Exploratory Evaluation of Communication Techniques between Caregivers and Psychiatric Patients: A Study of Neuropsychiatric Hospital, Nawfia

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ABSTRACT

This study examines communication techniques between healthcare givers and psychiatric patients of neuropsychiatric hospital, Nawfia in Anambra State. The study aimed at finding out techniques used by the caregivers in communicating with the patients, whether gender and age are factors in determining meaningful communication between patients and care givers. Focus group discussion and census sampling methods of study were adopted. A sample size of 120 was drawn from the 13 caregivers and 107 patients of neuropsychiatric hospital, Nawfia, Anambra State. Findings showed that interpersonal communication is the dominant mode of communication. It was also found that age is a factor in determining factor in patient's level of understanding of communication with their caregivers. The researchers recommended that nurses and doctors working in psychiatric hospitals should learn interpersonal communication skills so as to communicate effectively with patients. It was also recommended that the curriculum for nurses and doctors who intend to work in psychiatric hospitals should incorporate interpersonal communication to teach such skills since it is relevant to their work.

Key words: Communication Techniques, Neuropsychiatric Hospital and psychiatric patients

INTRODUCTION

Good communication between physicians and patients is the bedrock of quality medical care, Tongue, Epps & Forese, (2005) and the relationship has evolved from an autocratic relationship to partnership. Communication between healthcare givers and patients is the medium through which shared presence occurs, regardless of the presenting problem, time available or clinical history of the patients (Gregory, Edward & Chang, 2007). Communication technique therefore extends towards knowing the actual method of passing across information and ideas among others such that it would be understood by the recipient. This means that communication between physicians and patients has primarily focused on verbal communication rather than non-verbal (Ezeliora, 2016).

However, Burgoon (2009) says that non-verbal communication in the form of vocal tones and facial expressions enhance verbal communication by serving as the primary medium for the expression of emotions and non-verbal behaviors. It is pertinent to note at this point that skillful communication can make an enormous difference in the ability of patients and families to resolve the problem of daily living as communication has been shown to favorably affect clinical outcomes and patient's adherence to prescribed treatment (Wofford & Hardt 2014).

A psychiatric home where the patients can be looked after and cared for is built and this psychiatric home does not just comprise of those who are insane (mad) but also those who suffer from depression and addiction among others. There are several psychiatric hospitals in Nigeria, likewise in Anambra State. However, in this study, we are limiting ourselves to Neuropsychiatric hospital, Nawfia. This psychiatric hospital is made up of health caregivers (doctors and Nurses), psychologist, therapists and patients. We are meant to study strictly the Nawfia section based on the fact that there are more patients there and different cases of mental illness are seen there than in Obosi and other psychiatric home around.

This study therefore seeks to examine the nature of interpersonal communication between caregivers and psychiatric patients in Neuropsychiatric hospital, Nawfia.

Statement of Problem

There are many barriers to good communication in the doctor patient relationship including patient's anxiety and fear, fear of not feeling among, depression among others. That is why Gibbs and Warhover (2002) observe that doctors are notorious for communicating in ways understandable only by doctors. This work therefore sets out to

study the method with which these caregivers communicate to the patients, whether age and gender can be an impediment in patient's level of communicating with the caregivers and at what time at which communication will be effective for positive result.

Objectives of Study

1. To ascertain the major technique used by the caregivers in communicating to the patients.
2. To find out patients' level of understanding of communication with caregivers.
3. To find out whether gender is a factor in patient's level of communication with the caregivers.
4. To find out whether age is a factor in patient's level of understanding of communication with physicians.

Research Questions

1. What is the major technique used by the caregivers in communicating to the patients?
2. Do patients understand physicians when communicating with them?
3. Is gender a factor in determining patient's level of communication with the caregivers?
4. Is age a factor in determining patient's level of understanding of communication with physicians?

THEORETICAL FRAMEWORK

Communication Accommodation Theory

Orhewere (2006) in Asemah said that human beings interact with one another in order to satisfy their wants, needs and goals. More specifically, Asemah (2011, P. 230) in his mediated view of human beings is that communication aid the unification of people, bringing their needs closer to them. This theory therefore focuses upon how, when and why speakers shift their messages to match that of their interlocutors and the ways in which conflict can be managed (Gasiorek and Giles 2013).

The issue of interaction between the doctors and patients is the case of a mother and child. Healthcare givers have the function of giving the patients the information needed to know their state of well-being and patients need respond to the message. Giles and Ogay (2007, p.16) says that communication accommodation theory explores the different ways in which we accommodate our communication, our motivations for doing so, and the consequences. This is where doctors need to be emphatic that is to say, the ability of the caregivers to understand the patient's situation (perspectives, beliefs and experiences) to communicate understanding and check its accuracy and to act on that understanding with the patients in a therapeutic way. This is buttressed with the quote of Peter Drucker "the most important thing in communication is hearing what isn't said". That is, the ability to read the emotions and non-verbal communication of the patients increases understanding and elevates relationship.

Hence, good interpersonal interaction between caregivers and patients is by definition a two-way communication where both (caregivers and patients) speak and listen to each other, express opinions and exchange information (Harold Laswell cited in Baran 2004). What this means is that interpersonal communication entails both the sender (caregivers) and the receiver (patients) and the necessity of feedback in communication.

Interpersonal communication is a major determinant in the topic of discussion in the daily activities of the caregivers and patients. The type of feedback to be seen from the patients can be determined by the emphatic nature of the caregivers and their ability to convey message having in mind the verbal and non-verbal means of communication.

The issue of communication techniques between the caregivers and patients of Neuropsychiatric hospital Nawfia captured the attention of the researcher and requires a great concern on the technique as to how, when and at what time communication is best conveyed to achieve positive result. And so, Wood (2006, p.2) says that communication can take place in which ever form but the most important thing is that it is an on-going interaction that allows individuals share ideas and information. What this means is that talk is the fundamental instrument by which the doctor- patient is crafted and by which therapeutic goals are achieved. In relation to this study, it is possible that physicians/nurses accommodate the patients for a smooth interpersonal communication to be achieved.

Coordinated Management of Meaning Theory

According to Asemah (2011, p. 223), stated that people co-create meaning by attaining some coherence and coordination. Explicitly, coherence occurs when stories are told and co-ordination exist when stories are lived. To this effect, Anaeto and Anaeto (2010) indicate that attitudes are formed through exposure to information. What this

means is that two individuals engaging in an interaction are each constructing their own interpretation and perception behind what a conversation means.

The coordination of meaning between the health caregivers and patients is one that made Zig Ziglar in his quote say "you never know when a moment and a few sincere words can have an impact on a life". This implies that a well-timed positive word or compliment can change someone's attitude as the communication between the caregivers and patients have the power of coordinating a positive meaning in the thinking faculty of the patients thereby exhibiting a good attitude towards the caregivers. Therefore, it is said that both caregivers and patients coordinate meaning in the information shared.

LITERATURE REVIEW

Healthcare givers, Patients and Communication Accommodation theory

The physicians – patients dialogue involves two participants that is the caregivers (doctors and Nurses) and patients (Psychiatric) both of them contribute to constructing the patient driven interaction. The above extract according to Williams (2008) exhibits the importance of interaction (dialogue) between healthcare givers and patients. It shows that for effective communication to take place there has to be a dialogue.

So, interpersonal communication plays a major role between them both while this communication is going on, they both shift their communication style, Asemah (2011) that is, the physicians tend to change the phonological, structural and organizational way they communicate to the patients and the patients also accommodate the question of the physicians. Hence, it is deduced that the communication technique used by the physicians and patients helps the physician shift their communication style in such a way that it would be understandable by the patients.

Healthcare givers, Patients and Coordinated Management of Meaning

According to Schouten and Meeuweseen (2005), class, race, ethnicity, gender and age may all contribute to how close or distant two individuals feel about each other. This was buttressed when Harmsen (2003, p.25) found out that doctors expressed more empathy with ethnic minority patients. It is pertinent to note that certain aspects of doctor patient communication seem to have an influence on patients behavior and well-being. An example is that of interaction Analysis System (IAS) which says that interaction can modify important component of health care process.

To summarize the extent of this communication style and to facilitate its effectiveness, it involves knowing when to communicate, what to communicate and how to communicate. What this means is that the caregivers are concerned with promoting, maintaining or restoring human health and the patients who are being taken care of try to assign meaning to what comes out from the former's mouth, how these words are said and gestures made will determine how friendly the caregiver is towards the patients.

Hence the theory of the coordinated management of meaning gives the patients the ability to understand the verbal and non-verbal means of communicating as a result of their ability to assign meaning to what they see and hear from the caregivers and vice-versa. Using a hypothetical example, a physician who goes to talk to a patient at noon- and while the conversation last, receives a slap from the patient; such action can be a way of sending message to the doctor / nurse. In fact, coordinated management of meaning helps the caregivers and the patients to communicate and understand each other.

Health caregivers, Patients and Health Communication

Health communication is the adoption of communication strategies to enlighten the public on health related matters and influence individuals, government or community decisions that positively impact on health using the various media of communication. The above extract according to Nwabueze (2009) shows the usefulness of communication on health. He (Nwabueze) emphasized the importance provided on health under communication in the society as it affects not just the individuals but the society at large. No wonder Batta in Agbanu & Nwabueze (2011) says that health is very important to all.

To make more effect, this relationship between healthcare givers, patients and health communication, Laswell in Baran, (2004) pointed out that communication makes the co-existence of people in a society possible. So, the influence of communication on caregivers, patients and society is versatile. As such, the former tries to make use of

interpersonal communication, shifting their communication styles in sending a message to the patients who there in coordinate and assign meanings to them. This in turn forms the basis of trust given to the patients by the caregivers. This is why Nwankpa and Akpan cited in mass media review (2014) says communication becomes an essential vehicle to facilitate international relations that is to say, communication is very important in the society.

Rimal and Lapinsk (2009) indicated that health communication is seen to have relevance for virtually every aspect of health and well-being including disease prevention, health promotion and quality of life. This statement highlights that communication is the utmost importance to every human being as it promotes health and quality of life. As such, physicians need it to know what to say to the patients and patients needs it to keep and maintain a healthy living.

Thusly, placing caregivers –patient's relationship and health communication side by side reminds the researcher of an incident sometime in December 2013 during the Ebola outbreak in Guinea which then spread out to Liberia and Sierra-Leone was made known to the other parts of the world through the media, educational talk was given on how non-infected persons could avoid contacting this virus as well as thing to avoid.

All this information, to help keep a healthy living and promote good quality of life. Health communication therefore have the capability of shaping and molding the life of the patients as well as help the physicians know what to say to the patients.

Healthcare givers, Patients and Interpersonal Communication

Interpersonal communication according to Okunna and Omenugha (2012, P.16) takes place when two or more individuals are involved. They stated that various types of interpersonal communication exist but this study looks at the dyadic type of interpersonal communication. That is, communication existing between two persons. This form of communication enables effective communication to exist between caregivers and the patients as it helps create a good physician – patient relationship.

Furthermore, this relationship between caregivers, patients and interpersonal communication, Vertino (2014) pointed out that they are driving force in our lives which enables the caregivers accommodate the patients. As a result, the necessity of interpersonal communication between both is versatile. Caregivers make use of this type of communication to counsel and administer medical information to the patients and this type of communication between physicians and patients, Levenstein calls "reconciling the two agendas". That is, the understanding of the two parties (caregivers and patients) involved.

Physicians' patients' interaction is an essential component of all therapeutic interventions as it helps the person who is experiencing mental health problems or distress, as well as facilitating the development of a positive caregiver-patient relationship (Ezeliora, 2016).

Good interpersonal skills are what each mental health caregivers needs. These skills are the building blocks or as Stevenson (2008, p. 109) describes them "the nuts and bolts" – the basic technique in which the caregivers in mental health needs to be fluent. Thus, interpersonal communication is an important factor over which physicians have some control in helping their patients to adhere.

Communicating with People who are mentally ill

In the society, there is a powerful negative stigma attached to mental illness, especially the more severe forms, like schizophrenia (Wink, 2015). Schizophrenia is a type of psychosis that is generally characterized by hallucinations, disordered thinking and delusion (Wink, 2015). Schizophrenias and others who are mentally ill are no more likely to be dangerous than the general population but because of their bizarre and unpredictable behavior they often frighten people.

Popular media aggravate stereotypes about mental illness and dangerousness because that is how they are generally portrayed on the screen (Robinson et al, 2002). Newspapers Sensationalize crimes committed by people with mental illness. The fear of mentally ill people also stems from people's inability to communicate with them and the lack of knowledge about mental illness.

Caregivers – Patient's Relationship

Physician's communication and interpersonal skill encompass the ability to gather information in order to facilitate accurate diagnosis, counsel appropriately, give therapeutic instructions and establish caring relationship with patients. The above extract by Bredart et al (2005) shows that these are the core clinical skills in the practice of medicine, with the ultimate goal of achieving the best outcome and patient satisfaction which are essential for the effective delivery of health care.

Basic communication skills in isolation are insufficient to create and sustain a successful therapeutic doctor-patient relationship which consist goals of treatment, and psychosocial support Arora (2003), appropriate communication integrates both patients and doctor centered approach. The ultimate objective of any doctor patient communication is to improve the patient's health and medical care (Duffy et al, 2004). Studies on doctor – patient communication have demonstrated patient's discontent even when many doctors considered the communication adequate or even excellent. Tongue et al (2005) reported that 75% of the orthopedic surgeons surveyed believed that they communicated satisfactorily with their patients, but only 21% of the patients reported satisfactorily communication with the doctors. Effective doctor-patient communication is a central clinical function and the resultant communication is the heart and art of medicine and a central component on the delivery of health care (Steward, 1995).

The main goals of current doctor-patient communication are creating a good interpersonal relationship & facilitating exchange of information (Brinkam et al 2007). Good doctor – patient communication has the potential to help regulate patient's emotions, facilitate comprehension of medical information and allow for better identification of patients needs, perceptions and expectations.

Neuropsychiatric Hospital, Nawfia: An Overview

As earlier stated in this study, this research is limited to Neuropsychiatric hospital, see appendix ii (7). There are health caregivers, patients and others who see to the mental sanity of the patients as well as those who see to the cleanliness of the patients and environs. The psychiatric hospital is located at Nawfia, in the central of Anambra State. The psychiatric home consists of three doctors, eight nurses, two psychologists and one hundred and seven patients. That is to say, there is one psychiatric home in Nawfia, and there are thirteen health caregivers with about one hundred and seven patients.

Among the caregivers, two doctors are on contract and two nurses are equally on contract two psychologist and one hundred and seven patients. Worthy of note is that the stay of the health caregivers on contract elapses after one year. Coming to the patients, mental illness is a sickness that develops gradually in a person. If discovered on-time, such person would take medical treatment and therapeutic counsel but if allowed to grow, it gets to the chronic and schizophrenia level and such person becomes a patient in the psychiatric home and the person is kept at the acute ward because such patient is a chronic psychosis but when recovering, the patient is kept at the sub-acute ward.

It is pertinent to note that there are persons who are patients of Neuropsychiatric hospital but who do not stay in the ward see appendix ii (2). These patients are called the out patients. This set of people, their state of illness has not gotten to the chronic stage but their cases are at the temporal state as they communicate well with non-psychiatric patients but a close look and attentive listening to their spoken words and action would then place them as one of the patients of Neuropsychiatric hospital. This group of patients nonetheless is cared for by the caregivers and the doctor-patient relationship is still maintained as some of these patients can be aggressive if not in the right frame of mind. We also have those at the acute and sub-acute ward. Those at the acute stage are those whose mental illness surpasses the use of interpersonal form of communication. Their level of mental derangement is at the chronic level and this set of people can be very brutal and highly unpredictable. Those at the sub-acute stage are those who, after taking medical treatment for weeks or even months, have responded to treatment and are now in the stage of recovery although, they can be unpredictable.

METHODOLOGY

This work is based on the use of two methods of study. They are focus group discussion and census sampling method. The latter implies studying all the elements in the population. Akuezuilo (2002, p.153) says Focus Group Discussion method is research method whereby a group of people or item are studied by collecting and analyzing the data from only a few people or item considered to be a representative of the entire group.

The population of this study is 120. It comprises patients of Neuropsychiatric Hospital Nawfia (107) and caregivers (Doctors and Nurses) in the hospital (13) (Source: Hospital Management). Since the population is small and manageable, the census sampling technique was adopted for the study. The population of the caregivers and patients studied, was based on a period of three months: from January, 2016 – March, 2016. The interview guide was used by the researchers in gathering data for the study.

Findings

In this study, the information obtained from interview carried out by the researcher on 13 caregivers was arranged in categories. It contains the classification of respondents into groups like age, sex, religion and marital status. Out of the 13 caregivers, 9 were interviewed while 4 were not available for the study.

Focus group Discussion was used in data collection on 107 patients out of which 15 of them slated into 3 groups were engaged in a group discussion. Data gathered indicates that 2(22.2%) of those who were interviewed (caregivers) are male while 7(77.7%) are female, 4(44.4%) are married while 5(55.5%) are single. Also 3 respondents representing 33.3% fall within the age bracket of 20-25years, 3 (33.3%) accounts for 26-30years and 3(33.3%) within 31years and above. Data further showed that 8(53.3%) of the respondents are male 7(46.6%) are female while 7(46.6%) are married and 8 (53.3%) are single. More so, 1(6.66%) is between the age range of 20-25years, 5(33.3%) fall between 26-30years and 9(60%) accounts for 31years and above.

Answers to Research Questions

What is the Major Technique used by the health care givers in Communicating to the Patients?

According to the findings derived from an indepth interview with the caregivers and from group focus group discussion, most respondents' persons believe that the communication technique that exists between the caregivers and psychiatric patients is purely interpersonal, whether spoken in the native language or English as it has to do with one-on-one discussion with the patients.

Nurse Dike said that "we use interpersonal method to communicate with them, this will enable us get facts which will be used to administer treatment as well as give them therapeutic counsel". Some of the sub-acute and out patients, during the focus group discussion with them said it is interpersonal as patient A said "it is face to face interaction; they talk to us and treat us like their sisters".

Nurse Afuberoh, concerning this said that the technique used is interpersonal in a way and not interpersonal. When the researcher asked for clarity, she has this to say…. It is not purely interpersonal because the sicknesses of these patients vary. It is not what is wrong with patient A is wrong with patient B. she added that when interpersonal is said to be used, it is no longer between the caregivers and patients because other people around listen to the conversation therefore, the technique used for these patients is the 'psycho therapy' which studies the mind. This technique she said is used for patients under depression, drug addiction among others. These patients are very violent, unpredictable and brutal in concurrence with the general perception of the public about psychiatric patients and these patients are found in the acute ward.

The above response shows that the ability of the physicians to connect, understand the patient's expectations and ask the right questions affect the quantity and qua of the information obtained during the patient's interview.

Research Question Two: Do patients understand the caregivers when communicating with them?

With regards to the focus group discussion conducted with the out patients of which 3 of them were mute (their problems are reported to the physicians by their relations) while patient B said "I understand the doctors and nurses when interacting with them because they speak in the manner I would understand".

Some of the sub-acute patients during the discussion said "we understand them because they speak using simple and easy to understand words". But then, the whole caregivers available to the researcher all coincide that patient's ability to understand depends on the issue at hand. What this means, Dr. Okey says "a patient's level of understanding depends on the nature of mental derangement which the patients suffer from". He said that patients that understand the caregivers are only those whose condition has not become chronic.

One of the Nurses Ngozi (Pseudoname) said that "patients that can understand us are only some of those in the sub-acute stage and the outpatients; at least, they are in their recovery stage". Those in the acute stage she said, don't

even know what you are saying, some can't even tell you their names. Therefore, it takes longer time for patients in the acute stage to make up their minds to listen to a source of information from the caregivers but it takes lesser time for patients in the sub-acute stage and outpatients although, it depends on the mood of the patients as they cannot be predicted.

Research Question Three: Is gender a factor in determining patient's level of communication with healthcare givers?
Most of the caregivers agree that gender is not a factor in determining patient's level of communication with them. Both male and female health giver can administer medical treatment. Chika (Pseudoname) one of the female nurse said "Sometimes, Blessing (Pseudoname) here is the only nurse to take care of these male patients and they don't refuse drugs from her".

Meanwhile, their ability to select preferred gender depends on patient's level of ailment- Jovita added. A patient in the sub-acute stage is more concerned on getting himself / herself cured so as to vacate the hospital and then come as outpatients, they have no time to discriminate between male or female physician/nurse. Those in the acute ward barely recall their names, they don't flow in the interpersonal interaction that is why for this people, psycho therapy is used on them and so, cannot be in the state of selecting the sex to administer treatment on them.

According to an out patient, he said "I prefer the male doctor, he is advanced in age & in the profession so, I trust him to the other doctors". Another said that "prefer the female doctor who is still very young and energetic to administer treatment to me". The patients in the sub-acute ward said "gender is not a factor as it is more of the female nurses that attend to us".

One of the nurses Ngozi said that it is only on a very few percentage will a patient see the opposite sex and scream and this set of people are in the mania level. Nurse Blessing (Pseudoname) of the male ward disagreed with Ngozi on this. She said "some male patients don't like the females injecting them and vice-versa".

Research Question Four: Is age a factor in determining patient's level of understanding of communication with physicians?
Dr. Okey says that age does not determine patient's level of communication with the caregivers. Nurse Blessing, Ebere, Christian, Funmi (Pseudoname) and Dike believe that age can be a determining factor. Nurse Afuberoh says age is a factor because some patients especially the male might not want a young nurse or physician to take care of them. They might take you to be their daughters, sisters or wives and so, feels that you are too little and inexperienced to take care of them.

Worthy of note is that this attitude is equally exhibited by the outpatients who are under the care of doctor Jovita and Okey. Some of them see her to be very young to talk to while some praise her youth age and her achievement as a young doctor. The ones who are not comfortable with her probably because they trust the male doctor who is older in the profession and in age, goes to him for their medical treatment because they believe he can offer more to them.

Ebere said that "even if the patients want to intimidate you with age or stature, you use your knowledge to make he / she bow". Therefore, communicating with psychiatric patients need some technicalities as not every nurse who studied other medical line without studying psychiatric nursing can work in a psychiatric hospital; this too, is applicable to the doctors. This qualifications and training will enable them know how to handle psychiatric patients who understands better when being mild on than when being strict on.

DISCUSSION OF FINDING

Research question one sought to ascertain what major technique caregivers use in communicating to the patients when administering treatment and therapeutic counsel to them. The findings show that majority of the caregivers communicated using interpersonal communication and a times, in their native dialect since the hospital is located in the east, so as to create a good rapport with the patients. These findings tally with what Lee et al (2002) said that "interpersonal communication skills improve doctor patient communication". Also, Chio et al (2007) noted that empathy is one of the most powerful ways of providing psychological support to reduce patient's feelings of isolation and validating their feelings or thoughts as normal. This finding further supports the communication

Accommodation theory which posits that speakers (caregivers) shift their message in order to accommodate their interlocutors (patients) (Giles and Ogay, 2007).

Research question two tried to find if the patients understand the caregivers when communicating with them. Majority of the patients said that they understand the caregivers when communicating with them. This is successfully achieved as the latter shift their communication style to accommodate the patients while the patient construct and co-create meaning in a way they would understand it.

This agrees with what Lee & Garvin (2003) said that patients can indirectly resist the monologue transfer from doctors by actively reconstructing the message to assert their own perspective. The whole caregivers said that the ability of the patients to understand depends on the issue at hand. This shows that all the caregivers available to the researcher on this study are of one opinion. This go in line with the statement "Mental illness encompasses a broad spectrum of disorders which differ vastly from one another in terms of their symptoms, causes, outcomes, treatment and so, determines their level of understanding (Jacoby, Snape & Baker 2005).

Research question three sought to know if gender is a factor in determining patient's level of understanding of communication with healthcare givers. From the findings, most of the caregivers and patients agree that gender is not a factor. This shows that a higher percentage agreed that gender is not a determining factor in ascertaining if a patient would release information to the caregivers, open up to medical treatment and therapeutic counsel.

Although gender might not play a role in patient's satisfaction and interaction due to their mental derangement, street (2010) pointed out that the caregiver's gender was one of the variables, dated back in research design, in studies concerned with the communication, compliance satisfactory and their relation with health care.

Research question four reveals that age was a factor in determining patient's level of communication with healthcare givers. This finding supports the earlier findings of Fallowfield et al (1990), which explains the difficulty in giving patients responsibility for medical decisions. Responses from the interview session supported the findings that age was a factor in determining whether a patient would release information and respond to medical treatment

CONCLUSION AND RECOMMENDATIONS

This study shows that health caregivers relate well with the patients. It was also found that interpersonal communication between caregivers and patients is prevalent. Majority of the patients engaged in the FGD said that the caregiver's age has a way of influencing their communication level and this shows that effective caregivers-patient's relationship is more effective when the physician/nurse is older than patient.

The negative impact of this finding is that it reduces the effectiveness of interpersonal communication between patients and physicians/nurse. And it has made more patients (sub-acute and out patients) restrict information to the caregivers because they feel he/she can't be trusted in rendering medical services.

Health caregivers should improve on their interpersonal communication skills to instill confidence and trust in patients, making them know that it is not about age, but what the physician/nurses can offer. As a matter of policy, mass communication tutors should be made to teach interpersonal communication courses in medical schools.

Employers of labor in psychiatric centers should as a policy employ elderly caregivers in those centers. This will enhance effectiveness in communication between the caregivers and their patients. Also, aAcademic curriculum for psychiatric nurses/doctors should incorporate interpersonal communication in their scheme of work.

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