Relationship between the Perceived Psychological Wellbeing and Social Engagement among Older Residents: The predicting Role of Caregivers' Communicative Behaviors

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Abstract

The communicative behavior of caregivers plays a pivotal pillar to remaining the older adults in the center of the universe instead of yield to be marginalized or ignored. This descriptive correlational study aimed to investigate the predictive capacity of the caregivers' communicative behavior and examines its correlations to the older adults' perceived sense of psychological well-being and degree of social engagement inside the assisted living facility. A convenience sample of 116 older residents and 56 caregivers was obtained. Five tools were used to conduct this study; (1) Mini-Mental State Examination (MMSE), (2) Elders' profile structured interview schedule, (3) perceived psychological well-being of the older adults, (4) A revised Index for Social Engagement for long-term care, and (5) Communication problems Observation checklist. The study revealed that more than half (57.75%) of the studied elders had a high level of social engagement inside the assisted living facility and about one-third (32.8%) have a moderate level of perceived psychological wellbeing. The elders' caregivers were having a fair to a high level of communicative behavioral skills when dealing with the older adults inside the assisted living facilities. Also, a strong positive correlation was detected between the caregivers' communicative behavior in relation to the older adults' perceived sense of psychological well-being and degree of social engagement. The present study concludes that the caregivers' communicative behavior was identified to be the independent precursor of the older adults' perceived sense of psychological well-being and social engagement inside the assisted living facility. An on-job communication training program geared toward enhancing the caregivers' knowledge and skills related to effective communication with institutionalized elders is recommended.

Keywords: Perceived Psychological Wellbeing, social Engagement, caregivers' communication behaviors, older residents.

Introduction

Communication is an ongoing interaction between the communicative partners that can be challenging in the care for elderly people **(Yorkston et al., 2010)**. Communication between older adults and health care professionals can be hindered by the normal aging process, presence of specific age-related problems (e.g., sensory loss, the decline in memory, slower processing of information), or psychosocial adjustments to aging. In essence, communication is a fundamental prerequisite to establish relationships, accomplish nursing care activities, adapt and respond to the elderly's needs in a nursing home **(Clayton et al., 2017).** This dictates the need of caregivers to know that effective communication is considered the cornerstone of caregiving. This can be achieved through exchanging information, validating the elderly's needs, and permitting space for emotional expression and validation **(Reblin et al., 2017)**. On the other hand, difficulties with communication may result in suboptimal care for elderly individuals **(Jootun & McGhee, 2011)**.

Communicative behavior of the caregivers with elderly people is considered a vital pillar that endures being critical to their psychological well-being **(William, 2006).** A central feature of psychological well-being in the older adult that they could have a subjective view of themselves and life activity within the system of real relationships with others **(Steptoe et al., 2015)**. **Ryff (2014)** also considered the perspective of psychological well-being to encompass self-acceptance, mastery over one's environment, positive relationships with others, the meaning and

purpose of their lives, personal growth, and autonomy. According to Maslow's hierarchy of needs on older people, love and belonging are the most intense willing that needs to be fulfilled in order to upgrade before meeting the esteem needs (**Maslow et al., 1945**). In that sense, a qualitative study conducted in Sweden to assess the needs of older people who live in a nursing home. The findings of this study recorded that, older people have a strong will and needs of communication with caregivers and other people, even though their needs for safety and security might not be fulfilled (**Wang, 2012**). A compelling body of researches had also suggested that psychological well-being is significant in promoting longevity of older adults and increased their social engagement (**Park, 2009; Kovalenko & Spivak, 2018**).

Social engagement forms the basis of social relationships and provides a sense of belonging, social identity, and fulfillment within the community (**Berkman et al.,2000**). It was hypothesized that caregivers play a crucial role in promoting meaningful social participation of the older individuals through incorporating the concept of social engagement inside the assisted living facilities as well as introducing and providing them with the community resources (**Reed et al., 2011**). Evidence from cross-sectional studies spotlighted that engaging the older adults in social activities enhancing their psychosocial skills through the provision of emotional support from trusted social networks such as; caregivers, friends, and community neighbors (**Kawachi & Berkman, 2000, Aroogh, 2020**). previous studies asserted that creating an emotionally supportive atmosphere characterized by open communication from the caregivers' party, can establish a bridge toward the attainment of better health and quality of life among the older adults (**Adelman et al., 2000; Cegala et al., 2001**). Therefore, caregivers must realize the permanent desire of older individuals to be loved and belonging regardless of their basic needs are fulfilled or not.

Despite the significance of the caregivers' communicative behavior attitude, less attention has been paid to it, and up to the researchers' knowledge, no research have been conducted in the field of aging. Therefore, the main purpose of this study is to examine the correlations between the caregivers' communicative behavior in relation to the older adults' perceived sense of psychological well-being and degree of social engagement inside the assisted living facility. The study concrete aims were (1) to identify the way of communication of caregivers with older residents; and (2) to test the predictive capacity of the caregivers' communicative behavior on the psychological well-being and social engagement of their institutionalized elders.

Design:

A descriptive correlational research design was used in this study.

Research questions:

- Is there a relationship between the caregivers' communicative behaviors, and the perceived sense of psychological well-being and social engagement of the institutionalized older adults?
- Is it the caregivers' communicative behavior is a predictor to the psychological well-being and social engagement of their institutionalized older adults?

Setting:

The study was carried out in two governmental assisted living facilities (Dar El Hadaya and Dar El Hana) and one private assisted living facilities (Dar Mohammed Ragb) in Alexandria, Egypt. Those elderly homes were selected by the researchers based on the greatest number of their elderly resident's relative to other facilities for the elderly in the governorate of Alexandria.

Subjects:

A convenience sample of 116 residential elders (38 from Dar El Hadaya, 42 from Dar El Hana, and 36 from Dar Mohammed Ragb), those aged 60 years and more, have no cognitive impairment based on Mini-Mental State Examination (score 24-30) was invited to be joined to the study. Regarding, the assigned caregivers who provide care for the included elders were included in the study. Their number accounted for 56 caregivers, as, under some circumstances, one caregiver can be responsible for more than one resident in an elderly home, and in this case, the caregiver's communicative behaviors were assessed separately with each elder.

Tools:

In order to collect the necessary data, five tools were used:

Tool I: Mini-Mental State Examination (MMSE):

The Mini-Mental State Examination was developed by **Folstein (1975)** in order to assess

the cognitive ability of older adults. The tool was translated into the Arabic language by **Elokl (2002)** and approved to be valid and reliable (r = 0.93) for the Egyptian elders. It comprises 20 questions related to memory, orientation, registration, attention, calculation, recall, language, naming, repetition, and coping of a design. As for the scoring of (MMSE), the maximum score is 30 and the scores were classified as 0-17 indicate severe cognitive impairment, 18-23 indicate Mild cognitive impairment and 24-30 indicate no cognitive impairment. This tool was used in this study to select the older adults to be included in the study (older adults with no cognitive impairment).

Tool II: Elder's profile structured interview schedule:

This tool was developed by the researchers and included three parts:

Part 1: Socio-demographic characteristics of the studied elders such as age, sex, religion, level of education, marital status, and occupation before retirement.

Part 2: Medical history: the presence of medical problems that might affect the social interaction and psychological wellbeing of the older adults.

Part 3: Social activities including visits by or to the elders and their frequency, hobbies, and interests.

Tool III: perceived psychological well-being of the older adult's:

This tool was developed by the researchers based on the review of previous research in this concern **(Connolly et al., 1999; Reker & Wong, 2010)**. This tool consisted of 13 items to evaluate the psychological wellbeing of the studied elders as they perceive. It includes questions about the perceived feeling of the elders during the last week such as (self-worth, acceptance, fear, anxiety, vitality and etc.). The responses of this tool were rated on a 3-point response format, where no=3, sometimes=2, and usually=1, and the questions number 4,8,10,11,12, and 13 were reversed in scoring. The total score was ranged from 13-39. The total score was adjusted to range from 0 (Low level of perceived psychological wellbeing) to 100 (High level of perceived psychological wellbeing) and the level of perceived psychological wellbeing was categorized in the following manner: Zero- 33.3 (Low level of perceived psychological wellbeing), 33.4 - 66.3 (Moderate level of perceived psychological wellbeing), 66.4-100 (High level of perceived psychological wellbeing).

Tool IV: A revised Index for Social Engagement for long-term care:

This is a six items tool developed by **Gerritsen et al. (2008)**. This tool is a valid, and reliable tool (r= 0.73) **Yoon and Kim (2017)** used to assess six social engagement behaviors of older adults in long term care facilities: (a) interacting with others, (b) doing planned or structured activities, (c) accepting invitations to most group activities, (d) pursuing involvement in life of the facility, (e) initiating interactions with others, and (f) reacting positively to interactions initiated by others. Each item has a score from 0 (not present), 1 (present but not exhibited in the last 3 days), 2 (exhibited 1-2 times in the last 3 days), to 3 (exhibited daily in the last 3 days). When calculating the total scores, score of 0 and 1 were coded as ''1'' (not present in the last 3 days), and scores of 2 and 3 were coded as ''2'' (exhibited in the last 3 days). The total score ranged from 6 to 12. The total score of Social Engagement was adjusted to range from 0 (Low level of social Engagement) to 100 (High level of Social Engagement) and the level of social engagement was categorized as: Zero- 33.3 (Low level of social Engagement, 33.4- 66.3 (Moderate level of social Engagement), 66.4-100 (High level of social Engagement).

Tool V: Communication problems Observation checklist:

The communication problem observation checklist was developed and proved to be valid and reliable (r = 0.879) by **Abd-elmoneim (2009)** to identify the communication problems of the institutionalized elders and its related factors. It consisted of **three parts**; **Part I** included items related to the presence of normal age-related changes that may affect the elders' communication, **Part II**: included 22 items related to the communication behaviors used by the caregivers during interaction with their elders, such as attentive listening, judgment on elder's behaviors, use of non-verbal communication as facial expression and eye-to-eye contact, tone of voice, and skills needed to communicate with elders with sensory impairment, **Part III**: included items to identify the effect of the surrounding environment on the elder's communication.

Only **Part II** of this tool was used in this study that assesses the caregivers' communicative behaviors with their elders. Each item was observed then rated on a 3-point response format, where yes = 2, no =1, and zero= not applicable. A higher score indicating higher communicative behavior quality. The total score of caregivers' Communicative behaviors was adjusted to range from zero to 100 and categorized as: Zero- 33.3 (Poor level of caregivers' Communicative behaviors), 33.4- 66.3 (fair level of caregivers' communicative behaviors), 66.4-100 (good level of caregivers' communicative behaviors).

Methods

1- An official letter was issued from the Faculty of Nursing, Alexandria University to the manager of each assisted living facility included in the study. The manager of each facility was interviewed personally to obtain his/her permission to collect the data after informed them about the purpose of the study, and the time of data collection.
2- Tool II and tool III were developed by the researchers after a thorough review of literature. The tools were submitted to a panel of 5 experts in the fields of Psychiatric and Gerontological Nursing and demonstrated high validity as the degree of agreement was 0.89.
3- Tool IV was translated to the Arabic language by the researchers and tested for content validity by five experts in the related field of the study and the required modifications were carried out accordingly.
4- Reliability of Tool III (perceived psychological well-being of the older adults) (r=0.968), Tool IV (A revised Index for Social Engagement for long-term care) (r= 0.785), and tool V (Communication problems Observation checklist) (r= 0.938), were tested using Cronbach' Coefficient Alpha test.
5- A pilot study was carried out on a sample of 15 elders selected randomly from Dar El-Wedad to test the tools' precision and applicability. The pilot study demonstrated the feasibility of the study tools, then the sheets were put in their final form.
6- The translated Arabic version of tool I (MMSE) was used to select the study subjects. The study subjects who fulfilled the inclusion criteria based on Tool I were interviewed individually in their rooms inside the assisted living facilities in order to collect the necessary data using tools II, III& IV respectively from each resident after explaining the aim of the study to gain his/her cooperation.
7- The caregiver's communicative behaviors were assessed through passive observation of the caregiver during their interaction with the studied resident for a period of three consecutive days during the working hours of the morning and evening shifts using tool V. The mean of those three consecutive observations were used for the study statistics.
8- Data collection was done during a period of 5 months from the first of April till the end of August 2019.

Ethical consideration:

An informed written consent from each study subject was obtained to participate in this study after an appropriate explanation of the study purpose. Anonymity and privacy of the study subjects and confidentiality of the collected data were maintained. Participants were also informed about their rights to refuse to participate or withdraw from the research at any time.

Data Analysis:

All statistical analyses were performed with the Statistical Package for Social Sciences (SPSS) software version 20. Descriptive statistics included number, percentage, mean and standard deviation, and mean score percent were used to describe demographic characteristics and their health profile. In Analytical statistics, Simple Pearson Correlation (r) was used to measure the direction of the relationship between perceived psychological well-being and social engagement of the older adults, and the quality of Communicative behaviors of their caregivers. Moreover, linear regression analyses were applied to assess the predicting role of caregivers' communicative behavior to the psychological well-being and social engagement of their institutionalized elders was obtained. All the statistical analyses were considered significant at $P < 0.05$.

Results

Table I shows the socio-demographic, and medical data of the studied elders. The elder's age ranged from 60 to 73 years, with a mean of 65.98 ± 2.42 years, 69.0% of them fell in the category of 65 to 70 years. The majority of the elders were females 82.8%, 81.0 % were widows, 40.5% have a secondary level of education, more than two-third (67.2%) were employees before retirement,

and unavailability of enough income was documented by most of the studied elders 73.3%.

As for the duration of institutionalization, nearly one half (48.3%) of the studied elders were institutionalized for 1 year to less than 5 years. Leaving the home for their children were the most dominant reason for institutionalization (65.5%), followed by an absence of a caregiver 31.0%.

Considering the health profile of the studied elders, around two-thirds (66.4%) were suffered from health problems. Visual impairment was leading the list (80.5%), followed by having cardiovascular diseases 77.9%.

Table (1): Distribution of the institutionalized elders according to their Socio-demographic characteristics and medical data

Socio-demographic and clinical data	No. (116)	%
Age (years)		
- 60-<65	32	27.6
- 65 – 70	80	69.0
- ≥ 70	4	3.4
Min. – Max.	60.0 –73.0	
Mean ± SD.	65.98 ± 2.42	
Sex		
- Female	96	82.8
- Male	20	17.2
Marital status		
- Widow	94	81.0
- Divorced	14	12.1
- Single	5	4.3
- Married	3	2.6
Level of education		
- Primary &preparatory	38	32.8
- Secondary	47	40.5
- Higher education	31	26.7
Occupation before retirement		
- Employee	78	67.2
- Housewife	38	32.8
Income		
- Not enough	85	73.3
- Enough	31	26.7
Duration of institutionalization		
- <1year	56	13.8
- 1-	39	48.3
- 5-	16	33.6
- 10+	5	4.3
Reasons for institutionalization *		
- Leave the home for their children	76	65.5
- Absence of caregiver	36	31.0
- Family troubles	11	9.5
- Feeling lonely	7	6.0
Presence of health problems		
- Yes	77	66.4
- No	39	33.6
Type of health problems *	(n =77)	
- Visual impairment	62	80.5
- Cardiovascular diseases	60	77.9
- Hearing impairment	46	59.7
- Endocrine diseases	32	41.5
- Gastrointestinal diseases	24	31.2
- Neurovascular diseases	17	22.1
- Speech problems	17	22.1
- Musculoskeletal diseases	13	16.9
- Respiratory diseases	9	11.7

*: More than one answer

Table 2 shows that one fourth (25.0%) of the studied elders live in a private room in the assisted living facility, while the rest live in shared rooms with either one resident 7.8% or two

residents 37.1%, and those who shared with three or more residents represent 30.2%. In relation to the elder's interaction with the other residents, 17.2% of the elders reported no social interaction at all with other residents, while the other elders were socially interacted with other residents in the form of helping each other 31.9%, eating together 26.7%, and talking together 24.1%. The table also portrays that nearly one-third of the elders 32.8% reported no interaction with the staff of the assisted living facility, 40.5% reported having a friendship interaction and 26.7% reported poor interaction with the staff of assisted living facility. More than two-thirds of the studied elders (67.2%) received visits by family members and friends either weekly 39.7% or monthly 60.3%. Regards spending leisure time, more than three-quarters of the studied elders have leisure time activities 79.3%; ranked as watching television 65.21%, talking with others 49.0%, attending parties 33.7%, and reading 25.0%.

Table (2): Distribution of institutionalized elders according to their residence and social interaction inside the assisted living facility.

Elders residence and social interaction	No. (116)	%
Type of room		
- Private	29	25.0
- Shared with one resident	9	7.8
- Shared with two residents	43	37.1
- Shared with three or more	35	30.2
Interaction with other residents		
- Helping each other	37	31.9
- Eating together	31	26.7
- Talking together	28	24.1
- No interaction	20	17.2
Interaction with the staff of assisted living facility		
- Friendship interaction	47	40.5
- No interaction	38	32.8
- Poor interaction	31	26.7
Visits by family &friends		
- Yes	78	67.2
- No	38	32.8
Frequency of visits (n = 78)		
- Weekly	31	39.7
- Monthly	47	60.3
Spending leisure time		
- No	24	20.6
- Yes	92	79.3
Activities of leisure time *	(n = 92)	
- Watching T. V	60	65.21
- Talking with others	45	49.0
- Attending parties	31	33.7
- Reading	23	25.0

*: More than one answer

Table 3 shows the mean score of social engagement measures among the studied institutionalized elders. The table portrays that, the elders' feeling ease at interacting with others and initiating interactions with others obtained the highest mean score (1.67±0.47 for each). However, the elders' feeling ease at doing planned or structured activities obtained the lowest mean score (0.59±0.49).

Table (3): Distribution of the institutionalized elders according to their mean score of social engagement

Social Engagement Measures for Long-Term Care	Mean ±SD.
At ease interacting with others	1.67±0.47
Initiating interactions with others	1.67±0.47
Accepts invitations to most group activities	1.59±0.49
Reacts positively to interactions initiating by others	1.59±0.49
Purses involvement in life of facility	1.27±0.44
At ease doing planned or structured activities	0.59±0.49

Figure (1) demonstrates the social engagement levels of the institutionalized elders inside the assisted living facilities. More than half (57.75%) of the studied elders have high level of social engagement, (27.70%) have moderate level, and (14.60%) have a low level.

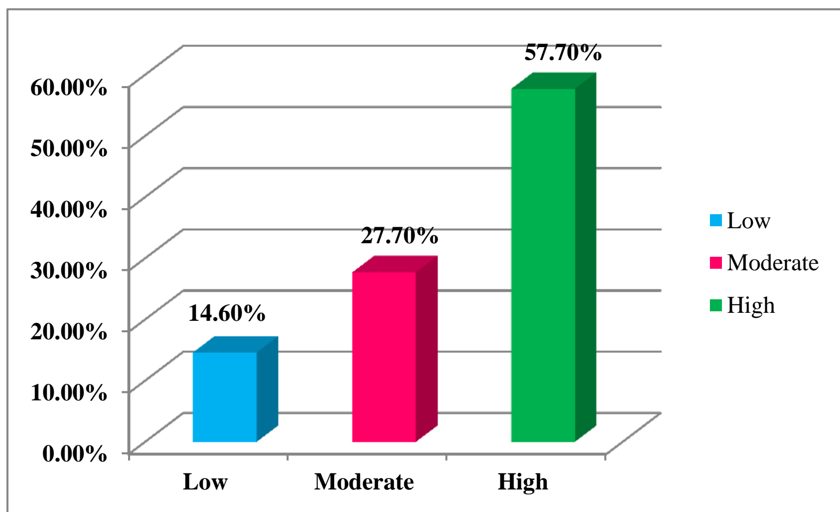

Figure 1: Social Engagement of Older Adults inside the Assisted Living Facility.

Table (4) depicts the mean score of the descriptive analysis of the perceived psychological wellbeing of the studied institutionalized elders. It was noticed that the feeling of self-worth and feeling of fearless and security obtained the highest mean score (2.27±0.4, and 2.0±0.0 for each, respectively). Whereas the elders' feeling of optimism and acceptance of others had the lowest mean score (1.53±0.89 for each).

Table (4): Distribution of institutionalized elders according to their mean score of perceived psychological wellbeing

Items of Perceived psychological wellbeing scale	Mean ±SD.
Feeling of self-worth	2.27±0.44
Fearless	2.0±0.0
Security	2.0±0.0
Self-acceptance	1.94±0.77
Happiness	1.86±0.81
Being active	1.86±0.81
Assurance	1.86±0.81
Lack of boredom	1.86±0.81
Not upset	1.86±0.81
Calmness	1.86±0.81
Not lonely	1.86±0.81
Acceptance of others	1.53±0.89
Optimism	1.53±0.89

Figure (2) demonstrates that more than one thirds (40.5%) of the studied elders perceived a low level of psychological wellbeing, 32.8% perceived moderate level, and only 26.7% perceived high level.

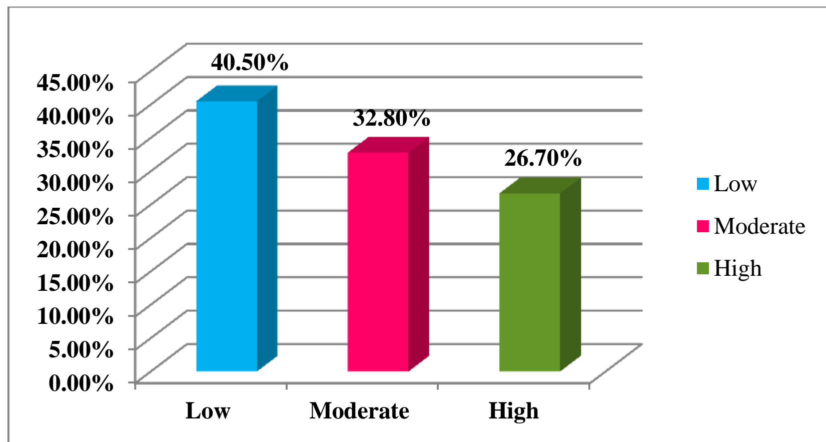

Figure 2: The Perceived Psychological Wellbeing of Older Adults inside the Assisted Living Facility

Table (5) presents the communicative behavioral skills of the elder's caregiver. It was observed that the caregiver ability to speak with the residential elderly in a clear and audible voice and avoid judging or criticizing elders obtained the highest mean score, (2.0 ± 0.0), followed by answer the elder's questions in a direct and easy matter with a mean score of (1.67 ± 0.47). However, not speaking too fast, and talk in one topic at a time were obtained the least mean scores (0.27 ± 0.44 and 0.33 ± 0.47 respectively).

Table (5): Distribution of the studied elders' caregiver according to their mean score of communicative behaviors

Communication behavioral skills of the caregivers	Mean ±SD*.
Not judging or criticizing elder's behaviors	2.0 ± 0.0
Speak in a clear and audible voice	2.0 ± 0.0
Answer elder's questions in a direct, clear, and easy matter	1.67 ± 0.47
Give the elder enough time for question and answer	1.59 ± 0.49
Give attention to the elderly during communication	1.59 ± 0.49
Make appropriate conclusion to the discussion.	1.59 ± 0.49
Encourage the elderly to express feelings	1.59 ± 0.49
Give enough explanation before doing any procedure	1.59 ± 0.49
Able to communicate with hearing impaired elderly	1.59 ± 0.49
Use facial expressions to enhance communication	1.27 ± 0.44
Able to communicate with a visually impaired elderly	1.27 ± 0.44
Accept elder's criticism	1.0 ± 0.0
Use appropriate tone of voice	1.0 ± 0.0
Do not deal with the elder like a child	1.0 ± 0.0
Able to communicate with Alzheimer's patient	0.66 ± 0.94
Use eye contact	0.59 ± 0.49
Do not change the topic suddenly	0.59 ± 0.49
Seems not busy away from elder	0.59 ± 0.49
Do not Speaking from a far distance.	0.59 ± 0.49
Not using authoritative attitude with elder	0.59 ± 0.49
Talk in one topic at a time	0.33 ± 0.47
Not Speaking too fast	0.27 ± 0.44

* The mean of the three consecutive observations

Figure (3) shows that the caregivers have fair (40.5%) to a good level (59.5%) of communicative behaviors skills when dealing with their elders inside the assisted living facility.

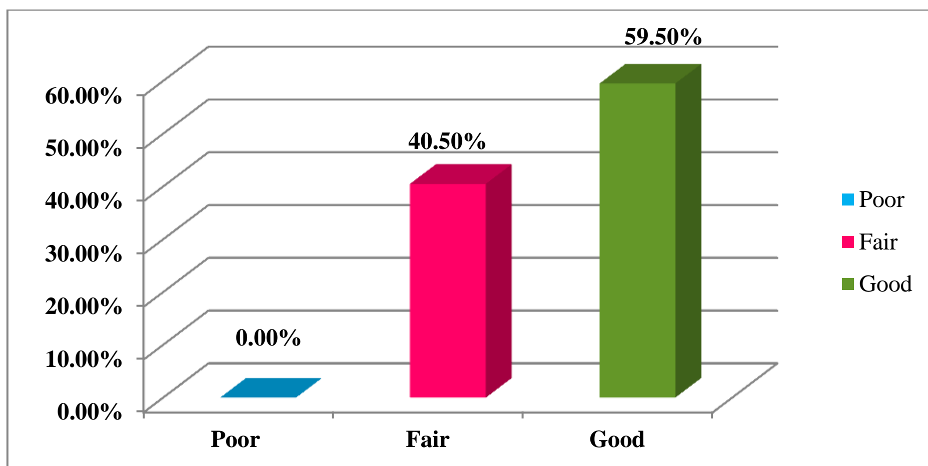

Figure 3: Communicative Behaviors of caregivers inside the Assisted Living Facility.

Table (6) illustrates the correlation of caregivers' communicative behaviors with the social engagement and the perceived psychological wellbeing of the studied elders. It appears from this table that the caregivers' communicative behavior was significantly positively associated with social engagement of the studied elders inside the living facility (p<0.001, r=0.747) and the perceived psychological wellbeing (p<0.001, r=0.784). The sense of social engagement of the elders was significantly positively correlated with the perceived psychological wellbeing (p= <0.001, r= 0.998).

Table (6): Correlation matrix between communicative behaviors of the elders' caregivers in the assisted living facilities with the social engagement and perceived psychological wellbeing of the studied elders (n = 116)

Items		Communicative behaviors of the caregivers	Social Engagement of elders	perceived psychological wellbeing of elders
Social Engagement of elders	r	0.747**		
	p	<0.001*		
perceived psychological wellbeing of elders	r	0.784**	0.998**	
	p	<0.001*	<0.001*	

*: Statistically significant at $p \leq 0.05$
****r: Pearson coefficient**

The absolute value of r: 0.00 – 0.19: "very weak", 0.20 – 0.39: "weak, 0.40 – 0.59: "moderate", 0.60 – 0.79: "strong" 0.80 – 1.0: "very strong"

Table (7) illustrates the regression for the communicative behaviors of the caregiver and social engagement of the elders. The communicative behaviors of the caregivers have a positive significant effect on the social engagement of the elders (p=<0.001) which mean that improving the communicative behavioral skills of the caregiver will increase the degree of the social engagement of the elders inside the assisted living facility. Also, the table shows that the communicative behaviors of the caregivers affect the social engagement of the elders with 74.7 % (Beta =0.747) this means that the communicative behaviors of the care givers is a good predictor of the social engagement of the elders inside the assisted living facilities.

Table (7): Linear regression for the social engagement of the elders by the communicative behaviors of their caregivers.

	B	Beta	t	p
Communicative behaviors of the caregiver	**0.675**	**0.747**	**12.012***	**<0.001***
R^2 =0.559 **F =144.293***			**p<0.001***	

R^2: Coefficient of determination F,p: f and p values for the model
B: Unstandardized Coefficients Beta: Standardized Coefficients
t: t-test of significance *: Statistically significant at p ≤ 0.05

Table (8) shows that the communicative behaviors of the elder's care giver have a positive significant effect on the perceived psychological wellbeing of the elders (p=<0.001) which mean that improving the communicative behavioral skills of the elder's caregiver will increase the level of perceived psychological wellbeing of the elders. Also, the table shows that the communicative behaviors of the elder's caregiver affect the perceived psychological wellbeing of the elders with 78.4 % (Beta =0.784) this means that the communicative behaviors of the care giver is a good predictor of the perceived psychological wellbeing of the elders.

Table (8): Linear regression for the perceived psychological wellbeing of the elders by the communicative behaviors of their caregivers.

	B	Beta	t	p
Communication behaviors of caregivers in elderly homes scale	**1.621**	**0.784**	**13.495***	**<0.001***
R2 =0.615 **F =182.124***				**p <0.001***

R^2: Coefficient of determination F,p: f and p values for the model
B: Unstandardized Coefficients Beta: Standardized Coefficients
t: t-test of significance *: Statistically significant at p ≤ 0.05

Discussion

Evidence signifies that communication between the caregivers and residential elderly inside the nursing home tend to be limited, authoritative and task-oriented style, rather than facilitative and supportive one **(Burgio et al., 2001; Bourgeois et al., 2004)**. In that sense, investigating the correlations and the predictive capacity of the caregivers' communicative behavior on the perceived psychological well-being and social engagement, in a sample of institutionalized elders is very crucial to encompass into the nurses' agenda. This in turn, paves the road for providing a nursing intervention that is tailored to gratify the elders' needs, guarantee their full involvement, and negotiate in decision-making concerned all segments of their own care.

The fact that the care giver's communicative behavior with the older adults have a significant positive impact on improving their perceived psychological wellbeing results in the current study, is consistent with the results found in previous studies of **(Zimmerman et al., 2005; Tolson & Brown-Wilson, 2012; Hafskjold et al., 2015)**. These findings could be an indication that the shaping of the psychological well-being is determined by several factors, including but not limited to, personal, cognitive, and communicative factors **(Kovalenko & Spivak, 2018)**. This lent further support for the present study findings, in which the linear regression analysis proved that the care givers' communicative behavior is a strong predictor of the perceived psychological wellbeing among the elders inside the assisted living facilities.

In the light of Orlando's interaction theory, the deliberative interaction between the caregiver and older adults is based on positive communication in order to meet the clients' needs. Moreover, it was maintained by creating an empathetic atmosphere that conveys caring, tolerance, warmth, compassion, maintaining eye contact, and facing the elderly during the communication process, supported with using different therapeutic communication techniques like; paraphrasing, reflection, validation and summarizing **(Peden et al., 2015)**. In this way, the physical presence of the caregivers who demonstrate signs of bonding and respecting the personhood of the older adults may boost their subjective view of themselves as a

valued and cherished human being who still in the center of the universe and not marginalized or discounted **(Dixon, 2007). This** ultimately could enhance the older adults' sense of affiliation, personal-fulfillment, and find purpose in their life **(Sprangers et al., 2015)**. These positive ramifications can be considered in the same line with the findings of prior studies confirmed that meaningful communication with older adults empowering them to live longer and increasing their sense of satisfaction with life **(Walk et al., 1999; Kiely et al., 2000)**.

Researchers in the present study had also observed that, more than half of the studied elders had high level of social engagement inside the assisted living facility. However, this result was surprising in that the researchers had anticipated the opposite trend, a reduction in the breadth of their social participation with advancing age. Evidence from recent studies reported that the significant reduction degree of social engagement is a pervasive social problem among older adults **(Courtin & Knapp, 2017; Poscia et al., 2018)**. According to the socio-emotional selectivity theory, the older adults view time as limited and they are less interested in building a new social relationship as they view such contacts are less likely to afford them with new knowledge **(Carstensen, 1991)**. Therefore, interpretative caution is warranted, as the researchers, in this study, assessed the scope of the elderly's social engagement based on the residential care homes, so it does not capture the extent of their social involvement outside the residential home such as clubs and social organizations. Hence, this finding would act as impetus for future research to assess the extent of the social engagement profile in the older adult population.

Again, the power of communication leaves its influential imprint in improving the degree of social engagement of the older adults in the current study. Understandably, when the caregivers approach the older adults as a whole individual entity and build an open and ongoing channel of communication with the elderly to share their feelings and concerns in an ongoing manner, as well as provide them with opportunities and prompts for feedback, it can make a tremendous difference in relation to their degree of social engagement **(Williams et al., 2007)**. The essence of this difference that the reciprocal interaction between the caregivers and the older adults would make the elderly feel quite visible, their voice can be heard, and significant to others in their lives and perhaps society as a whole (van Wijngaarden et al., 2015). Interestingly, such feelings of being significant would probably resonate with the elderly sector who have a sense of being neglected or ignored **(Dixon, 2007)**. This goes in accord with **Steverink and Lindenberg (2006)** who reported that the caregivers' communicative behavior would serve as a catalyst for encouraging older adults to be an active partner in interpersonal relationships with were whom they lived with, hence they can expand their loop of acquaintances, instead of yield to social isolation.

Taken together, using clear and comprehensible communication by the caregiver with older adults inside the assisted living facility serve as a vital link to enhance the perceived sense of psychological wellbeing and degree of social engagement among the older adults. In that sense, the researchers intended to shed the light, through the present study results, on the crucial role of communication and its numerous prospective merits among the researchers who conduct research with older adults. Increasingly, it can have far-reaching implications for nurses who are in positions of establishing effective communication skills that geared toward the enhancement of the overall psychological health and social wellbeing of the older adults.

Conclusion

The present study provides evidence of the predictive capacity of the caregivers' communicative behaviors and its significant positive correlation with the perceived psychological well-being and social engagement of older adults inside the assisted living facility.

Recommendations

This research mandates the need for arming the caregivers on job communication training programs that geared toward enhancing the care givers' knowledge and

skills related to physical and psychosocial age-related changes that may impede communication, barriers to effective communication, and measures to be taken to improve the caregivers' communication with their elders such as the use of therapeutic communication techniques. Also, observation and supervision of caregivers' interaction with elders must be considered by the gerontological nurse in the elderly homes to identify the difficulties of caregivers' communication and overcome them. Moreover, our research findings could be incorporated in the nursing curricula for the nursing students, to prepare graduate nursing students to be a role model for the caregivers of the older adults inside the assisted living facility.

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