Evidence-based Strategies for Communicating with Older Adults in Long-term Care

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ABSTRACT

- *Objective:* To review evidence-based strategies for effective communication with older adults across long-term care settings.
- *Methods:* Review of current literature and discussion.
- *Results:* Residents of long-term care settings rely on staff for over 75% of their communication opportunities. Normal and abnormal physical and cognitive changes of aging and institutional factors present barriers to communication that put long-term care residents at risk for ineffective communication encounters. Health care professionals in long-term care settings need to be aware of these challenges and use evidence-based strategies to assure that communication is person-centered. Background on barriers to long-term care communication are presented along with evidence-based strategies for health care professionals to use to optimize communication with older adults in long-term care environments.
- *Conclusion:* Evidence-based strategies for health care professionals can be used to optimize communication with older adults in long-term care environments.

The population of older adults is growing rapidly, with maturing baby boomers contributing to the expansion of long-term care services that range from assistance with independent living to care in a skilled nursing facility. Estimates indicate that the population of Americans age 65 and older will more than double in the next 40 years, from 40.2 million in 2010 to 88.5 million in 2050 [1]. Those persons reaching 65 years of age can anticipate living an average of 18 more years and thus the proportion of the oldest old (the group over age 85) will expand to 9.3 million by 2030.

Although years of healthy life are increasing along with life spans, supportive care services are needed to overcome common limitations in activities experienced by older adults due to normal changes of aging as well as the multiple chronic conditions associated with aging. Of increasing concern is Alzheimer's disease and other dementias that lead to progressive disability. The population of person with dementia is also projected to double,reaching 16 million by 2050 [2]. An older adult's need for assistance in multiple activities of daily living (ADLs—bathing, dressing, eating, toileting, and ambulation) and instrumental ADLs (IADLs) such as preparing meals, shopping, managing money, using the telephone, doing housework, and taking medication is associated with increased reliance on supportive long-term care services. Although many services can be provided in the community, older adults with multiple needs and those who lack a family caregiver are often placed in assisted living and skilled nursing home facilities where they receive more intensive and constant attention from direct care staff. At least 70% of persons over age 65 require supportive long-term care services at some point, and it is estimated that 40% will reside in a nursing home during their lifetime (at least for a short rehabilitation stay). The proportion of older adults who reside in a long-term care facility at any one time is relatively small (3.6%) and includes 11% of the older adults aged over 85 years who, not surprisingly, make up approximately half of all nursing home residents [3].

This expansion in the population of older adults who need supportive long-term care services will challenge government programs that support older Americans, including Social Security and Medicare, and raise concerns over the adequacy of supply of health care providers (many nonprofessionals) with geriatric expertise to meet these growing care needs [1]. The long-term care work-

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force is additionally charged with improving the quality of long-term care including making care more person-centered [4].

Communication is critical to person-centered care [5,6]. Nursing home residents report that their ability to relate to staff who care for them (through communication) is the key determining factor in satisfaction with life in long-term care [7]. In addition, nursing staff who report relationships with residents have higher reported job satisfaction and lower turnover rates [8]. Research has demonstrated how communication can promote independence and autonomy for residents [9–11] or instead, contribute to dependency, depression, behavior issues, and other negative outcomes [12]. Thus, effective communication is a key tool for health care providers across long-term settings. In nursing home facilities, person-centered communication can overcome aspects of depersonalization, historically attributed to institutional settings [13,14]. Fine tuning communication skills to better connect interpersonally with older adults is one way that care providers can improve the quality of care and quality of life for older adults.

This article will present an overview of evidence-based strategies for communication with older adults in across long-term care settings with a special emphasis on those in residential care. Long-term care providers may benefit from periodically reconsidering key communication skills for working with older adults, including the growing numbers suffering from dementia. This is a first step for making interpersonal communication connections with older adults who reside in long-term care settings.

BARRIERS TO COMMUNICATION

Older adults are faced with a number of communication challenges due to normal changes of aging. These include declines in sensory abilities with losses in visual and auditory acuity. Cognitive changes that are a normal part of aging include reductions in cognitive processing speed and working memory. Besides normal changes of aging that challenge communication, older adults are at increased risk for pathophysiological changes that make communication more difficult, such as stroke and Parkinson's disease [15].

Residing in an institutional setting adds barriers to communication for older adults [14]. Moving from one's home involves losses in significant others who formerly served as communication partners with reduced opportunity for communication. In fact, estimates are that over 75% of a nursing home resident's opportunities for communication depend on interactions with the staff who care for them [16]. Shortages of direct care staff in long-term care facilities contributes to an overwhelming focus on completing care tasks for multiple residents so that staff communication with residents primarily focuses on care tasks. Keeping older adults informed and involved in their care is important, but exclusive task-focused communication limits interpersonal communication that acknowledges the unique value of the older adult as a communication partner.

OVERCOMING BARRIERS

Person-Centered Care

Within a framework defining person-centered care as valuing, respecting, and honoring the individual, regardless of disease or disability, research has established that person-centered care integrates personhood, person-knowledge, autonomy and choice, comfort care, interpersonal relationships, and a supportive environment [17]. Getting to know residents as individuals (person-knowledge) can be challenging if they are unable to communicate about themselves to staff. Taking the time to find out about a resident's background and making time for interpersonal exchanges are challenges for busy nursing home staff but make a big difference in resident satisfaction with care. Research has demonstrated that providing information about a resident's history and family through recorded autobiographies [18], memory boxes [19], and rotating photo displays [20] improves the person-centeredness of staff communication as well as resident participation in communication with staff in long-term care settings. See **Table** for examples of interpersonal topics for communication with older adults.

Ignoring Talk

In many care settings, the older adult who is the topic of the discussion may actually be left out of the communication. Ignoring talk can occur when multiple staff and/or family members and health care providers talk about a person in their presence but fail include the older adult. In these situations, the older person may not only feel ignored, but not valued or appreciated [21]. Talk between coworkers is also essential to good care, but including the resident in conversations is essential and talking without including the resident should be avoided. This phenomenon needs to be carefully considered in teamwork

situations and efforts made to engage the older adult in communication about their condition and care.

Intergenerational Communication

Communication between residents and staff is also impacted by intergenerational factors. Ageist views and stereotypes of older adults as less competent at communication and other areas of functioning lead staff to modify their communication when they talk with an older adult, especially one who appears frail and disabled [22,23]. The Communication Predicament of Aging model [24,25] describes how young persons recognize cues that trigger stereotypes of older adults as less capable of communication. Younger persons thus modify their speech to older adults by simplifying the vocabulary and grammar and attempting clarification strategies with exaggeration of pitch for emphasis and repeating information. The resulting elderspeak communication is indistinguishable from baby talk and may cause elders to respond by avoiding socialization, suffering decreased self-esteem or enacting their own stereotype of a dependant older person [26,27]. Although elderspeak typically reflects a staff person's attempts to show caring and improve comprehension, research demonstrates that if fails to reach these goals [26,28].

Elderspeak is common in long-term care and is a key factor even in assisted living, where residents readily recognize being talked to as a 3-year-old is an area for change [29]. Research has demonstrated that a brief training program, designed to increase awareness of elderspeak and its negative messages and how it is perceived by residents has resulted in measurable changes in features of elderspeak including the use of overly intimate terms of endearment (honey, sweetie, dearie) by staff during care [30,31]. Health care workers need to be aware of their own stereotypes that may subconsciously impact communication and work to avoid modification of their speech to older adults based on their own negative stereotypes of aging.

Specific features of elderspeak communication to avoid include the use of inappropriately intimate terms of endearment (less than appropriate for a health professional-patient relationship). Avoid asking closed questions as well as tagging questions to suggest the correct response (You are ready for bed aren't you?). To support autonomy and encourage an attitude of independence, avoid substituting collective or "we" pronouns when a singular pronoun "you" is appropriate. For example, "Are we ready for our bath?" implies that both the staff and resi-

Table. Interpersonal Talk: Sample Questions for Getting to Know Older Adults in Long-term Care

Growing up
When and where were you born?
Where did you grow up?
What was it like?
Do you have any siblings? What were they like growing up?
Did you have a nickname? How'd you get it?
How would you describe yourself as a child? How have you changed?
What were your favorite activities as a child?
Did you have any chores as a child?
School
Did you enjoy school?
What kind of student were you?
What are your best memories of grade school/high school/college/graduate school? Worst memories?
Was there a teacher or teachers who had a particularly strong influence of your life? Tell me about them.
Love
Do you have a love of your life?
When did you first fall in love?
Have you ever been married?
How did you meet your husband/wife?
How did you know he/she was "the one"?
How did you propose?
What were the best times? What were the most difficult times?
What type of activities did you enjoy doing together?
Working
What did you do for a living? Tell me about how you got into your line of work.
Did you like your job?
What did you want to be when you grew up?
What lessons has your work life taught you?
If you could do anything now, what would you do? Why?
Do you have any favorite stories from your work life?
What did you most like to do as a family? What about now?
What did you like best about being a parent? What about now?
Do you have grandchildren?
What do you enjoy most about being a grandparent?
Life lessons
How would you describe yourself? What is important to you?
What have you learned in life?
What are you most proud of?
What was the happiest moment of your life? The saddest?
Is there something about yourself that you think no one knows?

Adapted with permission from reference 18.

dent will be bathing together. "Can I help you get ready for your bath" provides a clearer message that clearly indicates the actions of individuals in the care situation.

Communication Assessment

In addition, health care providers need to make an individual assessment of communication and cognitive capacities of individual residents they care for, and only modify communication as needed to fit the needs of the older adult [32]. Using this Communication Enhancement model will result in accommodating for the older adult's communication deficits only while supporting communicative and cognitive abilities and strengths. Making the time and developing skills to assess communication competence are challenges for today's long-term care settings. Indeed the majority of persons who provide daily care for older adults lack training in communication skills with older adults, much less persons suffering from dementia.

A brief conversation can be used to make a quick assessment of communication competencies of care recipients in long-term care settings. This can aid in assessing a person's linguistic facility, ability to comprehend English, cognitive capacity, and hearing ability. Something simple such as discussing a recent activity, meal, or family visit would work well with most residents. Such conversations also demonstrate that staff are interested in relating to a resident as an individual with a unique and valued history and social network. Person-centered care is conceptually achieved when person-knowledge, autonomy and choice, comfort care, interpersonal relationships, and a supportive environment [17] and our research has confirmed that prompting staff with simple cues increases engagement in person-centered talk by both residents and staff in a nursing home setting [20].

Nonverbal Communication

Nonverbal communication provides a strong message, and conflicting verbal and nonverbal communication is especially challenging for older adults. Looking directly at an older adult and maintaining eye contact can help elders who use lip reading and facial expressions to augment spoken words. Direct gaze also demonstrates your willingness to be engaged in conversation. Glancing at your watch or down the hall and other breaks in attention may be perceived as disinterest. Nonverbal communication can also communicate the messages of elderspeak [32]. For example, a pat on the buttocks resembles parent-child touch and looming over an older adult seated in a wheel chair can provide a message of dominancy.

Nonverbal communication is also effective in connecting with older adults through social interaction and may be a preferred mode of communication for persons with Alzheimer's disease and other dementias [33]. Singing, humming, and touch have all be identified as important in communication with older adults in long-term care, including persons with dementia [34,35].

Hearing Support

If you perceive that an older adult has a hearing deficit, try speaking with gradually louder volume in increments until a comfortable level is achieved. Use of a high-pitched voice to accentuate communication is problematic: older adults frequently lose the higher frequency sounds delivered with high pitched speech. You may need to ask or check to see if the person uses hearing aides, and if so, if they have the right device in place and that the aide is clean with active batteries. In addition, work to minimize background noise that older adults have difficulty screening out for important and personal conversations [36]. Because of the background noise and busy activities, meal times may not be the best place for interpersonal conversations, yet good opportunities to connect occur during personal care activities in private (bathing, dressing).

Cultural Competence

Providers in long-term care facilities may also have different cultural and ethnic backgrounds from the older adults that they care for and this can present additional challenges [29,37]. Direct care staff come from diverse backgrounds and English may not be their native language. Older adults with hearing deficits may be further challenged to understand accented speech and this can complicate communication in long-term care settings. Although these challenges may be impossible to overcome, validating that the older adults has heard and understood communication may be an essential practice for those whose cultural background and native language differ.

Encouraging Function

Communication can be used as a tool to prompt resident participation and improved functional independence. Research has established that effective communication strategies, such as providing step-wise cues and rein-

forcement, can result in measurable improvements in functional independence [10,38,39]. Similarly, communication can be used to promote independence by avoiding encouraging dependence [12] and to overcome the attendance ignore, dependence engage phenomenon that is typical in long-term care settings [40]. This means that those residents who are dependent receive attention and communication from staff, while independent patients are ignored with fewer opportunities for communication.

Dementia

Some additional caveats apply to communication with older adults with dementia, now estimated to comprise over 50% of residents in both assisted living and nursing home settings [41]. It may seem reasonable to use elderspeak as persons with dementia regress in developmental stages. However, our research demonstrated that when nursing home staff communicate using elderspeak communication, older adult residents with dementia were more than twice as likely to resist or respond to care with aggression or displeasure, than when staff used normal adult communication [42].

Additional special considerations for communication with persons with dementia deal with understanding the mechanisms of the cognitive and communicative losses that occur during the course of the disease. Because of slowed processing speed and reduced working memory, excessively slow speech should be avoided, as the person with dementia can't retain the information long enough to interpret the meaning of a slowly delivered message [14]. Avoiding modifier clauses at the start of a compound sentence can avoid confusing the person with dementia who may lose track of the communication before the main clause of the sentence is produced [43]. Depending on the level of communication competency, care must also be taken with repeating statements and questions, and use of paraphrasing to restate the same information in slightly different terms may be of benefit [44].

Educational programs for health care providers should include specific attention to communication with older adults. Communication training is essential for direct care staff who provide most of the personal care for older adult in long-term care and who seldom have education in communication skills for working with older adults or special training in working with persons with dementia. A variety of programs and approaches are available to improve communication skills of long-term care staff [11,45–48]. Periodic inservice education programs can provide new information on evidence-based communication developments as well as allow health care workers a chance to reflect on their communication and identify ways to fine tune their communication.

SUMMARY

In summary, communication skills require self-awareness and monitoring to avoid challenges to communication with older adults in long-term care settings. There is no "one size fits all" approach for effective communication with older adults. Rather, health care providers need to consider the needs of older adults for person-centered communication and establish interpersonal connections with these communication partners. If long-term care workers can meet this need for person-centered care, they will go a long way towards improving the quality of care and quality of life for older adults across long-term care settings.

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