Communicaton Tune Up: The Elderspeak Challenge
Session Objectives

Participants will identify common barriers to communication for older adults in health care settings.

Participants will describe elderspeak communication and its potential negative effects on older adults.

Participants will revise examples nursing communication with older adults to increase effective communication strategies.
Slide 1

Communication Tune Up: The Elderspeak Challenge

Kristine Williams RN PhD, FNP-BC, FGSA

Slide 2

Objectives
1. Identify common communication barriers for older adults in health care settings
2. Increase awareness of the importance of communication for older adults and persons with dementia (PWD)
3. Understand elderspeak, its negative messages, & recent research findings
4. Identify/practice effective communication strategies for older adults and PWD

Slide 3

The Importance of Communication in Elder Care
• A social connection to other people is critical for “successful aging”
• Job satisfaction is higher for nurses who have close relationships with their patients
• Effective Nursing Communication with Older Adult patients:
  – Increases patient satisfaction with care
  – Increases independence & self-care of older adults
  – Interpersonal relationships increase life expectancy
Communication Barriers in Health Care Settings

1. Lack of Opportunities
   - Loss of family and friends to talk to
   - Rely on nursing staff for communication
     • In nursing homes, nursing staff provide 90% of older adults’ opportunities for communication
     • Nursing staff are busy caring for many patients
     • Staff are not well trained in communication with older adults or with persons with dementia

2. Ignoring Talk
   - When the older adult and 2 or + others are present
     • The older adult may not be included in conversation
     • The others may talk about the older adult
   - Suggests that the older adult is not able to participate & must be cared for by others
   - Ignoring talk is common
     • When staff work in teams
     • At doctor appointments with family members

3. Task Talk
   - Common in nursing homes
     (75% of communication with patients)
   - Due to heavy assignments & staff shortages
   - Most communication centers on care tasks, not interpersonal communication that older adults value
Slide 7

Interpersonal Communication

- Communication is individualized & specific
- Indicates that the person is important & special
- Listens to and responds to what the older adult says or is experiencing
- Accepts the older adult’s experiences as important. Interpersonal talk may include:
  - Talk about the older adult’s family or former occupation
  - Talk about older adult’s childhood experiences
  - Talk about special events for this older adult
- Indicates a willingness to relate to the person

Slide 8

Communication Barriers

1. Lack of Opportunities
2. Ignoring Talk
3. Task Talk
4. Elderspeak

Slide 9

WHAT IS ELDERSPEAK?

- An intergenerational speech style
- Common in a our society, especially in health care settings
- Based on subconscious stereotypes
- Intended to nurture and facilitate communication with older adults
- Potential negative implications
Slide 10

**Elderspeak Features**

- Baby talk
- Diminutives (terms of endearment)
- Incorrect pronoun use
- Speak loudly
- Shorten statements
- Speak slowly
- Overly caring or controlling

Slide 11

**COMMUNICATION PREDICAMENT MODEL**


Slide 12

**Potential Negative Effects Of Elderspeak**

- Altered self-concept/ self-esteem
- Depression
- Isolation
- Assumption of stereotypical and/or dependent behavior
- Recognized by older adults as being talked down to & demeaning
Slide 13
Lost-Overly Nurturing
________________________________________________________________________
________________________________________________________________________
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Slide 14
Lost-Directive
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Slide 15
Lost-Affirming
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Communication Enhancement Model

Dementia – Growing with our Aging Population

• Growing population in older adults
  – 5.2 million 2008
  – 15 million 2050*
  – >50% of nursing home residents*

• Hospital patients
  – Linked to higher rates of delirium
  – Dementia may not be diagnosed or may not be recorded

Barriers to Effective Communication in Dementia Care

• Individual Factors
  – Progressive loss of ability for meaningful communication (receptive, expressive, & internal talk)

• Health Care Environment Factors
  – Lack of Opportunities
  – Ignoring Talk
  – Task Talk
  – Elderspeak
Evidence-based Strategies
Communication in Dementia Care

- Eliminate distractions (quiet environment)
- Approach slowly and from the front
- Establish and maintain eye contact
- Speak before touching
- Use short, simple sentences
- Allow time for a response
- Ask one question or give one instruction at a time
- Use yes-no rather than open ended questions
- Repeat or paraphrase
- Don't speak too slowly
- Help with word finding


Communication to Support “Personhood”

1. Recognition: Acknowledge the person, know their name, affirm uniqueness
   “Come along Mrs. Jones <recognition>, your dinner is being served.”

2. Negotiation: Consult about preferences, desires, needs.
   “That was a nice bit of fresh air, wasn’t it? I’m ready for my dinner now, would you like to join me?”


More Personhood Strategies

3. Validation: Acknowledge the person’s emotions/feelings respond
   “Mrs. Johnson, it sounds like you would like to wait for your bath.” <validation>

4. Facilitation/Collaboration: Work together, involve the person. Enable the person to do what otherwise he/she wouldn’t be able to do, by providing the missing parts of the action.
   “What is it you’re looking for, Mrs. Smith? Can I help? <facilitation> Tell me what it is and we can look for it together.” <facilitation>
Research Questions

- Does elderspeak communication affect care for persons with dementia?
- Is Elderspeak appropriate/preferred for persons with Dementia?

Elderspeak and Dementia Care

- Nursing communication precipitates challenging behaviors (Burgio et al., 2000; Talierco, Evans, & Strumpf, 2000)
- Challenging behaviors disrupt care (aggression, agitation, wandering, etc)

Challenging Behaviors of Persons with Dementia

- Challenging behaviors that disrupt care (agression, agitation, wandering etc)
  - are common
  - are extremely stressful for caregivers
  - progress over the course of the disease
  - precipitate nursing home placement
**Slide 25**

**Challenging Behaviors**

- May result in increasing use of psychotropic medications (Talcoho, et al, 2000)
- Reduce quality of life for care recipients (Gerdner & Buckwalter, 1994)
- Nursing communication precipitates challenging behaviors (Burgio et al, 2000, Talcoho, Evans, & Strumpf, 2002)

**Slide 26**

**Problem Behaviors or Resistiveness to Care (RTC)**

- Reflect decreased Quality of Life
  - Person With Dementia
    - Injuries, stress, anxiety
    - Indicates unmet needs, fear, boredom, communication breakdown
    - Increases psychotropic medication & restraint use
  - Family caregivers
    - Stress
    - Injury
    - Leading factor in Nursing Home placement

**Slide 27**

**Resistiveness to Care (RTC) in the Nursing Home**

- Increases Staff Time required to Provide Care
  - Average 24 minutes to manage one episode of RTC
  - May require multiple staff persons
- Stress for Staff (primarily Certified Nursing Assistants)
  - RTC is a top concern for staff
  - Stress, burnout, and job dissatisfaction contribute to HIGH Turnover rates (over 100% each year)
  - Increases costs for NH care by 30%
Model of Need-Driven Dementia Compromised Behavior

- All behavior has meaning
- Due to dementia, older adults may be unable to communicate their needs and wants using verbal communication
- Physical behaviors may instead be used to communicate unmet needs in persons with dementia

Elderspeak: Impact on Dementia Care

- Observational study funded by NINR/NIA
- Nursing home residents with dementia (N=20) were video recorded during daily care
  - Bathing
  - Oral Care
  - Dressing
  - Other
- 1-10 minute recordings were computer archived
- Computer-assisted behavioral analysis of temporal associations between
  - Resident Behavior
  - Staff Communication

Sample

- 20 Nursing Home Residents with dementia who were Resistive to care
  - Age 69-97 (mean 83)
  - MDS-COGS score 4-9 (mean 6.4)
  - 75% Women
  - 95% Caucasian

- Nursing Staff
  - 78% CNAs
  - 83% Female
  - 68% Caucasian,
  - 30% African American
  - 2% Hispanic
  - Age 21-54 (mean 35)

Analysis of Behavior States

- Frame by frame coding of behavior states of:
  - Nursing Staff Communication
    - Normal talk
    - Elderspeak
    - Silence
  - Resident Behavior
    - Resistant to care (RTC)
    - Neutral
    - Cooperative
- Temporal relationships coded using Noldus Observer Pro behavioral software
Slide 34

Resident Behavior
Resistiveness to Care Scale

- Each behavior is rated for frequency, duration, and intensity to achieve a total score of 0-156
- High IRR 90% agreement between coders


Slide 35

Resident Behaviors – RTC

- Resistant to Care, Neutral, Cooperative
- Turn away
- Push away
- Grab object
- Grab person
- No/Negative
- Pull away
- Clench teeth
- Scream/Yell
- Cry
- Hit
- Threaten


Slide 36

Staff Communication - Elderspeak

Staff communication
- Normal Talk, Silent, Elderspeak
- altered prosody
- altered touch
- altered expression
- tag questions
- altered gesture
- collectives
- reflective
- altered prosenica
- childish terms
- repetitions
- diminutives
- short words
- altered eye contact
- directive
- exaggerated praise
- other
- laugh at
- change subject
Slide 37

Slide 38

Change Data – Temporal Relationships

Slide 39

Bayesian Hierarchical Model
Probability of RTC significantly different p = .0028

Probability of Restiveness to Care
Slide 40

**Implications**

- This study supports a relationship between staff elderspeak communication & RTC
- We can reduce nursing elderspeak communication with simple training (Williams, 2006; William, Kemper, & Hummert, 2003)
- A new research study will be developed to assess Resistiveness to Care before and after the communication training intervention

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Slide 41

**Emotional Tone**

- Underlying (nonverbal) messages
- Imbalance of
  - Care
  - Respect
  - Control
- Three dimensions
  - Overly nurturing
  - Directive
  - Affirming

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Slide 42

**Analyses**

- Twenty naïve raters listened to clips of bathing and rated the emotional tone of the staff communication in each
- Reliability was high IRR across all dimensions (n=60, Chronbach’s alpha = .94)
- Correlations between RTC and the three dimensions of Emotional Tone
  - RTC significantly correlated with Controlling tone
  - As controlling tone ratings ↑ RTC ↑
  - RTC was not correlated with Caring or Respectful tone

Slide 43

<table>
<thead>
<tr>
<th>Emotional Tone Rating</th>
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<tbody>
<tr>
<td>Not At All</td>
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<tr>
<td>Nurturing</td>
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<tr>
<td>Directive</td>
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<tr>
<td>Affirming</td>
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<tr>
<td>Warm</td>
</tr>
<tr>
<td>Controlling</td>
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Slide 44

Conclusions
- Affective messages of staff-resident interactions effect resident cooperation during care.
- Communication using a controlling tone correlated with an increase in RTC.
- Further research training staff to communicate in less controlling tones is needed to examine if this will improve resident cooperation with care.
  - Communication minimizing controlling tone may decrease RTC in dementia nursing home care.

Slide 45

Practice
Strategies for Effective Communication

- Verbal
  - Address speaker by name
  - Paraphrase
  - Reflect speaker’s feelings
  - Ask for more information
  - Respond on topic
  - Modify speech only as needed

- NonVerbal
  - Maintain eye contact
  - Appropriate Volume
  - Posture
  - Be patient
  - Assure a quiet environment

Evaluating Speech

- Slow, loud speech
- Short sentences
- Baby talk
- Diminutives
- Incorrect pronouns

+ Identify resident
+ Stay on topic
+ Clarify or validate
+ Accept and respond to message

Doctor’s Appointment 1
Slide 49

**Evaluating Speech**

- Slow, loud speech
- Short sentences
- Baby talk
- Diminutives
- Incorrect pronouns

- Identify resident
- Stay on topic
- Clarify or validate
- Accept and respond to message

Slide 50

**Doctor's Appointment 2**

Slide 51

**Evaluating Speech**

+ Slow, loud speech
+ Short sentences
+ Baby talk
+ Diminutives
+ Incorrect pronouns

- Identify resident
- Stay on topic
- Clarify or validate
- Accept and respond to message
Slide 52

Doctor's Appointment 3

Slide 53

Evaluating Speech

+ 
-  
• Slow, loud speech  
• Short sentences  
• Baby talk  
• Diminutives  
• Incorrect pronouns  
• Identify resident  
• Stay on topic  
• Clarify or validate  
• Accept and respond to message

Slide 54

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• Funding from the National Institute of Nursing Research  
• Nursing home administrators and staff  
• Families and Resident Volunteers  
• Layton Prints from KUMC Landon Center on Aging collection  
• Research Team

**Lost 1**

Aide: Where do you think you’re going?
That’s not your room you silly girl.
Mrs. W continues to enter the room
Aide: Are you lost? You are lost aren’t you? We can’t have that. Here, why don’t you come with me and I’ll take you back to your room so you can feel all comfortable, okay? Come on sweetie. Honey, that’s not your room. You want to come with me and I’ll take you to your room. Why don’t you grab my hand and I’ll take you to your room. It’s just down the way.

**Lost 2**

Aide: Beulah, that’s not your room. You don’t have any business being there. What are you doing? You know that residents can’t go in and out of other people’s rooms.
Mrs. W pauses
Aide: Come on. Let me take you to your room. You don’t need to be here. You don’t need to be out of your room. Come on. Let’s go. Come on. This way. Your room is down here. Don’t you remember where you live?

**Lost 3**

Aide: Mrs. West are you having trouble finding your room? All these doors look alike. This isn’t your room. Shall we go down to the solarium? That’s where your room is. Come on. Follow me. Mrs. West let me show you where your room is, okay? Come on. It’s just down the way here. It’s just by the solarium.
Doctor Appointment

Aide: Aren’t you the lucky girl today. You get to go outside.

Mrs. X: Where are we going?

Aide: You’re going to Doc Butler’s office so you can get a new cast

Mrs. X: A new case? Why do I need a new case? This cast is just fine

Aide: We’re going to go get a new case so you can start walking on your legs so you can get up on your feet.

Mrs. X: I don’t want to walk on it yet

Aide: Oh sure you do. You want to get up and walk. You know Sweetie, the doctor knows what’s best and we want to get you up walking as soon as we can. Okay? You know after we go to Dr. Bulter’s office we can stop and get some ice cream.

Mrs X: Okay.

Aide: Alright.

Mrs X: But I still don’t want to walk on it.

Aide: Oh don’t be silly.

Visit

Aide: Let’s get your blouse on. Your son is going to be here soon.

Mrs. E: I don’t want that one.

Aide: This blouse is just fine.

Mrs. E: No. It doesn’t match.

Aide: Well your son is going to be here soon, so we need to pick out a blouse that will work.

Mrs. E: Alright. I wish I could get my hair done.

Aide: Your hair is just fine. We really don’t have time to get your hair done today. Your son will be here soon.

Mrs. E: He won’t even recognize me the way I look now.

Aide: It will be just fine.
Elderspeak and Communication References


Ryan, E.B., Byrne, K., Spykerman, H., & Orange, J.B. Evidencing Kitwood’s Personhood Strategies: Conversation as Care in Dementia (2005) in Alzheimer Text,


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