

Building Therapeutic Relationship in Management of Elderly

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ABSTRACT

Relationship building is an imperative domain in the management of an elderly person. The outcomes of health care for elderly are dependent not only upon patients' physical health status and the administration of care for their biomedical needs, but also upon care for patients' psychosocial basics and attention to their social, economic, cultural, and psychological vulnerabilities. When an elderly is professed in an open, capable, and friendly dimension, the relationship becomes warm and mutually exclusive. Maintaining the relationship is challenging and rewarding, as dealing with elderly may yield stress, irritation, and impatience.

Keywords: elderly, professional caregiver, therapeutic relationship

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INTRODUCTION

The definition of an elderly, senior citizen, or old age consists of ages nearing or surpassing the average life span of human beings, and in the Indian context, age above 65 years is termed elderly, 65–74 years are called young old, 70–80 years are termed middle-aged old, and from 80 years and more are called oldest old [1]. India's population is likely to increase by 60% between 2000 and 2050, but the number of elders, who have attained 60 years of age, will shoot up by 360%. India has around 100 million elderly at present. The number is expected to increase to 323 million, constituting 2% of the total population, by 2050, thus putting an enormous burden on the healthcare system; yet we need to look at their issues from a human right perspective. Rights of elderly persons for care and support include the right to (i) personal autonomy, (ii) periodic assessment, (iii) participate in healthcare decision-making, (iv) protected from exploitation, (v) quality of care enabling quality of life, (vi) social support, and (vii) die with dignity [2]. The professional care

givers, when assuming various roles in elderly management, should be aware of these rights, in order to continue a therapeutic relationship. The therapeutic relationship should help the elderly to be adaptive, more integrated, and to find meaning in his/her current situation [3].

The professional caregivers must assess elderly person's needs and concerns, and aptly use the scientifically gained knowledge and professional skills for its alleviation [4]. The essence of care offered by professional caregivers, including trained nurses, must satisfy the elders both physically and emotionally, in a mutually satisfying relationship of unconditional acceptance based on empathy. Relationship building is an important domain in the management of an elderly person and this skill may not always come naturally, and therefore, a concerted effort is required on the part of professional caregivers to acquire these skills systematically [5]. There is growing evidence that the outcomes of health care for elderly are dependent not only upon

patients' physical health status and the administration of care for their biomedical needs, but also upon care for patients' psychosocial needs and attention to their social, economic, cultural, and psychological vulnerabilities [6]. In this context, this article is an attempt to look closely at some of the important elements in therapeutic relation building between professional caregivers and elders.

ROLES OF PROFESSIONAL CARE GIVERS

The elder's immediate response to the professional caregivers may be mediated on their past experiences which may be pleasant or unpleasant, and hence elderly management requires the following:

- (i) **Modification in attitudes and behaviour of the professional care givers.** They need to learn to accept and take in their stride scenarios of anger, anxiety, tension, noxious behaviour, etc. that may be posed by different elderly [7]. First, we need to understand the socio-demographic background of the elderly population of India, their rights, aspirations, and problems – both physical and psychosocial and devise practical ways of caring them at home and at community level. The professional caregiver has a variety of functions, including physical caregiving, doing some simple technical procedures, and creating an environment that is safe, comfortable, stimulating, and health promoting [8]. The professional caregiver has to teach the elderly and their family caregivers about description of illness, self-care, responding to emergencies and preparing them to cope with his/her condition in a somewhat neutral manner.
- (ii) **Planning therapeutic goals.** Compared with the nursing care in a patient, the specific goals in elderly management may be less of medical and more of empathetic caregiving,

since elders' underlying pathology cannot be altered and the aging process cannot be reversed [9]. A professional caregiver could act as a counsellor giving emotional and psychosocial support, stimulation, and act as a parental figure [10]. In some cases, referral to other sources of help may be necessary, as no one health team member can meet all the needs of the elderly [11].

- (iii) **Capacity building through hands on training.** The first aspect of training is planning, which requires understanding about the situation and accepting limitations in our effort directed towards maximizing the quality of life and realizing the meaning of his/her life [12]. Apart from this, planning specific interventions and addressing the concerns of the elderly and promoting their feeling of self-worth, regardless of their position in society, are of utmost importance [13]. The physically associated problems of the elderly are very complex and present variety of challenges and dilemmas. The society on the whole and caregivers specifically must overcome the stereotypes and negative beliefs so as to offer quality elderly care [14]. Thus, we need to seriously address the issue of capacity building of community health workers and caregivers of the elderly, in order to bring in vital elements of therapeutic relationships in day-to-day practice.
- (iv) **Establishing and maintaining a therapeutic relationship.** The therapeutic relationship should help the elderly to be adaptive, more integrated, and to find meaning in his/her current situation [15]. The professional caregiver should assess elderly person's needs and concerns and aptly use the scientifically gained knowledge and professional skills for its alleviation [16].

THERAPEUTIC RELATIONSHIPS: THE ESSENTIAL TRAITS

The task of elderly management depends on the depth of therapeutic relationship through which reactions and feelings can be analysed. Therapeutic commitment makes a professional caregiver responsible for elderly at both emotional and cognitive levels. In order to flourish a strong relation, some key traits are to be nurtured among professional caregivers [17].

Understanding and comprehending the traits subsequently allows for interaction. When an elderly is perceived in an open, capable, and friendly dimension, the relationship becomes warm and mutually exclusive. As relationship gains strength, the bond between the carer and elderly becomes mature, which assists the elderly to come out with his/her needs, conflicts with self [18]. Carer can blend his potentials, talents, and skills to address the issues raised. Maintaining the relationship is challenging and rewarding, as dealing with elderly may yield stress, irritation, and impatience. In such situations, try to cultivate sense of involvement because when the elderly is cared at a quality level, the carer is actually unfolding potential barriers in his/her own personality development. Therapeutic relationship overtly upholds human values in caring, thereby modifying

the attitude and environment in the current health system [19].

THERAPEUTIC RELATIONSHIP – THE PILLARS

The purpose of therapeutic relationship is to support elderly, to promote healing, and to enhance functioning. A therapeutic relationship differs from a social relationship as it is health focused with well-defined boundaries. The relationship will be centred around professional closeness [20].

Rapport

A relationship begins with the ability to establish rapport, by creating a sense of harmony between individuals. Rapport enables harmonious relationships in which there is clear trust and common understanding. Establishing proper rapport with elderly makes them to accept things and process suggestions [21]. The healthcare providers can use techniques like maintaining eye contact, posture, gesture, appropriate smile, and even matching the breath rhythm. Above all, the elderly needs them to adopt their terminologies and convictions on his/her grounds. A recent research suggests that interpersonal interaction brings out subjective and objective outcomes, such as feelings of rapport and success in performance [22].

Traits	Description
Accepting	Enabling elderly to change at his/her own pace
Congruent	Being trustworthy, dependable, consistent
Creative	Viewing as a person in the process of becoming, not being bound by past
Empathetic	Look at elderly's world from his/her viewpoint
Positive	Showing warmth, caring, and respect
Non-judgemental	Don't judge the elderly moralistically
Strong	Maintaining separate identity from elderly.
Secure	Permitting to remain separate, respecting his/her needs and your own
Sensitive	Being perceptive to feelings, avoiding threatening behaviour
Unambiguous	Avoiding contradictory messages

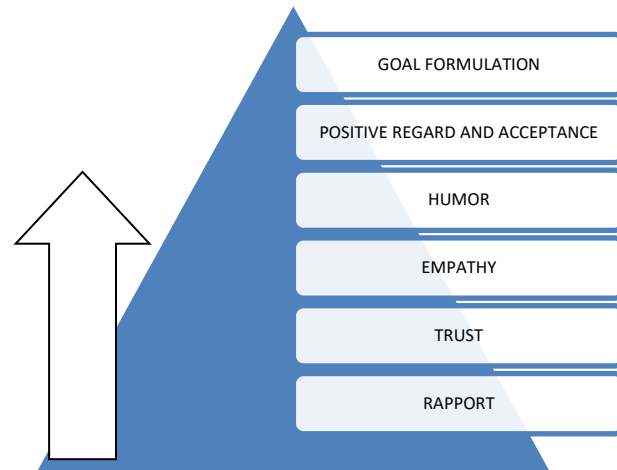


Fig.1. Pillars shows therapeutic relationship.

Pillars for establishing therapeutic relationship are as follows:

Trust

Trust is vitally important in the development of therapeutic relationship. Trust relies on honesty, integrity, reliability, and justice for another person. Trust breeds on consistency than compatibility. Erickson describes trust as reliance on consistency, sameness, and continuity of experiences provided by familiar, predictable things and people [23]. In-depth responses from the elderly can only be elicited if trust is established. Trust enables the carer to predict elderly responses on the basis of understanding made [20]. A study found that consecutive working relationship has established trust beyond boundaries of professional nursing and concluded that outcome of care is proportional to depth of trust [24]. Careful listening, attitude of acceptance, respect for elderly, and honesty are some techniques to facilitate trust of carer (Figure 1).

Empathy

An important determinant for maintaining therapeutic relationship is empathy, which involves intellectual understanding of the emotional state of another person. With empathy, professional caregiver can understand elderly perception from their point of view. This intellectual

understanding allows him/her to identify elderly person's concerns and to intervene specifically [25]. The healthcare provider's ability to empathize depends on creating interest in compassionate caring, basic knowledge of human behaviour, and adopting a warm, flexible personality. Empathy in therapeutic relationship depends on the following:

- (i) Tone: expressing warmth and spontaneity non-verbally and verbally.
- (ii) Pace: timely remarks or behaviour appropriate to the elder's feelings and needs.
- (iii) Perception: abstracting the core or essential meaning of elder's concerns, discussing them with him/her in acceptable terms.
- (iv) Leading: formulating questions or statements that move the conversations in the direction of elders concerns.

Empathy is communicated through verbal and non-verbal means, by adjusting tone of voice and using language that accurately interprets the inner feelings of elderly [26]. Always try to reflect the elder's feelings for correction, approval or disapproval, and remain open to his/her response. Improvement in patients' conditions is correlated with empathetic responses, and it is found that high levels of empathy

contribute to improvement in overall health of elderly [27].

Humour

Therapeutic relationship can be operationalized through medium of humour, as it serves as a form of communication and is purely a subjective emotional response. Humour is the ability to see the incongruities of a situation, i.e. to see the funny side of an otherwise serious situation. Humour enables feelings of closeness and togetherness as it is shared in a platform of mutual trust and understanding. Bonding at personal level can be achieved through humour [28]. The complex caring environment of elderly can be made lighter and comfortable by keeping their spirits-up through humour. The purposes of humour in care situation are to (i) release tension, anxiety, or hostility; (ii) distraction from sadness, crying, or guilt; (iii) decreasing social distance; and (iv) expressing warmth and affection. Humour and laughter are natural expressions of emotions, offer genuineness and authenticity creating mutual and intimate connection between professional caregiver and elderly [29].

Unconditional Positive Regard and Acceptance

Unconditional positive regard and acceptance means to accept another person's beliefs despite own personal feelings. Elderly reaction to health/illness differs from individual to individual as a result of adaptation to challenges. Hence, establishing relationship with everyone is not a realistic task. Positive, warm feelings and acceptance incorporated in routine care create affection [30]. Acceptance doesn't mean approval or agreement, rather making a feeling that elderly needs are given comfortable and legitimate consideration [31]. Respect for elderly feelings, values, beliefs, and perception of illness help one to cultivate positive regard

and accept the elderly without negatively judging their basic worth [32].

Goal Formulation

Mutual acceptance and working is essential in therapeutic relationship [33]. Elderly needs themselves to be incorporated in care activities and formulation of goals. As the relationship establishes elderly will reveal new problems and concerns which they want to solve by mutual goal setting [34]. While formulating goals, the mutual intentions and expectations of healthcare providers and elderly should be discussed, based on which the course of relationship can be determined. The strength of bonding in relationship usually influences the expectation as time elapses [35]. Key areas on which the healthcare providers should focus in goal formulation are the following:

- (i) Assisting the elder in improving communication skills and in participating comfortably with others.
- (ii) Decreasing the elder's anxiety.
- (iii) Gather maximum in-depth assessment data to provide high-quality individual care.
- (iv) Helping the elderly to find meaning of his/her life.
- (v) Increasing the elderly self-esteem, thereby promoting a positive self-concept and sense of security.
- (vi) Maintaining and stimulating the elder physically, mentally, emotionally, and socially by providing a gratifying, positive experience throughout the relationship.
- (vii) Providing the opportunity for the elderly to accept his current emotional status.

CONCLUSION

There is a tendency in our culture to equate old age with illness, in spite of the fact that majority of elderly in India, aged 65 and over, are still active, function quite well,

and some even earn their livelihood. On the other hand, there is also an increasing perception that there is neglect and lack of respect for elderly in the family with the option of old age homes becoming more preferable to the offspring. It is in this context that this article focuses on therapeutic relationship of the professional caregivers with the elderly. Opportunity for the elderly person to make decisions about his/her care or treatment may be limited and the preferences often go unheeded. Hence it is important for the professional to sort out his/her own feelings about working with elderly persons, without any personal bias coming in the way of good therapeutic relationship. It is also important to remember that elderly have the ability to change and adapt to the new surroundings, given adequate time and emotional support. Older persons who are emotionally helpless, socially isolated, and economically disadvantaged are particularly in demand of the social, emotional, and practical support that sensitive therapeutic relationship is defined by individualized goal formation, rapport building, trust formation, empathetic humour laden approach, and unconditional positive regard/acceptance.

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