

The Emotions and Attitudes of Arab Communication Partners with People with Aphasia

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Abstract

Aim: The aim of this study is to investigate the emotions and attitudes of the communication partners of Arab people with aphasia (PWA) in the Arab world and find out the aspects of a group communication partner training program.

Settings and Design: The current study employed a cross sectional study design. The study was conducted online.

Materials and Methods: An online survey questionnaire was developed and validated in Arabic. The survey was distributed electronically via social media platforms to a random sample of PWA communication partners in different Arab countries.

Statistical Analysis Used: All statistical analyses were done through The Statistical Package for the Social Sciences, version 25 (IBM, Armonk, USA) [8].

Results: Twenty-four respondents met the inclusion criteria of the study. The results indicated that most of the communication partners had positive attitudes toward their family members with aphasia. Findings revealed that age, gender, relationship differences had no effect on communication partners' emotions and attitudes.

Conclusion: The emotions and attitudes of Arab communication partners of aphasic people are positively affected by their role. These attitudes and emotions do not seem to have a correlation with age, gender, and/or differences in their relationship with the PWA. Similarly, they do not seem to be correlated to receiving previous training as a communication partner or taking speech therapy sessions with the PWA. It is important of communication partners of PWA to receive a structured communication training program to improve their communication strategies and enhance their psychological well-being.

Keywords: Aphasia; Emotions and Attitudes; Communication Partners; Survey

Introduction

People with aphasia (PWA) have trouble communicating, speaking, reading, or writing owing to brain damage. Those who care for PWA and communicate with them to provide support are called communication partners [16]. The linguistic understanding, speaking, reading, or writing of persons with aphasia (PWA) can be affected by brain damage [16]. A communication partner, as implied in the term itself, is an individual who aids and helps PWA in connecting with the world. A communication partner may help PWA to communicate, be motivated to participate in life, and become communication independent. A communication partner could be a spouse, family member, and/or a friend [6,16].

The World Health Organization's (WHO) International Classification of Functioning, Disability, and Health (ICF) provided a framework to describe aphasia with regard to the functioning and disability of an individual occurring in a certain context, including environmental factors [7]. The main areas included in the ICF model are the patient's quality of life, activity limitations, participation restrictions, and life participation. Contextual and environmental factors may affect these main concepts [3]. Furthermore, the ICF model suggests that the significant other may be affected by a family member's condition; this is called third-party disability [7].

A systematic review was conducted by Grawburg, *et al.* (2013) [12] to investigate the current knowledge about third-party disability in aphasia. The results showed a negative outcome affecting the body function as well as activity and participation in life component described in the ICF model. The analysis also revealed an incomplete understanding of the nature of third-party disability owing to the limited consensus among the studies in the review. Further studies were recommended to investigate the nature and degree of third-party disability in aphasia.

Matos, *et al.* (2014) [5] conducted a qualitative study in Portugal to explore the perspective of 38 individuals, including PWA, family members, and speech and language pathologists SLPs, on aphasia. Of the study participants, 14 were family members and 14 PWA. The rest were SLPs. The study data were mapped according to the ICF model, and all three groups reported consequences on bodily functions and structure, specifically the mental functions that affect emotions.

Visser-Meily, *et al.* (2004) [1] conducted a literature review to inspect the scales made to examine the burden placed on caregivers of stroke patients and found 16 types of burden that resulted from caregiving. The dimensions of burden tested in these measures were competency, negative feelings, social relations, participation problems, physical and mental health and economic aspects [1].

Significantly, there are no Arabic surveys testing the families of stroke patients who have aphasia, whose emotions and attitudes may be affected by changes in their quality of life. The Stroke and Aphasia Quality of Life-39 (SAQOL-39) is a scale that includes 39 questions targeting four domains in people with aphasia: physical, communication, psychosocial and energy. SAQOL-39 has been translated into many languages including Italian, Greek, Persian, Norwegian, Portuguese, Turkish and Dutch.

Some scales are used to assess skills in supported conversations and participation in conversations between PWA and communication partners, such as the Kagan scale [4]. A systematic review was conducted by Simmons-Mackie, *et al.* (2016) [2] to investigate the updates in communication partner training in aphasia, revealing positive outcomes from the training in 56 studies across two systematic reviews. The results suggested that communication partner training should be conducted to facilitate communication with people with chronic aphasia [2].

Subjects and Methods

Participants

Initially, this study included 39 participants (daughters, sons, husbands, wives, brothers and sisters of PWA). The inclusion criteria targeted participants who speak Arabic as their first language. Family members of PWA with left hemiplegia were excluded. Fifteen participants were excluded as they identified themselves as a partner of a patient with left hemiplegia, resulting in a sample size of $n = 24$. Of this subsample, 63% were female and 38% were male. Of the 24 participants, 50% of them are Saudis, 33% are Palestinians and the rest are Syrians and Egyptians. Of the participants 17% are fathers, 17% are daughters, 13% are sons and 13% are husbands. The same percentage is noted for mothers' sisters, sisters in law and friends which is 8%.

Development of the survey

The questionnaire contains 24 questions that do not require typing. The answers are chosen from a scale of 1 to 5 where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree (See appendix C). The questions are divided into three subcategories of

questions related to family in general, communication partners, and PWAs. The targeted domains throughout the questions are contextual factors such as familial, emotional, and financial factors. The survey questions inspected the relationship between family members of PWA among themselves as well as the relationship between communication partners and PWAs. Additionally, some questions covered both PWA and their communication partner’s participation in life. A final question that requires typed answers is attached to the questionnaire. This question is aimed at investigating the informational and educational needs of the communication partners.

As mentioned before, some questions were adapted from FQOL [15] and an approval was obtained from the developer (See appendix D). FQOL [15] is a scale that contains 25 items that are rated through five points. FQOL [15] is also measured through five domains: family interaction, parenting, emotional well-being, physical/material well-being and disability-related support [10]. It examines the family as a unit and its dynamics and perceptions [9]. The items that the researcher adapted and modified to Arabic are “My family members have some time to pursue our own interests”, “Our family solves problems together”, “My family members support each other to accomplish goals”, “My family has outside help available to us to take care of special needs of all family members”, “My family has a way to take care of our expenses”, “My family member with a disability has support to accomplish goals at school or at workplace”, “My family member with a disability has support to accomplish goals at home”, “My family member with a disability has support to make friends” and “My family has good relationships with the service providers who provide services and support to our family member with a disability” [10].

Results

Results related to survey reliability

The reliability coefficient of Cronbach’s Alpha is considered statistically acceptable if the value of the Cronbach’s Alpha is higher than 0.60. It is evident in the results of the calculation presented in table 1 that the reliability values for each individual scale and for all scales were statistically acceptable, indicating that the questionnaire is reliable.

Number	Scale	Number of Items	Cronbach’s Alpha
1	Family-related questions	6	0.711
2	Questions related to the communication partner of the PWA	15	0.813
3	Questions related to the PWA from the perspective of the communication partner	3	0.653
	All Scales	24	0.834

Table 1: Reliability results.

Results related to survey validity

Results of Pearson Correlation Coefficient showed that correlation coefficients between the degree of all items and the total degree of the scale to which they belong are statistically significant at a significance level less than 0.01 or 0.05, which indicates the coherence of these items and their validity for application to the study sample. See table 2 for more detailed results.

The values of the correlation coefficient between the scores of the scales and the total degree of all scales were statistically significant at a level of significance less than 0.01, which indicated the coherence of these axes and their validity for application to the study sample.

Item	Scale 1	Item	Scale 2	Item	Scale 3
1	0.598**	1	0.792*	1	0.446**
2	0.503**	2	0.465*	2	0.443**
3	0.684**	3	0.553**	3	0.605**
4	0.728**	4	0.699**		
5	0.763**	5	0.673**		
6	0.618**	6	0.508**		
		7	0.580**		
		8	0.630**		
		9	0.670**		
		10	0.550**		
		11	0.450**		
		12	0.572*		
		13	0.439*		
		14	0.506*		
		15	0.611*		
*The correlation is significant at 0.05 (two-tailed)					
**The correlation is significant at 0.01 (two-tailed)					

Table 2: Validity results (Between items and the scale to which they belong).

Survey questions: Descriptive statistics

The survey questions were divided into three sections: family-related questions, communication partner-related questions and questions related to the aphasic patient. Results of the analysis indicated that most of the answers in the three sections showed that communication partners had positive attitudes toward their family member with aphasia. The analysis of the results indicated that 35.33% of the respondents “strongly agreed” with the proposed statements, and only 10.97% “strongly disagreed” with the statements. This result showed that PWA’s communication partners experienced no emotions or attitudes as a result of their role.

The results indicated that 50.71% of the answers strongly agreed with the family- related questions, while 26.10% of the answers strongly agreed with the questions related to the communication partner. Additionally, communication partners indicated a predisposition to share issues with family members and find solutions. In fact, the percentage of “strongly agree” answers in this section were the highest percentage compared to other answers. However, it is lower than the family questions section. In the last section, which was related to the aphasic patient from the communication partner’s perspective, the highest percentage (29.17%) of the answers strongly agreed with statements. This percentage is higher than the communication partners’ section, but lower than the family section. Results revealed that the least positively affected was the communication partner, followed by the aphasic patients. On the other hand, the family is the most positively affected, showing strong relationship support and relationship qualities.

Results related to age, gender, relationship difference and previous speech and language training

The results showed that age, gender, relationship differences, and receiving previous speech and language training has no effect on communication partners' emotions and attitudes. Specifically, the results revealed no significant differences at the level of significance (p value ≤ 0.05).

Discussion

Results showed that the emotions and attitudes of PWA's communication partners were affected by their role. This result was supported in previous research on the ICF model, which indicated the presence of the aphasia third-party disability [5,12]. In a subsequent analysis the author investigated whether the effect was positive or negative, and the results indicated a positive effect on the emotions and attitudes of the family members as a whole, the communication partners, and the aphasic patients. This result was in agreement with the results reported in a previous systematic review indicating the positive impact on the emotions and attitudes of the family members of PWA [13]. On the other hand, Croteau, *et al.* (2020), investigating the impact of aphasia on communication in couples, reported that PWA and their spouses face challenges in managing emotions related to communication and noted frustration and caution toward their partners, while other couples reported that they had stopped initiating discussions on specific topics to maintain a positive relationship with their partners. This is partially supported by the current study as the results revealed that the communication partner's emotions and attitudes related to the PWA were the least positively affected.

The results further showed no direct correlation between communication partners and the emotions and attitudes related to PWA. The findings revealed no direct relation between the aphasic patient's quality of life and the emotions and attitudes of the communication partner. No direct relationship between these emotions and relationship changes were noted too. These findings contradicted the finding of a previous study conducted by Harmon, *et al.* (2020) [11] who reported more anxiety and shorter interaction time between PWA and their communication partners during a story retelling task. Furthermore, Harmon, *et al.* (2020) [11] concluded that being an unresponsive communication partner may affect PWA's spoken language quality by eliciting strong emotional reactions from PWA, which can affect their communication experience.

The results of the current research showed the positive effect of family involvement on the emotions and attitudes of the communication partner. In fact, the highest positive impact was noted on family involvement. Foley, *et al.* (2019) [14] previously noted the positive impact on PWA's participation in life through that social support during rehabilitation.

Receiving communication partner training or speech sessions with PWA did not seem to be correlated with the emotions and attitudes of communication partners in the results of the current study. However, many other studies have recommended the need for communication partner training [11]. One of them suggested covering the ideas of emotional regulation and relaxation strategies that help to reduce anxiety while communicating with PWA [11]. Another study supported the need for interviewing couples to pinpoint relationship changes and difficulties as well as the need for communication partner training that covers the emotional and psychological dimensions of their relationship with the PWA.

Conclusion

The emotions and attitudes of Arab communication partners of aphasic people are positively affected by their role. These attitudes and emotions do not seem to have a correlation with age, gender, and/or differences in their relationship with the PWA. Similarly, they do not seem to be correlated to receiving previous training as a communication partner or taking speech therapy sessions with the PWA. It is important of communication partners of PWA to receive a structured communication training program to improve their communication strategies and enhance their psychological well-being.

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