The person with brain injury: wordless rehabilitation

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Communication is fundamental to the therapeutic relationship through which individuals define common objectives and the means to achieve them (King, 1999). This is a challenge due to the increase in language disorders caused by brain injury (BI). These are a barrier to the understanding and knowledge of the person and their needs by the nurse specialist in rehabilitation (NSR). They have difficulties in family, professional and social integration; worse quality of life (Menoita, 2012); depression, a sense of disconnection, disintegration and alienation due to the obstacle that the lack of communication capacity adds to the management of daily life (Sundin & Jansson, 2003).

The communication should be a priority research area for the NSR, whose results contribute to the participation of the person with BI in their rehabilitation process. This scoping review aimed to examine and map the existing literature on nonverbal communication (NVC) in the person with BI, in the context of rehabilitation. The CINAHL Plus® and MEDLINE databases were used. The time limit was extended to 14 years due to lack of studies in the area. Eight articles were used.

The NVC is more involved in the rehabilitation phase than in the chronic one, with a disturbance in the understanding of gestures but not in its production (Rousseaux, et al., 2010b). It is urgent to encourage the participation and interaction of the person with BI in the process of rehabilitation with a view to its success.

The scarcity of evaluation tools makes it subjective. The Lille communication test is the only concrete instrument, but not validated in Portugal. The application of the Rancho Los Amigos Scale reveals that people have a better NVC when they are in more advanced stages of it (Buhl & Pallesen, 2015). However, the NVC systems are well defined, and the classification of Knapp (1980) is the one that has the greatest consensus: paralanguage, proxemics, tactics, environmental factors, kinesis and physical characteristics. There is also reference to affective intonation and silence / eye contact (Rousseaux, Daveluy & Kozlowski, 2010a; Sundin & Jansson, 2003).

These, associated with close observation, become fundamental weapons through strategies such as: attractive, enthusiastic and humorous approaches (Buhl & Pallesen, 2015); creation of relaxed and supported atmosphere; silent dialogue; understanding and mediation through bodily actions and interpretation of body language associated with the understanding of the situation in which the person is; forced cooperation (Sundin & Jansson, 2003). The GRIP model suggests an intervention based on four phases: contact establishment; recording responses to reformulation of care plans; intentional interaction and partial participation (Buhl & Pallesen, 2015). We believe that there is a gap in the evaluation tools which leads to an urgent need for development, as it shows a lower participation of the person with language impairment in their rehabilitation process. The NVC systems are well defined as well as the strategies to be implemented, and their adequacy to the systems preserved after BI is necessary.

Keywords: Brain injuries, non-verbal language/non-verbal communication, rehabilitation and rehabilitation nursing
References


