




Getting the Facts: Effective Communication with Elders



Adapted by 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



Getting the Facts

- ❖ Understand the person & the situation
 - ✓ Goal: Reduce/eliminate behavioral symptoms by treating the REAL problem!
 - ✓ Methods:
 - Assess person & situation
 - Ask: *What is really going on?*
 - Develop interventions to reduce discomfort & increase function
 - ✓ Requires: *Communicating effectively!*



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??

Key ingredients to Getting the Facts

1. Purpose of communication
 2. Communication as a process
 3. Attitudes, beliefs, & assumptions
 4. Age-related changes
 5. Disease & disability
 6. Environmental factors
- 



Communication

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



Purpose of Communication

COMMUNICATION IS . . .

- ❖ More than the exchange of information!
- ❖ Fundamental aspect of ALL human relationships!
- ❖ Way we connect with other people and maintain our relationships!
 - ✓ Sense of “belonging,” purpose in living
 - ✓ Self worth, value as a person



Task-Oriented Care

❖ Task-Oriented focus

- ✓ Interact with older person around activity of daily living
- ✓ Focus on “getting the job done”
- ✓ Communication is “instrumental”
 - Problem-solving, information-giving
 - Clarification, direction, guidance
 - All related to physical cares!!

Temptation: Do things “TO” vs. “WITH”!!!



Person-Centered Care

COMMUNICATION . . .


- ❖ Serves SOCIAL, EMOTIONAL needs
 - ✓ Reassurance
 - ✓ Encouragement
 - ✓ Concern & understanding
 - ✓ Interest in the person as a HUMAN BEING
who has many concerns other than their health conditions!!!

Psychosocial needs: Low priority

Here are your clothes. Brush your teeth, wash your face, comb your hair, get dressed and I'll be right back. . .

Absolutely!
Promoting dignity
and self respect is
definitely part of
job here!!!

*What we DO in practice
doesn't always match
what we SAY is
important!*



“Caring and communicating are inseparably linked. You cannot hope to communicate effectively if you do not care about the person on the receiving end.”

-- MORRISON & BERNARD



Communication as a PROCESS

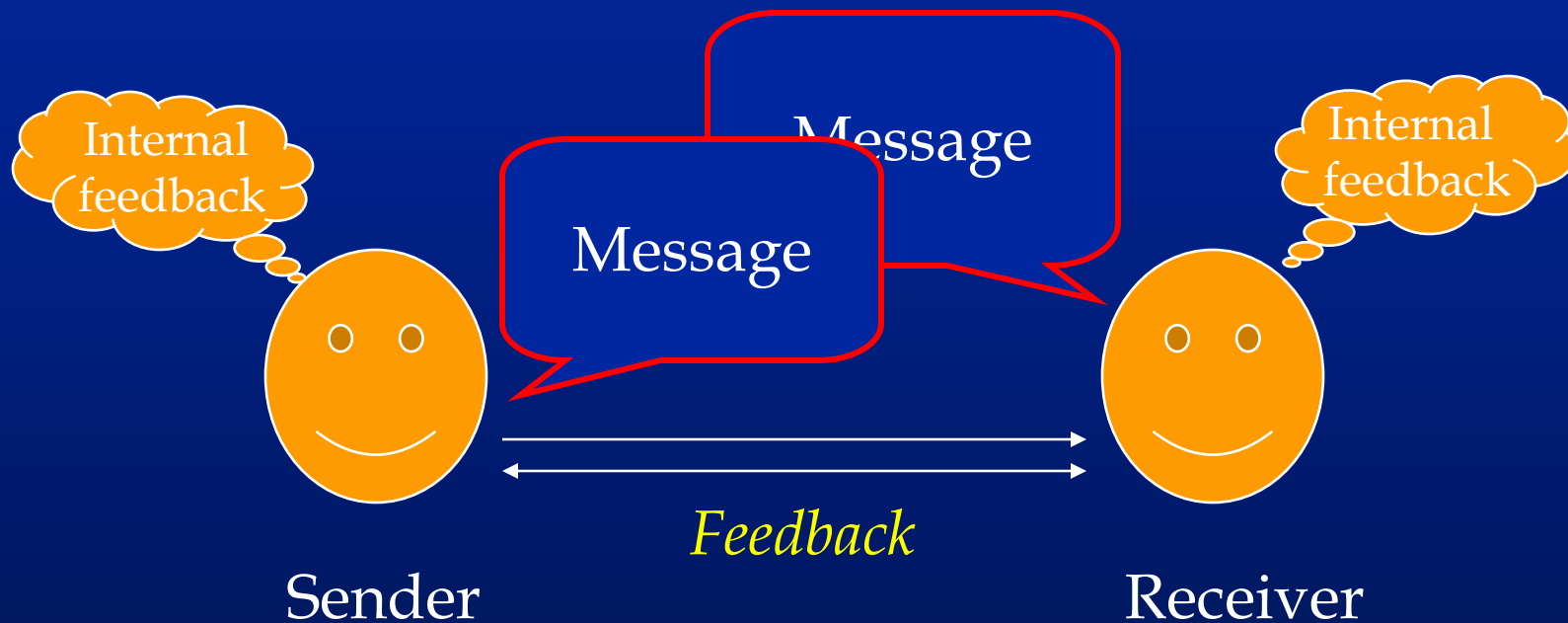
COMMUNICATION ...

- ☑ the way we maintain RELATIONSHIPS
- ☐ a DYNAMIC PROCESS →
much more than the words that are spoken!!!



Components of Communication

Context or Environment



Communication

Includes both

❖ VERBAL AND

❖ NONVERBAL MESSAGES

How we say it is as important what is said!



Communication

- ❖ He said.....
She “heard”.....
She said.....
He “heard”.....
- ❖ What is “heard”
depends on many
factors!



Nonverbal “connections”

- ❖ ASK: What are YOU communicating?
 - ✓ Anger?
 - ✓ Frustration?
 - ✓ Resentment?



- ❖ REMEMBER: You can “communicate” without saying a word!!

Feedback: Internal & External

Well, I just told him that I wasn't going to work this weekend and he could just...

Hmmm... You just "told him" ...
Ya, RIGHT! I bet you begged him!

Context: Where & How

- ❖ Environment or setting
 - ✓ Personal question in public place? *“When was the last time you had a bowel movement?”*
- ❖ Timing of interaction
 - ✓ Interrupting activity? *“This will only take a minute and you can get back to the game.”*
- ❖ Quality of relationship
 - ✓ New staff giving advice? *“You really just need to move on, you know!”*



Sensitive Listening

Are you LISTENING, or do you . . .

- ✓ Jump to a conclusion & interrupt to “correct” the person or answer the question before he/she finishes?
- ✓ Begin thinking about what YOU are going to say in response?
- ✓ “Tune out,” ignoring what is being said?

All say “You are UN-important!”



Communication Process

PERCEPTION



EVALUATION



TRANSMISSION

Communication Process

PERCEPTION



EVALUATION



TRANSMISSION

Communication Process

PERCEPTION




EVALUATION




TRANSMISSION





*How a person behaves depends
on their PERCEPTION and
EVALUATION of the situation,
not the actual events
themselves!!*



Attitudes & Beliefs

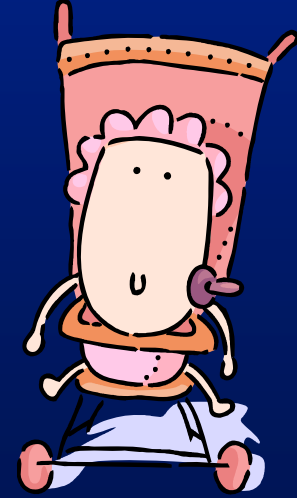
Knowledge and values affect

- ❖ What you see (your perception)
- ❖ How that information is interpreted and understood (your evaluation)
- ❖ What you choose to do, or not do, in response!!



New Admission: Ann

- ❖ Female; appears stated age
 - ❖ Babbles incoherently
 - ❖ Disoriented x 3
 - ❖ Sometime friendly, happy
 - ❖ Becomes agitated for no apparent cause
 - ❖ Does not ambulate
 - ❖ Disregards physical appearance
 - ❖ Total assistance
 - ✓ Feeding
 - ✓ Bathing/ grooming
 - ✓ Dressing
 - ❖ Incontinent of urine & bowel
 - ❖ Erratic sleep pattern
- 



Think about common labels...

Old biddy, granny, old maid, codger, coot, geezer, doddering, crotchety, withered, wrinkled, decrepit, senile, sexless, useless, futile, hopeless, irreversible, meddlesome, rigid, insecure, conservative, old-fashioned, mindless, irrational, foolish, curmudgeon, pathetic, incompetent, worthless, difficult, distressing, disruptive, better-off-dead, problem



Age-related changes

Three main groups of barriers to consider

1. Normal changes associated with aging
2. Disease & disability that cluster in late life
3. Environments in which people with health-related problems live

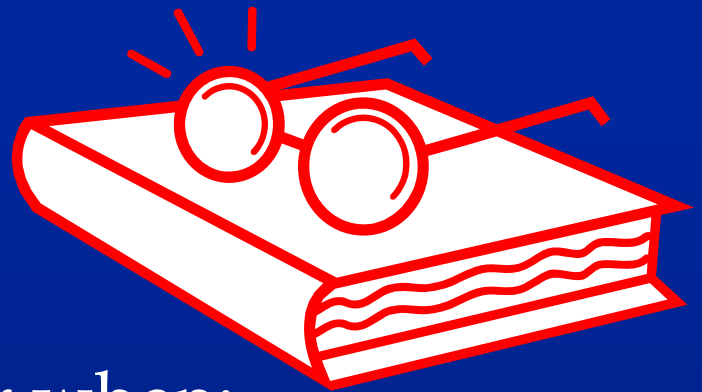


Sensory changes

- ❖ All five senses decline with advancing age
 - ✓ Vision
 - ✓ Hearing
 - ✓ Taste
 - ✓ Smell
 - ✓ Touch



Sensory declines



- ❖ Opportunities for MIS-communication occur when:
 - ✓ Eye glasses are not on
 - ✓ Eye glasses are dirty
 - ✓ Prescription/correction isn't right
 - ✓ Hearing aid isn't worn
 - ✓ Batteries are dead
- ❖ Remember! Use of social skills can “cover-up” impairments!!

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 by re-phrasing!

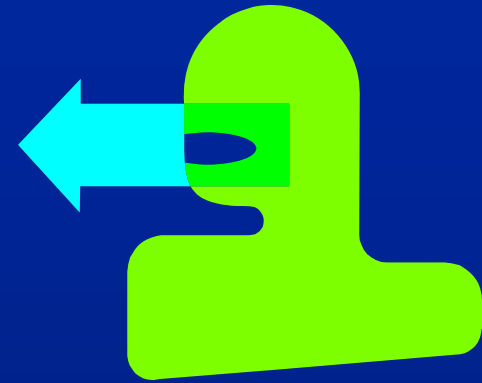


Disease & disability

- ❖ 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



Dysarthria



- ❖ Difficulty speaking related to loss of ability to FORM (articulate) words
 - ✓ Slurred speech
 - ✓ Unable to pronounce words clearly
- ❖ Caused by weakness or paralysis of muscles needed for speech



Oral health

- ❖ Is clarity of speech related to ...
 - ✓ Condition of teeth?
 - ✓ Use of dentures?
 - ✓ Enough saliva?
(e.g., dry mouth)



Lung diseases



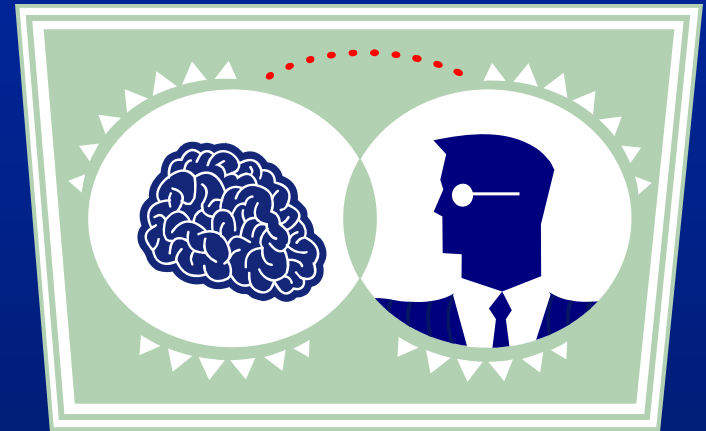
- ❖ Is clarify of speech related to . . .
 - ✓ Having enough “wind” to speak (e.g., respiratory capacity)
 - ✓ Asthma?
 - ✓ Emphysema?
 - ✓ Other chronic obstructive pulmonary disease, called COPD for short?



Brain disease & injury

❖ Are language problems related to brain cell loss or dysfunction?

- ✓ Stroke?
- ✓ Head injury?
- ✓ Dementia?



❖ Aphasia: loss of ability to use language

- ✓ Expressive: ability to express self through speech
- ✓ Receptive: ability to understand spoken word

Stroke, head injury

- ❖ Stroke: cardiovascular accident (CVA)
 - ✓ Cell death may cause receptive or expressive aphasia
 - ✓ Type/extent depends on part of brain
 - ✓ Loss tends to be stable, permanent
- ❖ Head injury: trauma to brain
 - ✓ Also tend to be stable, permanent



Dementia

- ❖ Progressive loss of cognitive (thinking) abilities, including LANGUAGE
 - ✓ Alzheimer's disease
 - ✓ Vascular dementia
 - ✓ Frontotemporal dementia
 - ✓ Lewy Body disease
- ❖ Gradual loss: word-finding to being mute



Multiple problems are common!

- ❖ Typically more than just “ONE” problem!!!
 - ✓ Multiple losses
 - Language
 - Function: Personal, social
 - Independence, autonomy
 - ✓ Longstanding habits, traits
 - ✓ Emotional reactions to loss
 - Anger, frustration, depression
 - Unwanted dependency, feeling “trapped”



Physical Environment

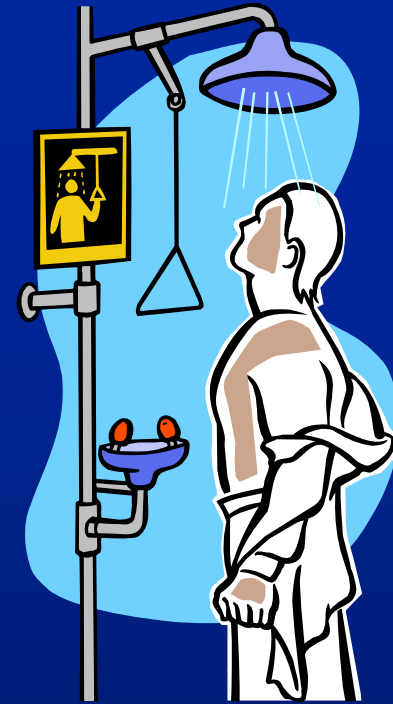
❖ Physical characteristics of health-related settings contribute to MIS-communication!

- ✓ Noisy
- ✓ Lack privacy
- ✓ Distractions, competing demands
- ✓ *General lack of quality places to interact!!*



Social Environment

- ❖ Expectations, roles in health care settings interfere
 - ✓ Health-care providers are “in charge”
 - ✓ Care recipients “do what they are told”
 - ✓ Emphasis on “physical cares”
 - ✓ Talking is “LUXURY”



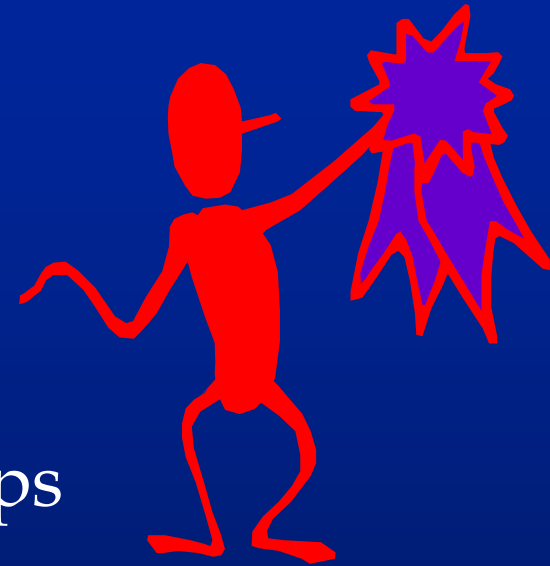
Organizational Environment

- ❖ Unstated “policies” of facility & leaders
 - ✓ Focus on “doing” tasks, being “busy”
 - ✓ “Talking is not working”
 - ✓ Staff who talk = “Slackers”
 - ✓ Staff fear indirect reprimands, penalties
- ❖ Opposite is also true!!! Positive institutional culture may promote positive outcomes, satisfaction!!!



Interventions

- ❖ Time spent
“Getting the Facts”
is often rewarded!
 - ✓ Better quality relationships
 - ✓ Fewer behavioral incidents
 - ✓ Improved quality of life for older adult
 - ✓ Improved quality of work life for staff



Communicate Concern

❖ Let the older person know that you CARE

✓ Tone of voice

✓ Facial expressions

✓ Words

✓ Gestures

✓ Ability to listen to criticism, complaints, sadness without disagreeing, "correcting," retaliating, or withdrawing!!!



Show interest: Positive & negative

- ❖ “Problem-oriented” approaches may leave person feeling “worse”
- ❖ Take time to **LISTEN**
 - ✓ Personal stories experiences
 - ✓ Meaning of information that seems “irrelevant” to task at hand
- ❖ Identify strengths & abilities! *Focus on what person can still do!!!!*



Slow down & focus on the person

- ❖ **Remember:** Hurried & task-oriented approach is a HUGE barrier!
 - ✓ Let go of YOUR need to “do something”
 - ✓ Focus on what is said, left out; done, not done; think about meaning!!
 - ✓ Talking is as important as physical “tasks”
 - Self worth, sense of meaning in living
 - Dignity, self-respect, feeling of belonging



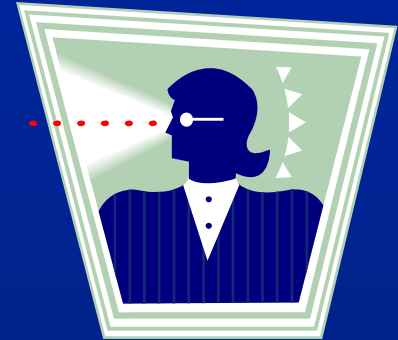
Adjust environment & approaches

- ❖ Change ENVIRONMENT to enhance effective communication!
- ❖ Change your APPROACH to person and care!
- ❖ Think about person's abilities & ways to increase success!!



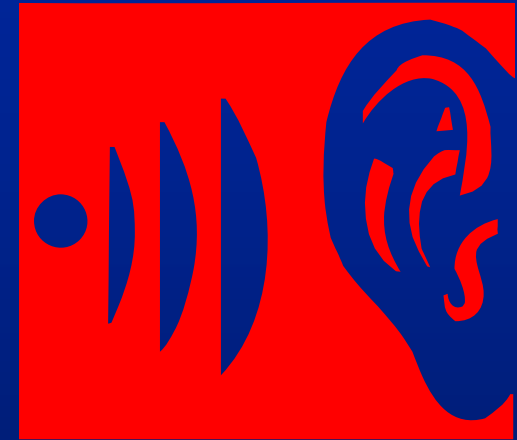
Adjust for changes in VISION

- ❖ Provide more light
- ❖ Avoid standing too close
- ❖ Stay where person can see you
- ❖ Use color contrast to promote function
 - ✓ Red & yellow better than blues & greens
- ❖ Put eye glasses on!!!
 - ✓ Fit properly? Comfortable? Clean?
 - ✓ Accurate/recent correction?



Adjust for changes in HEARING

- ❖ Some tones not heard well
 - ✓ “S, SH, and CH”
 - ✓ High pitches (women’s voices!)
- ❖ See to read lips
- ❖ Talk louder? Lower tone!
- ❖ Check for ear wax
- ❖ Use hearing aid!
 - ✓ Working?
 - ✓ Batteries fresh?



Adjust the ENVIRONMENT

❖ Stop and think:
What is going on in the “background”

- ✓ Is it too NOISY for the person to hear you?
- ✓ Are other DISTRACTIONS interfering?
 - Other people talking or “listening”
 - Television, radio, pets?
 - Activities, interesting sites?



Consider PERSONAL COMFORT

- ❖ Older' person' comfort is a big influence!
 - ✓ Level of PSYCHOLOGICAL comfort?
 - Need for PRIVACY?
 - Level of comfort with YOU? (e.g., know, like, trust?)
 - ✓ Level of PHYSICAL comfort?
 - Hungry?
 - Tired? Just woke up?
 - Need to toilet?
 - Having pain?
 - Distracted by other “internal” feelings or sensations?

Adjust your approach: Language



- ❖ Slow down & LISTEN!
- ❖ Use understandable, familiar language
 - ✓ Avoid medical jargon
 - ✓ Avoid slang terms
 - ✓ Avoid long, wordy, vague language
 - ✓ Use terms & phrases that the older person uses – one that are familiar to him/her!!



Adjust your approach: Reception

❖ Consider **RECEPTIVE** abilities

- ✓ Understand yes/no questions?
- ✓ Read simple instructions?
- ✓ Understand one-step instructions?
- ✓ Understand verbal cue given with physical gestures?
- ✓ Make a choice when presented 2 options?

Adjust what you do to promote success!!



Adjust your approach: 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 daughter was visiting?
 - When last saw doctor (give date)?



Adjust your approach: Nonverbals

❖ Watch **NONVERBAL** messages: THEIRS and YOURS!!

✓ What is person “saying”?

✓ Clarify: You look upset...

✓ What are YOU “saying”?

✓ Clarify: “I’m sorry if I look frustrated! I guess I still don’t understand what you want me to do. Let’s try this again!”



Adjust your approach: Expression

- ❖ Consider **EXPRESSIVE** abilities
 - ✓ Difficulty finding the “right” word?
 - ✓ Substitutes pronoun (it, that) or general term (what-cha-ma-call-it)?
 - ✓ Trouble putting ideas together in logical sentence?
 - ✓ Curses, becomes irritable when trying to communicate needs?

Adjust what you do to promote success!!



Summary: Communication

- ❖ Fundamental aspect of human relationships
- ❖ Dynamic process
- ❖ Barriers may negatively influence outcomes
 - ✓ Attitudes, beliefs
 - ✓ Age-related changes
 - ✓ Disease & disability
 - ✓ Environmental influences
- ❖ Many “simple” interventions may help!!

