affect communication between doctors and patients. Furthermore, body language shown by patients offers doctors many clues about the unspoken feelings of their patients. By taking advantage of the scientific knowledge gathered and by remaining alert to the body language of patients, doctors can assist the patient to feel more relaxed, to let go of their stress, to be open about their feelings and to find solutions to the issues facing them. Likewise, patients also pick up on many clues in the doctor's gestures and other body language and this may lead them to uncomfortable emotions and misunderstandings.

The COVID-19 pandemic has created the need for all healthcare personnel to take much more active measures to protect themselves from infection. All healthcare practitioners are now obliged to wear personal protective equipment, such as headgear, mask, goggles, and a face shield. Furthermore, beneath this extra equipment, practitioners must wear a white-colored, all-in-one hazard suit that patients are not used to seeing.

One of the most upsetting features of the current pandemic is that it prevents clinicians from performing many of the empathic gestures of kindness they have become used to show patients and their relatives, who may be facing very frightening situations alone, since such actions expose the clinician to an unacceptable risk of infection. Even such small actions as laying a supportive hand on a patient's shoulder, exchanging a few extra words of support or sitting next to a patient's bed, may represent an infective hazard and thus can no longer occur^{3,4}.

The aim of the study was to investigate how elderly patients perceive communication with doctors during the COVID-19 pandemic, in particular how the wearing of personal protective equipment (PPE), including goggles, face shield, mask and hazard suits affects the quality of communication.

Subjects and Methods

This prospective study was conducted in the Department of Otorhinolaryngology at the Medical Faculty of Eskişehir Osmangazi University, Eskişehir, and Haseki Training and Research Hospital, Istanbul, Turkey, in accordance with the Helsinki Declaration of the World Medical Association. The study was initially approved by the Ministry of Health (2020-05-25T22_49_35), and subsequently also received approval from the local ethics committee (2021-02/13).

Subjects

100 patients (50 male and 50 female), all over the age of 65 years, were enrolled as the study group. Elderly patients attending the otorhinolaryngology department, for any reason, were invited to participate in the study, which was carried out during the COVID-19 pandemic. A control group, consisting of 50 patients (male and female), and aged between 25 and 35 years, was also recruited in the same way.

All the participants in the study provided prior informed consent.

Communication Questionnaire

A questionnaire specifically designed for the study was used to gather responses. Participants were asked to indicate their agreement or disagreement with specific questions by picking one response on a Likert scale. The possible responses were as follows: (a) Strongly agree (b) Agree (c) Undecided (d) Disagree (e) Strongly disagree.

The questionnaire employed is provided in [Appendix 1](#). The same questionnaire was filled out by all study participants, both elderly patients and young controls.

Social Communication Skills Rating Scale [Adult Form-Public Interaction Skills (SCSRS)]

The SCSRS has already found widespread use in multiple other communication-based studies⁵. It was also administered to all participants. The scale consists of 15 items, which are rated on a scale of 1 to 3, where "1" signifies "rarely", "2" signifies "sometimes" and "3" indicates "almost always", in each case referring to use of a particular communicative skill ([Appendix 2](#)).

Statistical Analysis

All data were analyzed statistically using the SPSS version 15.0 (IBM Inc., Chicago, IL, USA) software application. Potential differences between the elderly group and the controls were tested by means of the Chi-square test. The level of statistical significance was defined as a *p*-value lower than 0.05.

Results

Both the study and control groups consisted of 50 men and 50 women. The average age of the study group participants was 71.29 ±3.14 years whereas that of the control group was 31.20±4.14 years.

There were significant differences between the groups in the results of both the Communication questionnaire and SCSRS.

With regard to the Communication questionnaire, the average total score was 13.16 ± 3.04 in the control group vs. 17.16 ± 2.88 in the study group ($p=0.000$). For the SCSRS-10, the average total score was 37.19 ± 6.80 in the control group vs. 28.18 ± 5.61 in the study group ($p=0.000$).

When the individual items which make up the SCSRS were compared between groups, a significant difference was observed for almost all the items. Similarly, significant differences between the groups for questions on specific topics were noted.

The results indicate that doctors' use of PPE, including goggles, facial shields, masks and hazard suits and the precautions in behavior designed to protect the doctor during the COVID 19 pandemic were associated with negative effects on doctor-patient communication.

Discussion

Problems can be experienced in patient-doctor communication at any period and in any age group. Doctor-patient communication is especially challenging in young adults and in elderly patients. Currently, we are in an extraordinary period due to the COVID-19 pandemic and doctor-patient communication has become even more difficult than usual.

Turkish residents aged 65 and over were generally confined to their place of residence, with permission to go outside only between 10:00-13:00. The elderly patients in our sample reported anger and disappointment at being placed under these restrictions. Those who were able to reach a doctor by making an appointment within the permitted times felt as if they were wearing a shield when they saw the doctors.

Doctors at this period kept a physical distance from patients, did not shake hands, wore a face mask, goggles or a visor as protection against SARS-CoV-2 transmission. These preventive measures were perceived negatively by patients, who felt they undermined communication, and had an adverse effect on the elderly in particular. Patients also considered themselves less valued by doctors. It is noteworthy that research concerning community pharmacists has reached similar conclusions^{4,5}.

Social factors, such as being in a network, taking part in activities involving other people, and being able to call on others for support, play an

important role in maintaining a healthy state. Being able to call on others for support reflects the strength of a network. How available such support is depends on the distribution of resources for assistance contained in a person's social network. Social support covers a variety of different kinds of assistance - emotional support, provision of necessary information and help in achieving a particular aim. The fact that we live in an age of advanced communication and information technologies appears to produce different effects in different generations, with important psychosocial consequences. Whereas young adults have largely replaced face-to-face social contact with electronic alternatives, such as social media or video chat to keep in contact with friends and relatives, elderly individuals may find such a transition more difficult, due to lower familiarity with digital technologies. In elderly people, social media cannot replace the face-to-face contact with friends and neighbors they usually have^{6,9}.

In response to a question asking whether respondents agreed with the statement "I was happy that my doctor wore special clothing as a precaution against infecting others", 16 individuals opted for "strongly agree", 10 opted for "agree", whereas the majority (74%) chose "strongly disagree", indicating that they felt unhappy about the use of PPE.

An even more negative sentiment was noted in response to the statement "the protective clothing worn by the doctor made me feel undervalued". 75% of respondents indicated agreement or strong agreement with this statement.

The statement "The physician's protective clothing and observance of physical distance made me unhappy as it implied, I was carrying a disease, even if the doctor did not act negatively towards me" elicited responses that fitted in with the other two responses quoted. Personal protective equipment was not seen as protecting other people. When this question was asked the other way round, the response was as expected, with respondents having a negative attitude towards the use of PPE.

A study examining how wearing a face mask affects elderly patients has been published by Knollman-Porter and Burshnic⁸. The findings from that research were that the obligation for health care service providers to wear a face mask to avoid transmission of SARS-CoV-2 imposes an extra burden on communication with elderly individuals, if they have cognitive, communication or auditory impairment already. Face masks attenuate

the voice, make the tone of voice hard to decipher and conceal those facial gestures which typically convey a significant and vital part of the meaning.

Conclusions

Patients who find themselves unable to comprehend information offered concerning their healthcare or words of encouragement may end up feeling frustrated and anxious, with a negative impact on their quality of life. This conclusion is in accord with the results of the present study. A wider range of communicative techniques may need to be employed to compensate for this communicative loss. Such techniques might include provision of written materials, extra gestures and pictorial illustrations^{8,10}.

It is a cultural expectation for seniors to be invariably treated with respect. In the extraordinary circumstances of the current pandemic, clinicians need to pay even more attention than usual to how they communicate, to ensure that communication remains both effective and respectful at all times.

Conflict of Interest

The authors declare that they have no conflict of interest.

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No funding was obtained from any companies or organizations for this study.

Authors' Contributions

Authors equally contributed to planning, experiment, and writing the manuscript.

Ethics Approval

The study was initially approved by the Ministry of Health (2020-05-25T22_49_35), and subsequently also received approval from the local Ethics Committee (2021-02/13).

Informed Consent

Written informed consent was obtained from all participants.

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