






Communication in Older Adults

**Martha Watson, MS APRN GCNS
Geriatric Advocate, State of RI
Voices for Better Health/Community Catalyst**



Objectives


-  Identify barriers to effective communication with the elderly client
-  Identify age related changes that may impact effective communication in a client
-  Identify screening tools related to assessment of effective communication
-  Describe the impact of ineffective communication on the health care of the elderly client
-  Describe effective communication methods with the elderly client

Basics of the Communication Process


- 🌐 Communication : Interactive transfer of information, understanding to another person
- 🌐 Four Basic Communication Elements
 - 🌐 Sender – you
 - 🌐 Receiver - them
 - 🌐 Message – information or idea
 - 🌐 Process – which of course is where all the trouble starts.....

Communication Process

Steps of the Communication Process:

-  Ideation – the message


-  Encoding - how the message is sent

-  Verbal, Written, Visual, Nonverbal

-  Transmission and Receipt

-  Requires intact senses of hearing and vision

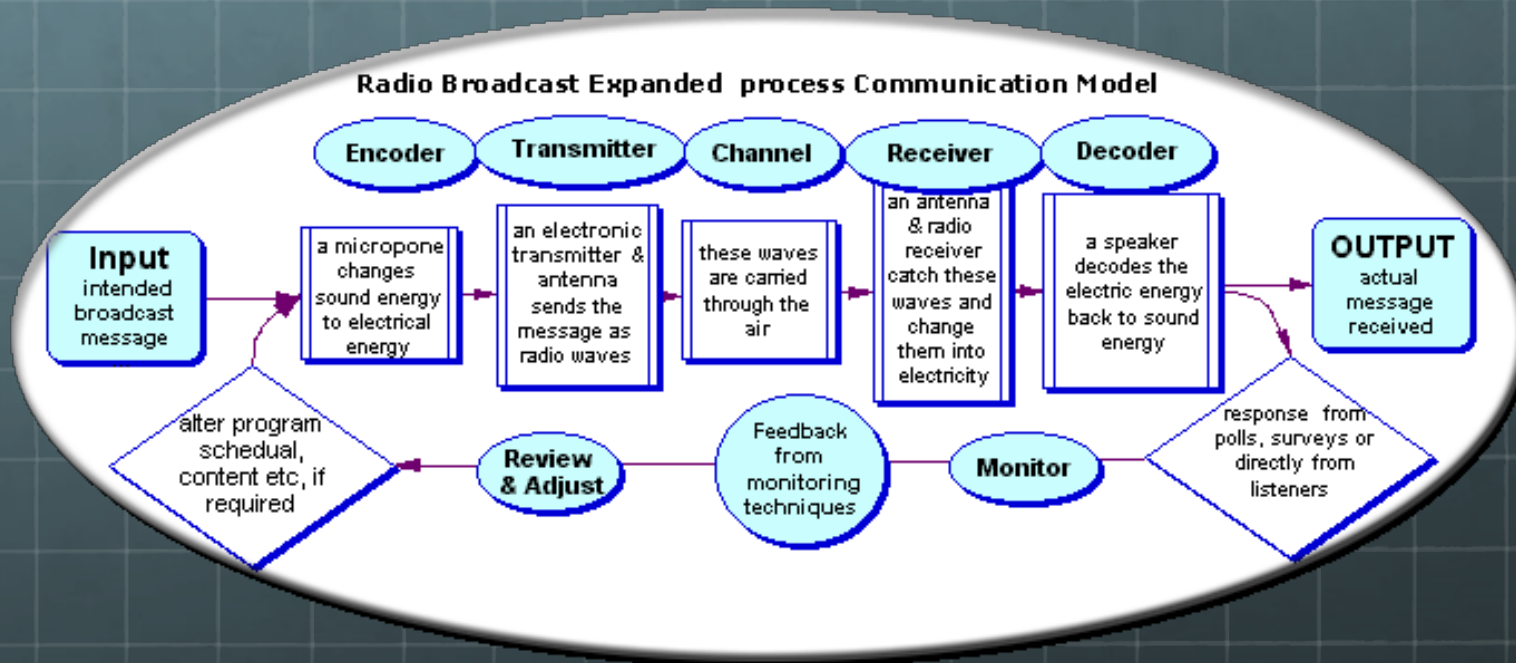
-  Decoding

-  Requires mental ability to receive and interpret the message

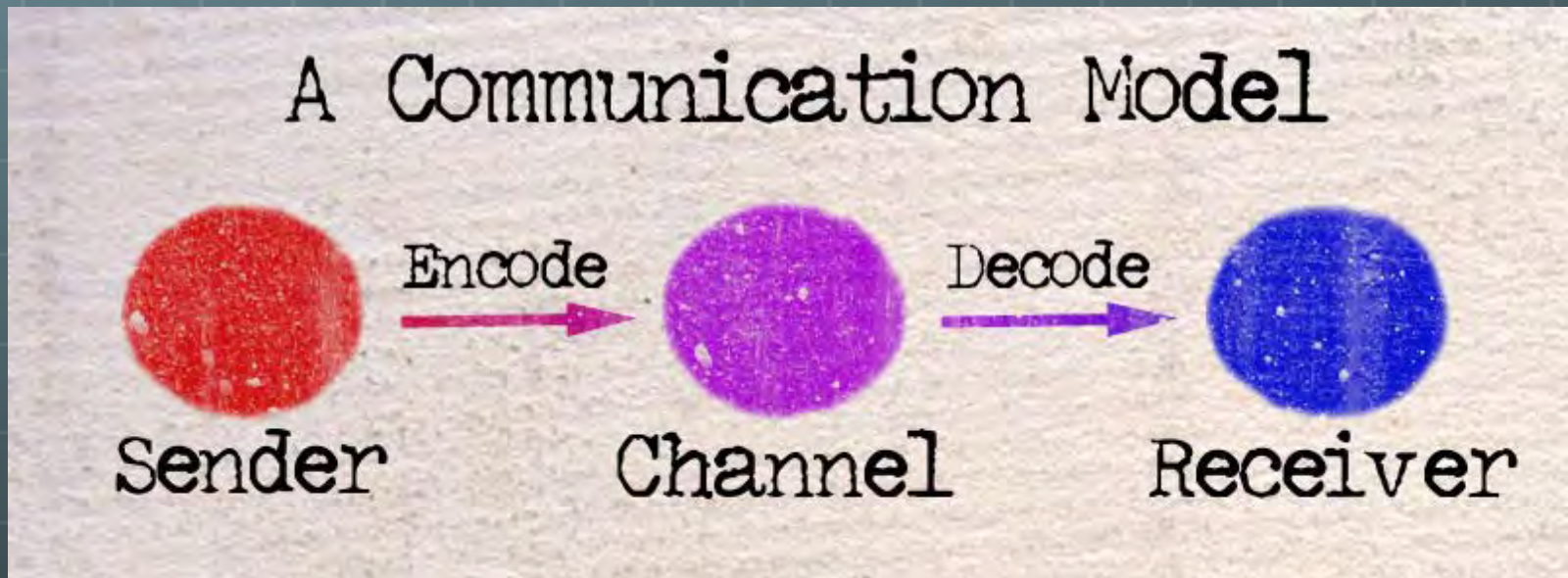
-  Response

-  Feedback of understanding message

Communication Process



Communication Process



Behavioral Components of Communication

- 🌐 Perception : one's own individual view of the world
- 🌐 Perceptual set : one perceives what one expects to perceive
- 🌐 Closure: filling in the blanks to complete unfinished picture, sentence, information
- 🌐 **NONVERBAL COMMUNICATION.....**

Nonverbal Communication.....

🌐 Can be up to 90% of communication....

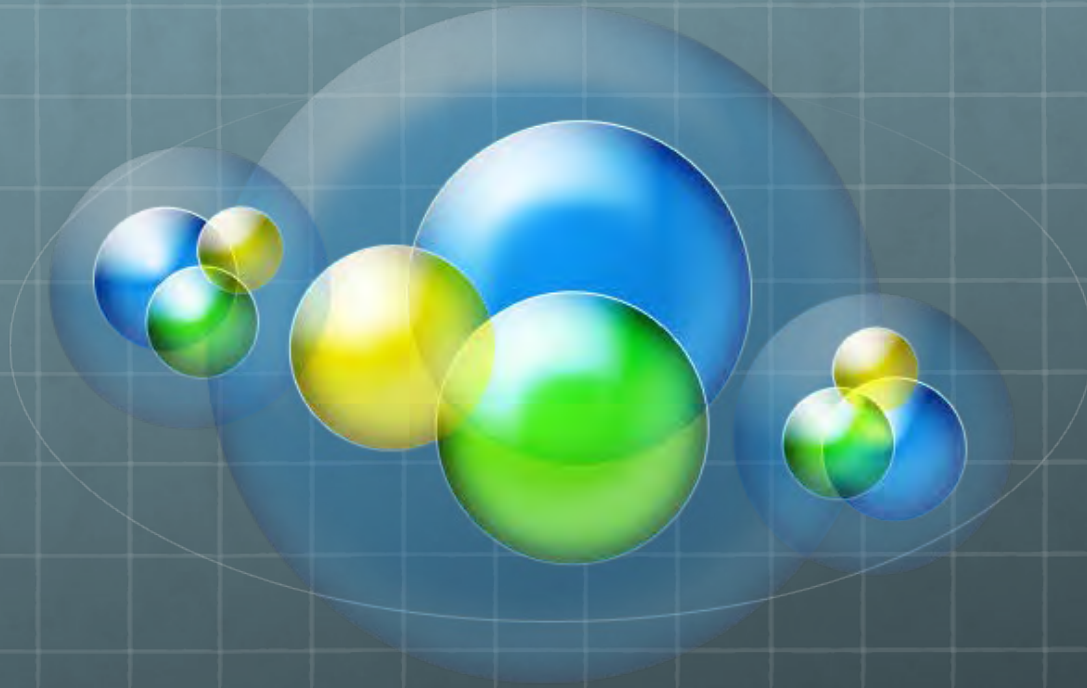
🌐 Involves:

- 🌐 Gestures
- 🌐 Facial Expressions
- 🌐 Eye Behaviors
- 🌐 Voice characteristics
- 🌐 Touching Behavior
- 🌐 Personal Space



Even Animals....

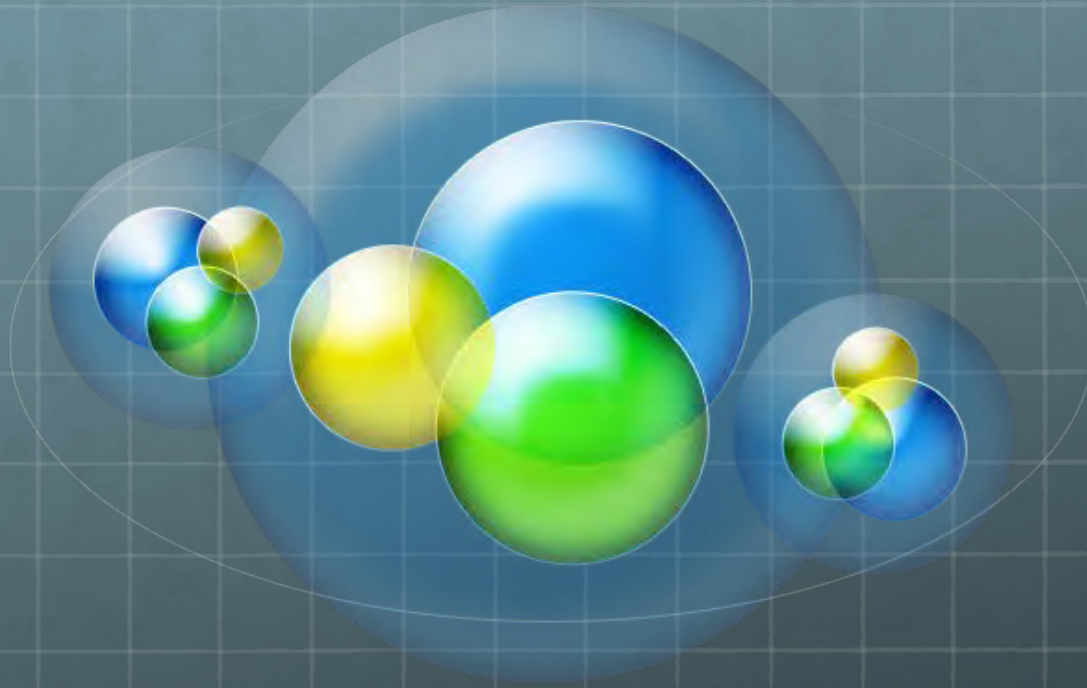




Barriers to Communication

Barriers

- The Self –
 - Age –Related Changes
 - Education Level
 - Life Long Learning Styles
- The System –
 - Access to Health Care
 - Community Supports
 - Barriers?
- The Professionals
 - Hey – That's Us? What can this mean?



The Self –The Person

Age – Related Changes



Vision



Hearing



Cognition

Vision

- 🌐 Eyelids start to lag
- 🌐 Pupils take longer to dilate and contract
- 🌐 Presbyopia is common
 - 🌐 Loss of elasticity in the lens of the eye that leads to a decrease in the ability to change shape of the lens to focus on near objects and a decreased ability to adapt to light

Age – Related Changes in Vision

- Decreased dark adaptation
 - Increased safety risk in changing environmental light
- Decreased upward gaze
 - Decreased field of vision
- Eyes become dryer and produce fewer tears
 - Dry irritated eyes
- Corneas become less sensitive
 - Slow to recognize injury to the cornea
- Pupils decrease in size
 - Inability to adjust to glare and change in lighting conditions
- Visual fields become smaller
 - Safety risk for driving and maneuvering the environment



Common Eye Conditions

- All of these are frequently seen in the aging population that can impact communication:
 - Cataracts
 - Macular Degeneration
 - Glaucoma
 - Diabetic Retinopathy
 - Hypertensive Retinopathy
 - Temporal Arteritis
 - Detached Retina

Hearing

- Decrease in function of the hearing fibers in the ear canal that normally aid in the natural removal of cerumen
- Presbycusis
 - Most common form of hearing loss
 - Bilateral and progressive onset
 - Due to gradual loss of hair cells and fibrous changes in the small blood vessels that supply the cochlea
 - Presents as difficulty hearing high pitched sounds

Hearing

-  When people age, they undergo anatomical changes. Reduced hearing capacity is a natural effect involved with the natural aging process.
-  When an elder lacks proper hearing capacity, they do not recognize when someone is talking not understand clearly the information being relayed.

Age – Related Changes in Hearing

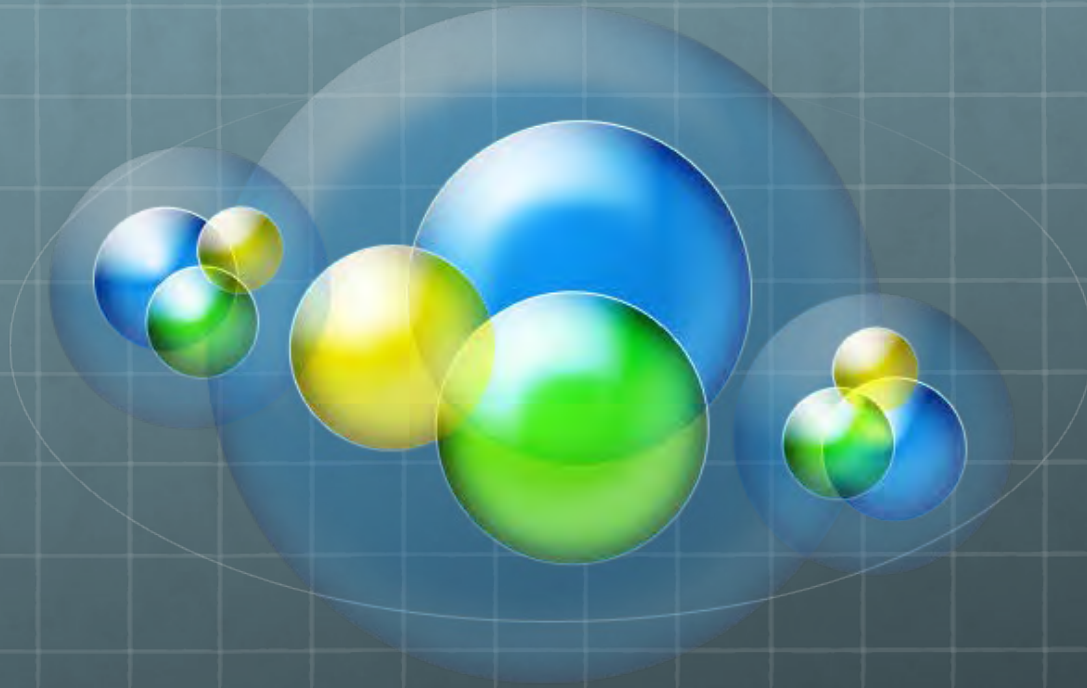
- Eardrum thickens
 - Causes decreased sound moving across the ear canal
- Loss of high frequency hearing acuity
 - Decreased ability to hear p, w, f, sh and women's and children's voices
- Decreased ability to process sounds after the age of 50
 - Requires more time to process and respond to auditory stimuli
- Increased cerumen impactions
 - Decreased hearing due to blockage of sound

Common Hearing Changes

- All of these are frequently seen in the aging population that can impact communication:
 - Conductive hearing loss
 - Sensorineural hearing loss
 - Central auditory processing disorder
 - Tinnitus
 - Meniere's Disease

Cognition




- Structural or neurological damage from disease processes
 - This condition is often caused by other diseases such as brain lesions, Alzheimer's, Parkinson's, or strokes.
 - Most of these conditions produce permanent results, there are a few coping mechanisms and strategies provided for patient so that they are able to communicate effectively.
 - **Can be caused by Delirium, Dementia or Depression**



Also.....

Medications, Lifelong Learning Styles, Education

Effects of Medications

-  This cause for communication problems is reversible.
-  Taking medicines often produce adverse effects on the elders such that they become easily fatigued or confused.
-  Therefore, they find it difficult to understand communicative patterns.

Learning Styles

Learning Styles

VERBAL

Words are your strongpoint!
You prefer to use words both
in speech and in writing!

VISUAL

You prefer to use pictures,
diagrams, images and spatial
understanding to help you
learn

MUSICAL / AUDITORY

You prefer using sounds or
music or even rhythms to
help you learn.

PHYSICAL / KINAESTHETIC

You use your hands, body
and sense of touch to help
you learn. You might 'act
things out'.

WHAT'S YOUR LEARNING STYLE?

LOGICAL / MATHEMATICAL

Learning is easier for you if
you use logic, reasoning,
systems and sequences.

SOCIAL

You like to learn new things
as a part of a group.
Explaining your
understanding to a group
helps you to learn.

SOLITARY

You like to work alone. You
use self-study and prefer your
own company when
learning.

COMBINATION

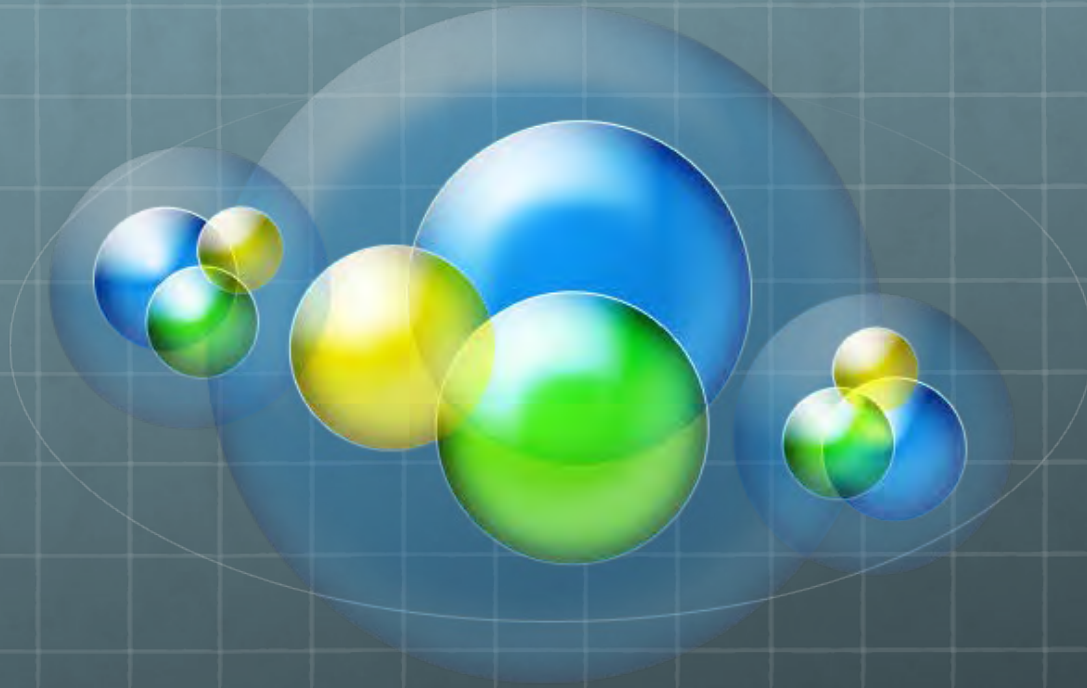
Your learning style is a
combination of two or more
of these styles.

Education

“There are two educations.
One should teach us how
to make a living and the
other how to live.”

-John Adams

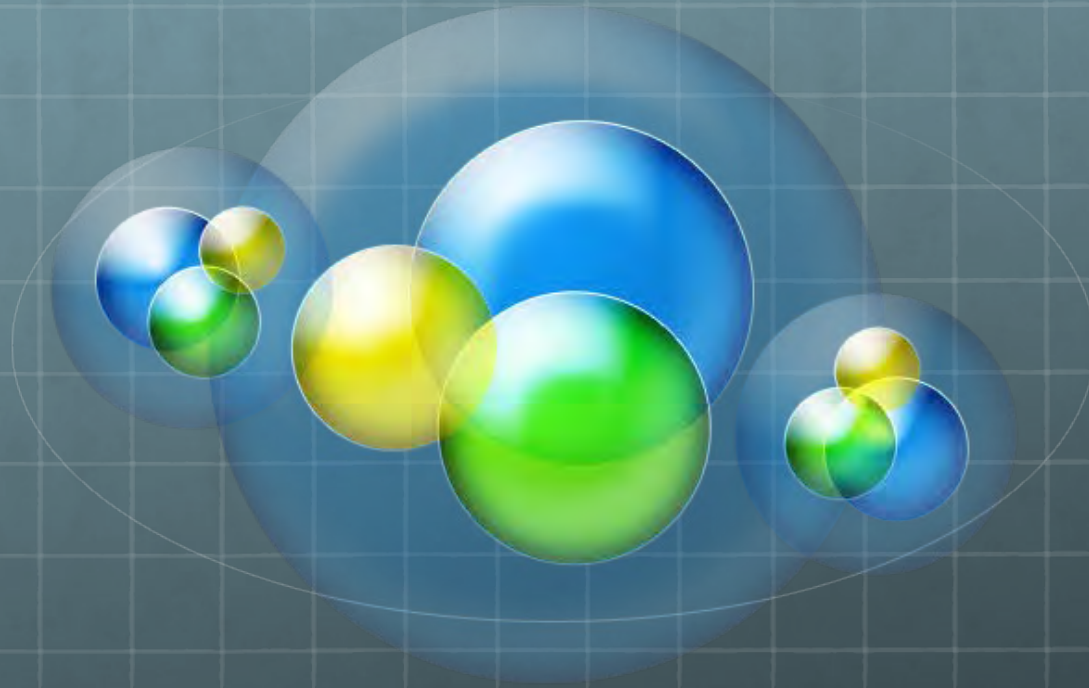




The System

System Barriers












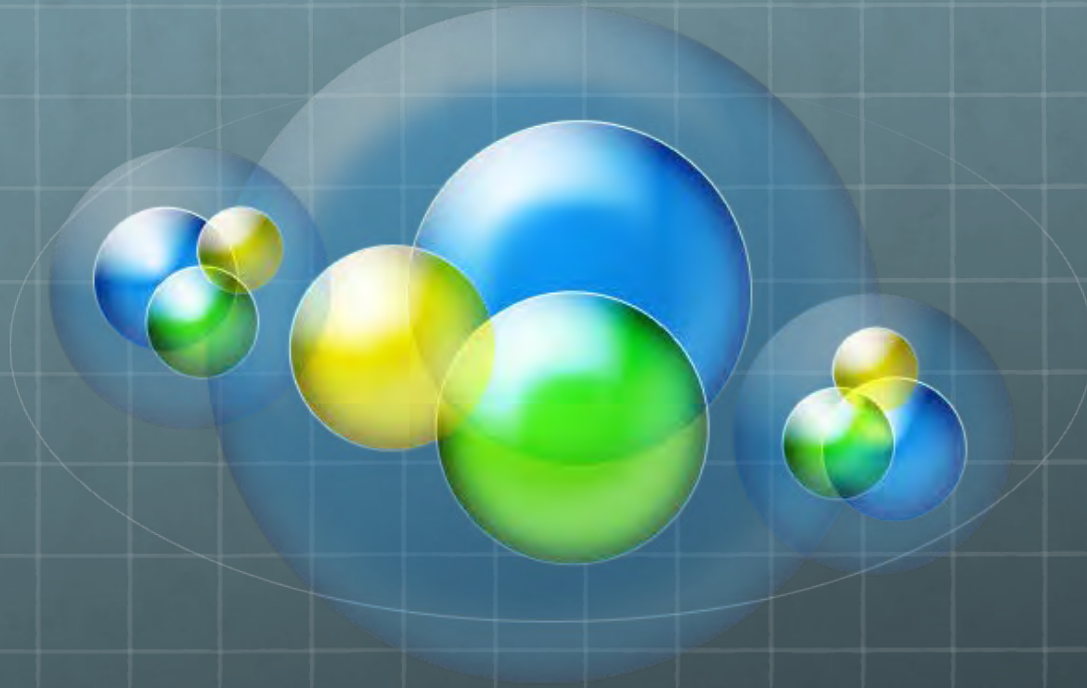
The Professionals

Barriers

The Professionals

-  Poor Listening Habits
-  Inconsistent Signals
-  Credibility Issues
-  Time and Work Demands
-  Frames of Reference Differences
-  Soft Tone of Voice
-  Biases

**The most
important thing in
communication is
hearing what isn't
said.**

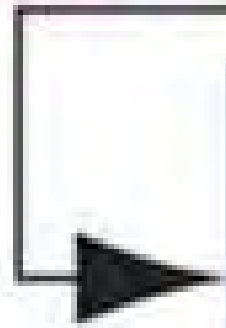


Screening Tools

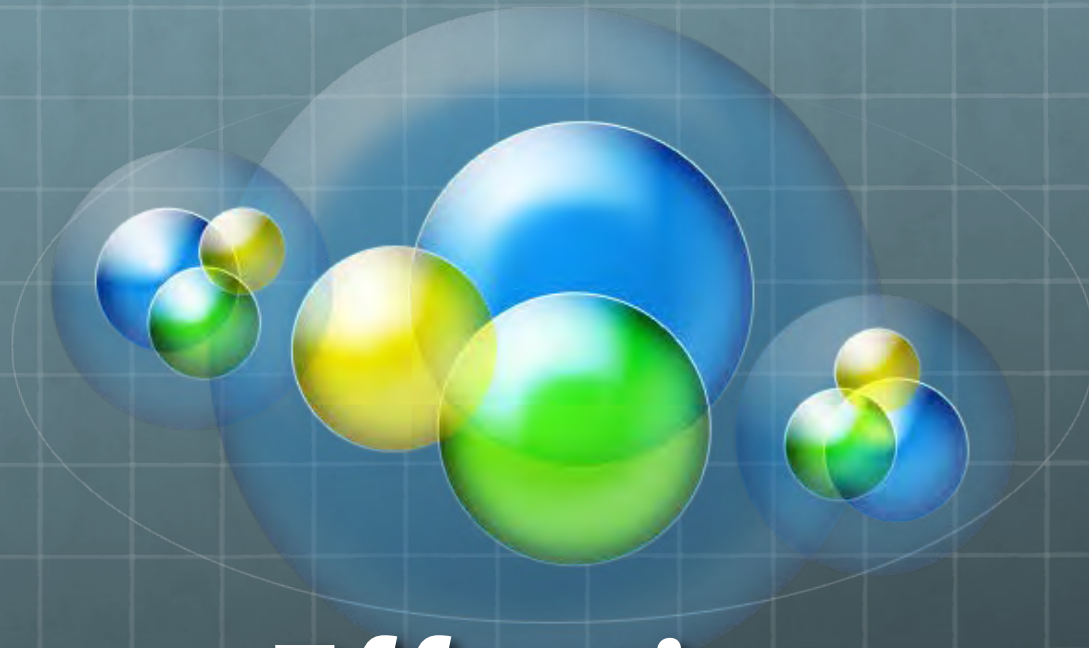
<http://hartfordign.org/>

TRY THIS... Vision,
Hearing , Cognition

How To



try this



Effective Communication

Communication Tips

You can have
brilliant ideas,
but if you can't get
them across,
your ideas won't get
you anywhere.

--Lee Iacocca

BigPictureCoaching.net




Improving Communication With Older Patients: Tips From the Literature

<http://www.aafp.org/fpm/2006/0900/p73.html>



Thomas E. Robinson II, PhD, George L. White Jr., PhD, MSPH,
and John C. Houchins, MD

Fam Pract Manag. 2006 Sep;13(8):73-78.




Improving Communication With Older Patients:

-  The communication process in general is complex and can be further complicated by age.
-  One of the biggest problems (healthcare providers) face when dealing with older patients is that they are actually more heterogeneous than younger people.
-  Their wide range of life experiences and cultural backgrounds often influence their “perception of illness, willingness to adhere to medical regimens and ability to communicate effectively with health care providers.”⁴




Improving Communication With Older Patients:

-  Communication can also be hindered by the normal aging process, which may involve sensory loss, decline in memory, slower processing of information, lessening of power and influence over their own lives, retirement from work, and separation from family and friends.
-  At a time when older patients have the greatest need to communicate with their physicians, life and physiologic changes make it the most difficult.




Allow Extra Time For Older Patients

-  Studies have shown that older patients receive less information from physicians than younger patients do, when, in fact, they desire more information from their physicians.
-  Because of their increased need for information and their likelihood to communicate poorly, to be nervous and to lack focus, older patients are going to require additional time.
-  Plan for it, and do not appear rushed or uninterested. Your patients will sense it and shut down, making effective communication nearly impossible.




Avoid Distractions

-  Patients want to feel that you have spent quality time with them and that they are important.
-  Researchers recommend that if you give your patients your undivided attention in the first 60 seconds, you can “create the impression that a meaningful amount of time was spent with them.”
-  When possible, reduce the amount of visual and auditory distractions, such as other people and background noise.

Sit Face To Face

-  Some older patients have vision and hearing loss, and reading your lips may be crucial for them to receive the information correctly.
-  Sitting in front of them may also reduce distractions. This simple act sends the message that what you have to say to your patients, and what they have to say to you, is important.
-  Researchers have found that patient compliance with treatment recommendations is greater following encounters in which the physician is face to face with the patient when offering information about the illness.




Maintain Eye Contact

-  Eye contact is one of the most direct and powerful forms of nonverbal communication.
-  It tells patients that you are interested in them and they can trust you.
-  Maintaining eye contact creates a more positive, comfortable atmosphere that may result in patients opening up and providing additional information.¹⁰



dreamstime.com





Listen

-  Good communication depends on good listening, so be conscious of whether you are really listening to what older patients are telling you.
-  Many of the problems associated with noncompliance can be reduced or eliminated simply by taking time to listen to what the patient has to say.
-  Researchers have reported that doctors listen for an average seconds before they interrupt, causing miss important information patients are trying to tell them.




**The biggest
communication problem
is we do not listen to
understand.**

We listen to reply.

Speak Slowly, Clearly and Loudly

-  The rate at which an older person learns is often much slower than that of a younger person.
-  Therefore, the rate at which you provide information can greatly affect how much your older patients can take in, learn and commit to memory.
-  Don't rush through your instructions to these patients.
-  Speak clearly and loudly enough for them to hear you, but do not shout.




Use Short, Simple Words and Sentences

-  Simplifying information and speaking in a manner that can be easily understood is one of the best to ensure that your patients will follow your instructions.
-  Do not use medical jargon or technical terms that are difficult for the layperson to understand.
-  In addition, do not assume that patients will understand even basic medical terminology. Instead, make sure you use terms that are “familiar and comfortable” to your patients




Stick To One Topic At A Time.

- Information overload can confuse patients.
- Avoid this, instead of providing a long, detailed explanation to a patient, try the information in outline form.
- This allow you to explain important information in a series of steps.
- For example, first talk about the heart; second, talk about blood pressure; and third, talk about treating blood pressure.¹⁶



Simplify and Write Down Your Instructions

-  When giving patients instructions, avoid making them overly complicated or confusing.
-  Instead, write down your instructions in a basic, easy-to-follow format.
-  Writing is a more permanent form of communication than speaking and provides the opportunity for the patient to later review what you have said in a less stressful environment.




Simplify and Write Down Your Instructions

-  One way to accomplish this is to provide an information sheet that summarizes the most important points
-  For example, instead of just telling older patients to take their medication and get some exercise, you can give them a visit summary to that includes detailed instructions, such as “Take a pill when you first get up in the morning,” “Walk around the block in the morning,” and “Walk around the block in the afternoon.”
-  With such a list, the patient can mentally check off each item as it is completed each day. Posting the information on the r




Use Charts, Models and Pictures

-  Visual aids will help patients better understand their condition and treatment.
-  Pictures can be particularly helpful since patients can take home a copy for future reference.

Frequently Summarize The Most Important Points

-  As you discuss the most important points with your patients, ask them to repeat your instructions.
-  If after hearing what the patient has to say you conclude that he or she did not understand your instructions, simply repeating them may work, since repetition leads to greater recall.
-  You may also want elderly patients to bring a family member or friend in during the conversation to ensure information is understood.

Teach-Back Principles




-  The National Council on Patient Information and Education recommends having a nurse or pharmacist repeat instructions for taking medications, and it advises always combining written and oral instructions.
-  However, be aware that if patients require a second or third repeat, they may become frustrated and disregard the information altogether.
-  An effective technique to try at that point is to rephrase the message, making it shorter and simpler.

**Effective
communication
is 20% what you
know and
80% how you
feel about what
you know.**

Jim Rohn

happytoinspire

Give patients an opportunity to ask questions and express themselves.....

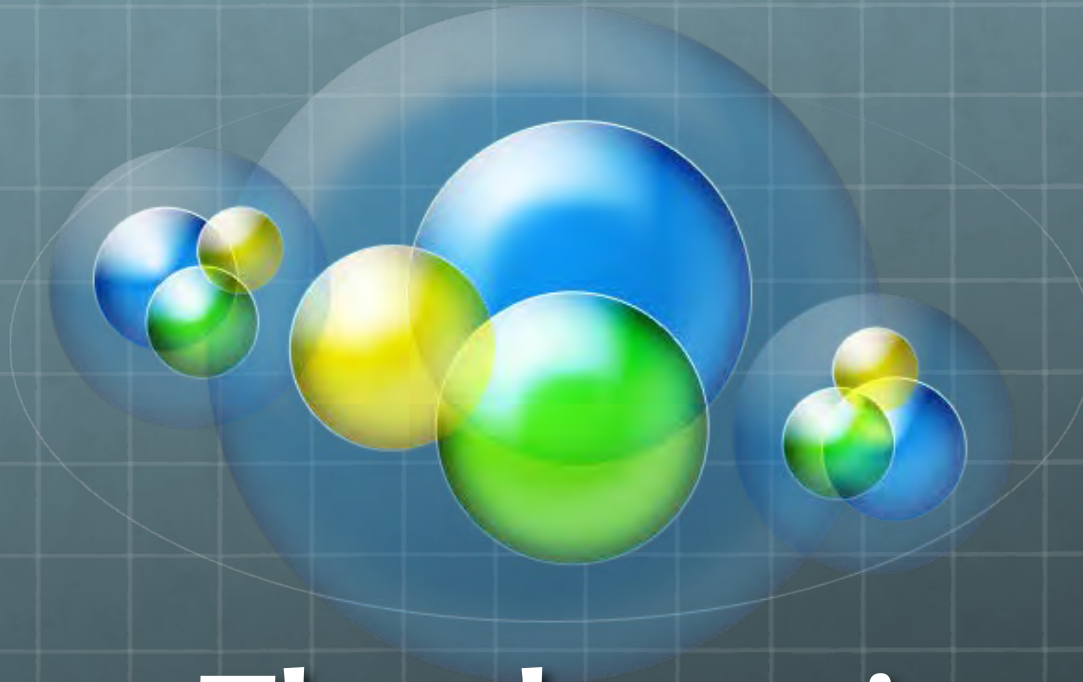
-  Once you have explained the treatment and provided all the necessary information, give your patients ample opportunity to ask questions.
-  This will allow them to express any apprehensions they might have, and through their questions you will be able to determine whether they completely understand the information and instructions you have given.
-  If you have doubts, you may want to contact the patient in 24 hours to review educational points.

**“Tell me and I’ll forget.
Show me and I might remember.
Involve me and I will understand”**

Benjamin Franklin

WE CAN DO IT!





Thank you!

<https://www.communitycatalyst.org/initiatives-and-issues/initiatives/voices-for-better-health>