

TIPS FOR EFFECTIVE COMMUNICATION WITH OLDER ADULTS

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Communication is “the largest single factor in what kind of relationships we have with others and what happens to us in the world.”

- Virginia Satir

LEARNING OBJECTIVES

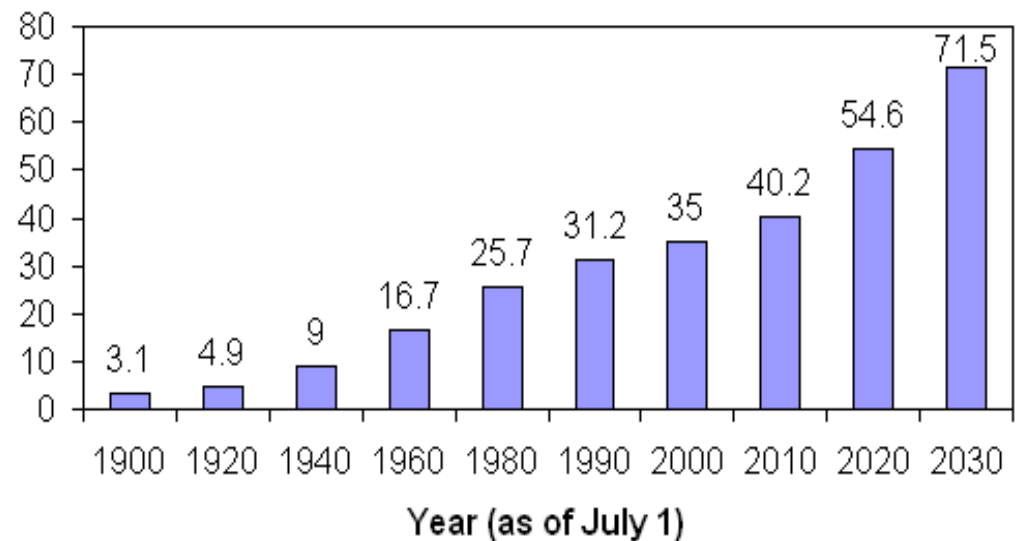
By the end of the session, participants will be able to:

1. to discuss barriers to communication with older adults.
2. to identify strategies to improve their communication with older adults.

WHY CARE ABOUT GERIATRIC PATIENTS?

- Patients are aging
- Life Expectancy
 - 20th century
 - 21st century
- Largest increase in Age >85

**Figure 1: Number of Persons 65+,
1900 - 2030 (numbers in millions)**



Source: Administration on Aging, January 2004

**VISUALIZE A PATIENT WHO IS 80
YEARS OLD.**

**WHAT DOES SHE LOOK LIKE ?
HOW DOES SHE COMMUNICATE?**





GATHERING HEALTH INFORMATION: GETTING THE FACTS

Four main ways to “get the facts”

- OBSERVING the person’s behavior
- READING information in chart
- LISTENING carefully
- ASKING questions

** Sounds simple but many barriers can get in the way!*

COMMON BARRIERS TO UNDERSTANDING

STOP and ASK:



What interferes with the ELDER understanding YOU (the caregiver)??

What interferes with YOU (the caregiver) understanding the ELDER??

BARRIERS TO COMMUNICATING WITH OLDER ADULTS

Three main groups of barriers to consider

1. Aging: Normal changes
2. Disease & disability: clusters in late life
3. Environment:

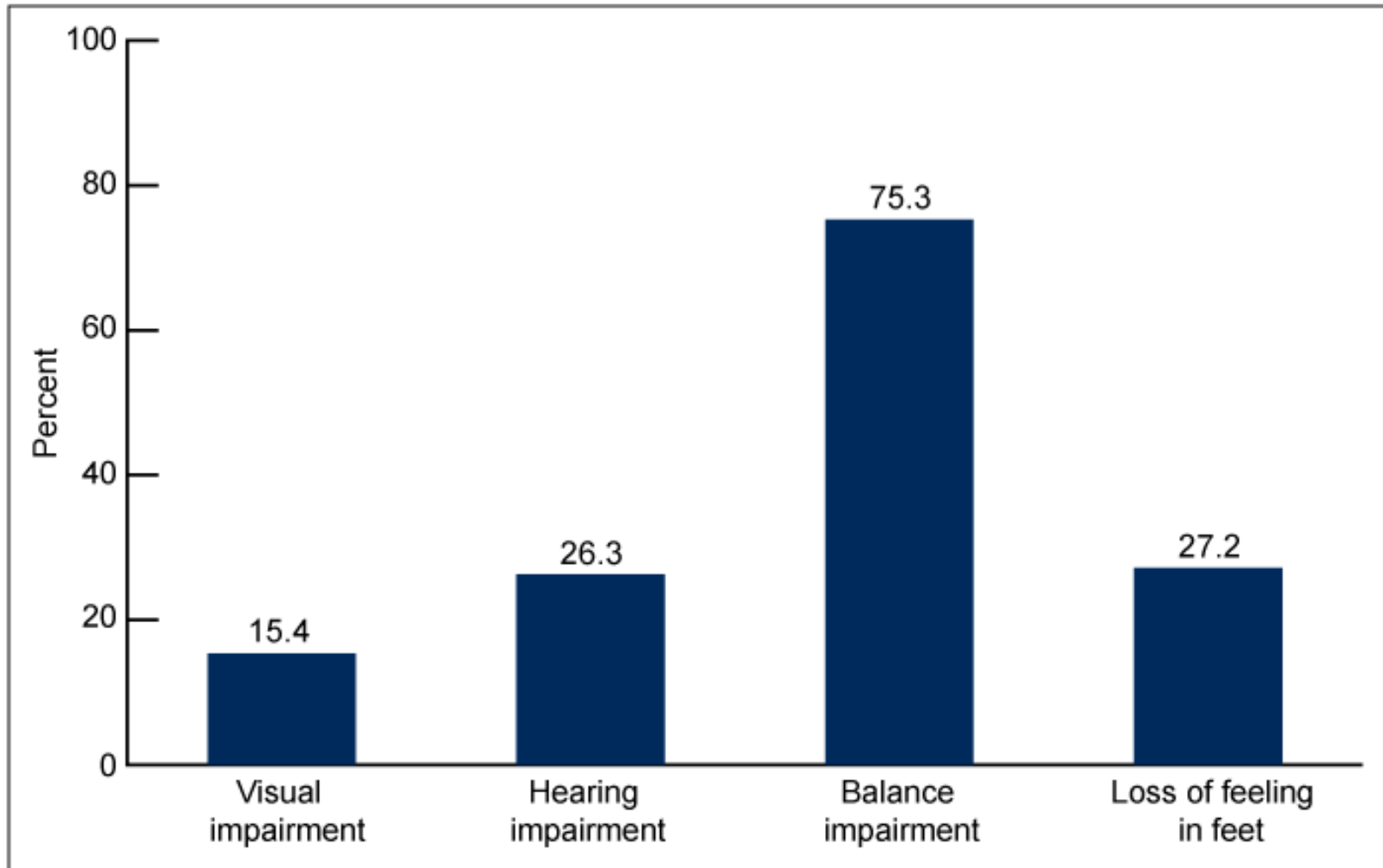
where people with health-related problems live and where you are communicating with them

BARRIER: SENSORY IMPAIRMENT

All senses decline with normal aging

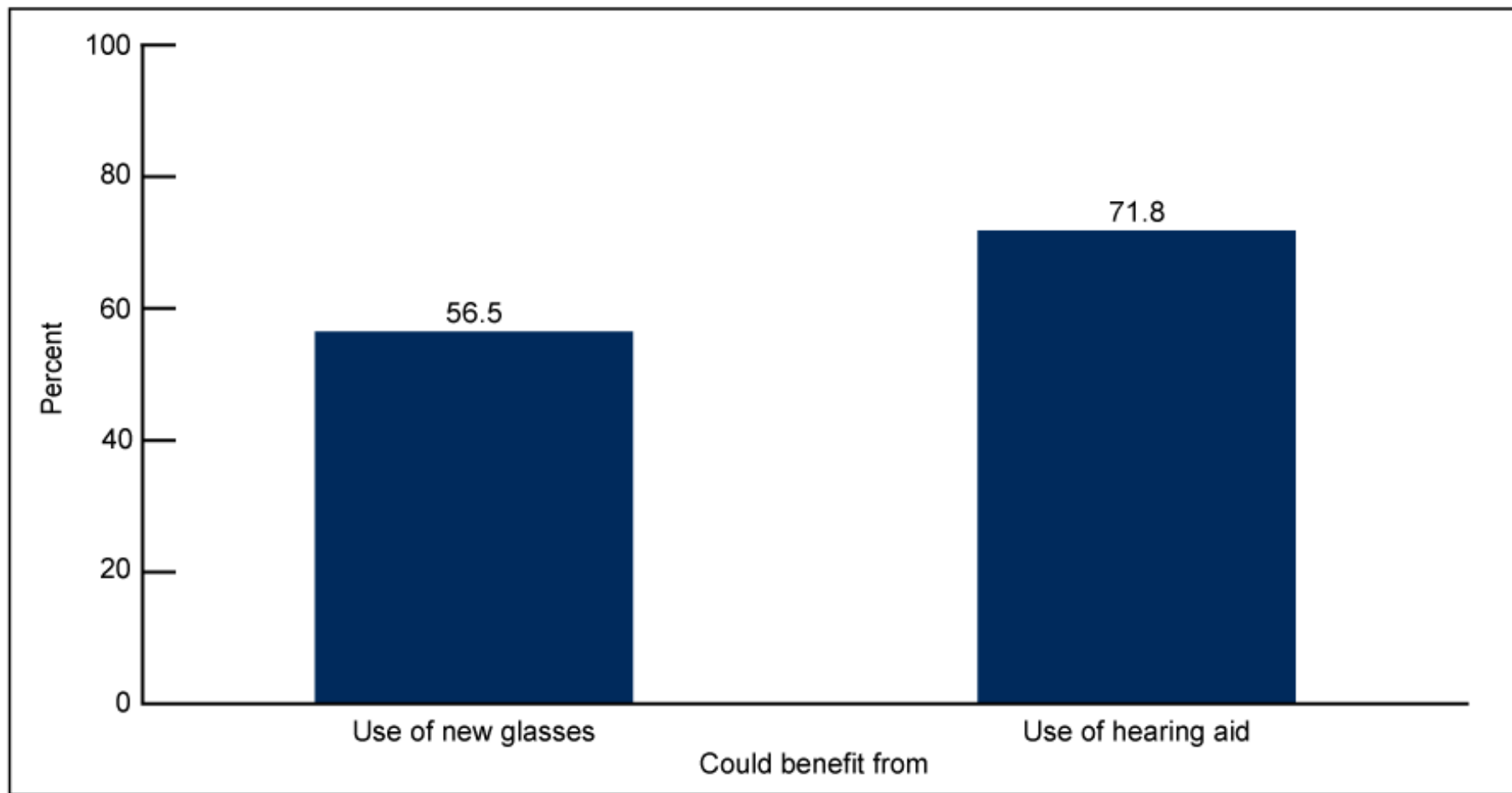
- Vision
- Hearing
- Taste
- Smell
- Touch

Figure 1. The prevalence of sensory impairments among persons aged 70 years and over: United States, 1999–2006



SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey.

Figure 6. The percentage of older Americans with vision or hearing problems who could benefit from using new glasses or a hearing aid



SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey.

BARRIER: VISUAL IMPAIRMENT



Adjust for visual changes:

- Provide more light
- Avoid standing too close
- Stay where person can see you
- Put eye glasses on!!!

BARRIER: HEARING IMPAIRMENT

Adjust for aging changes:

- Some tones not heard well
 - “S, SH, and CH”
 - High pitches (women’s voices!)
- See to read lips
- Talk louder? (no) Lower tone!
- Check for ear wax
- Use hearing aid!
 - Working?
 - Batteries fresh?



BARRIER: REACTION TIME

- How “quickly” we respond
- Increased time needed to “process” questions or information
 - Slower to respond
 - Increased time needed to think of answer, make a decision
 - Do NOT “push” to answer

BARRIER: DISEASE & DISABILITY

- Many health-related problems may interfere with communication!
 - “Speak” the words clearly, audibly
 - “Think” of what to say
 - Find words, form sentences
 - Remember information needed
 - Energy, motivation to interact

MULTIPLE PROBLEMS ARE COMMON!

- Typically more than just “ONE” contributor
 - Multiple co-morbid illnesses
 - Multiple losses
 - Sensory
 - Language
 - Function: Personal, social
 - Independence, autonomy
 - Longstanding habits, traits
 - Emotional reactions to loss
 - Anger, frustration, depression



BARRIER: ENVIRONMENT

- Health care settings are not great settings for communicating
- Physical
 - Busy (Distraction filled)
 - Noisy
 - Semi-private -
- Emotional
 - New caregivers, sensitive topics
 - Culture :
 - Health-care providers are “in charge”
 - Care recipients “do what they are told”

RESIDENTIAL SETTINGS

- Home in the Community
- Independent living
- Assisted living

Cognitive impairment

Functional Impairments >2

ADLS

- Enriched assisted living
- Nursing facility

“The trouble with her is that she lacks the power of conversation but not the power of speech.”

~George Bernard Shaw

THE CONVERSATION: SET THE STAGE

- **Begin with orienting information.**
 - Identify yourself by name and call the patient by their name.
- **Reduce distractions to minimize the person's confusion – ex. Turn the TV off.....**
- **Be aware of how you're presenting yourself.**
 - Physical language can be very powerful to those with hearing and cognitive impairment.

THE CONVERSATION: POSITIONING

- Eye level with the person you're talking with
- Take into account hearing impairment
 - Favor the better ear. It's ok to ask if they hear better out of one side or the other and position yourself accordingly.
- Look directly at them when you speak.

THE CONVERSATION: LANGUAGE

- Use your normal conversational tone
 - Lower pitch might help
- Speak slowly, articulating each word.
- Use simple, straightforward sentences.
- Be clear, but **not patronizing**.
 - Repeat as needed
 - Add gestures to reinforce message



THE CONVERSATION: LANGUAGE

- Slow down & LISTEN!
- Use understandable, familiar language
 - Avoid medical jargon
 - Avoid slang terms
 - Avoid long, wordy, vague language
 - Use terms & phrases that are familiar

THE CONVERSATION: CUES

- Getting the facts may involve knowing “when” or “how long”
 - Vague, uncertain replies are common
 - Offer “CUES” to increase accuracy
 - Before or after the holiday?
 - While your daughter was visiting?
 - When you last saw doctor (give date)?

THE CONVERSATION

- Be patient
- Be attentive to the patient

You may need to search out other informants to get the full picture.

- Nurses, Patient Care Techs
- Family members



RESOURCES

- Marianne Smith (2006) from M. Smith & K. Buckwalter (1993), “Getting the Facts: Effective Communication with the Elderly,” *The Geriatric Mental Health Training Series*, for the John A. Hartford Center for Geriatric Nursing Excellence, University of Iowa, College of Nursing. (www.pogoe.com)
- John Hartford Foundation (www.thebandwidthonline.org)
- legacyproject.com