**Behavioral Objectives**

After reading this newsletter the learner will be able to:

1. Discuss guidelines related to communicating with the elderly.
2. List population-specific factors influencing communication with elderly patients.

As baby boomers increase in age, the face of the American population will change dramatically. By the year 2030, a projected 71 million Americans will be age 65 or older, an increase of more than 200 percent from the year 2000, according to the U.S. Census Bureau. It’s estimated that some 10,000 people turn age 65 every day, with the number only increasing.

Communication is vital to the care of patients of all ages. Valuable information is given and received, such as during the patient assessment and with patient teaching. To establish and maintain effective communication with patients of any age, certain principles are universal, such as asking open-ended questions and not being judgmental. However, because of a variety of factors commonly occurring with aging, including sensory and memory changes and chronic illnesses, special consideration needs to be given when communicating with aging adults.

This newsletter will discuss guidelines related to communicating with the elderly. Population-related changes, as they can affect communication with the elderly in the healthcare setting, will also be described.

**Population-Specific Guidelines - The Aging Adult**

To insure a mutually respectful relationship, healthcare providers should introduce themselves to the elderly patient. At this time, indicate how you prefer to be called, such as by your first name, Tracy, or a title and your last name, such as Miss Kennedy. Including and explaining your role in the introduction is also helpful. Although elderly adults have experienced countless changes in society, those involving healthcare may not be familiar, such as nurses not wearing white uniforms, stockings, shoes, and caps anymore.

All too often remarks can be heard - “I didn’t see a nurse before or after my surgery. At least no one looked like a nurse.”

Patients should also be asked how they prefer to be called. Avoid the use of first names and nicknames when addressing elders, unless that’s the specific patient’s preference. Such terms as “Pops”, “Granny” or “Sweetie” may be considered disrespectful and offensive. Regardless of good intentions, the older adult may construe the use of such terms as overly familiar and ill-mannered. Additionally, speak to the elderly patient as an adult, not as a child. Not doing so is not only disrespectful, but is also patronizing.

Older adults may be reluctant to share information about their health and well-being, such as being in pain. Many times elders are stoic and don’t want to complain, especially to “strangers.” Rapport and trust must often be established for complete and full information to be shared. Providing consistent caregivers is important to promote trust. Patients should also be reassured that the information they share is confidential, how their information will be used and by whom, and that they have the right to refuse to share information if they are uncomfortable doing so. The Health Insurance Portability and Accountability Act (HIPAA), which was passed by Congress has been enforced since April 2003 by the Office of Civil Rights. HIPAA provides standards for health information transactions, confidentiality and security of patient data. HIPAA covers both electronic and paper records, as well as oral communication.

The slowing of cognitive functioning, that often occurs with aging, can cause elders to be easily distracted and their reaction times to become slowed. With aging, some elderly people experience changes in speaking ability, and their voices become weaker, or harder to understand, when they are tired. It’s important to be patient when listening, and be aware of when the elderly person gets tired. Information may need to be collected from an elderly patient in more than one session. Verbal function typically doesn’t show any significant decrease with age; however, short-term memory may decline. It is often helpful to repeat questions, instructions and explanations.

When such age-related changes are combined with illness, fatigue, and anxiety, being able to think clearly may become difficult for elders.
Adequate time should be allowed for the aging adult to respond. And, because an elderly patient’s abilities to carry on a conversation may be diminished, sometimes you may have to repeat yourself. Never speak harshly or remind the patient that you have already had the same conversation moments before.

Some age-related memory loss is normal as people grow older, although people experience different degrees of memory loss. Most often, short-term memory is affected, making it harder for an elderly person to remember recent events. Keep this in mind and practice patience.

Because an elderly person’s life experience may be very different from yours, it’s important to let the person express his or her thoughts and feelings, and to respect them even if you disagree. When someone lives to be old, it’s impossible not to experience some feelings of significant loss. The deaths of relatives and friends, losing the ability to work and be independent and changes in health and finances can all lead to depression, social withdrawal, and irritability. Older persons typically enjoy reminiscing and should not be rushed or interrupted when doing so. Looking back over life’s accomplishments or failures is critical to acknowledging that one “did not live in vain.” However, ‘guided reminiscing’ may be appropriate in some situations, such as “Mr. Jones, it’s time to go into surgery right now. I do want to hear about your grandson. Is it okay if I talk with you before you go home?” Make sure to keep your promises.

SENSORY CHANGES

Many elderly patients experience a decrease in their ability to communicate due to hearing and visual changes. This poses a special need for clear and concise communication. If the patient wears glasses and/or a hearing aid, make sure they are wearing them while hospitalized. When talking with the elderly with a sensory deficit, the healthcare provider should face the patient at all times. In this way eye contact is maintained and facial expressions and gestures can be seen. This will also facilitate lip reading, which is crucial for some elderly patients to receive what you are saying correctly. To communicate with a patient who is on a stretcher or in a wheelchair, healthcare providers should lean or stoop down in order to face the patient at eye level. For the hearing or visually impaired elderly adult, it is helpful to touch the patient, such as on the hand, to establish some physical contact when communicating and to reassure the patient.

HEARING

If an elderly patient has a hearing loss, he or she will likely have difficulty understanding. Healthcare providers must be patient and speak clearly when communicating with a patient with a hearing loss. Be sure you face the person when you talk. Keep your hands away from your mouth and articulate your words.

Additionally, speak in a normal fashion—shouting is not necessary or effective. Hearing loss, caused by aging and/or cerumen (ear wax), may cause the patient’s speech to be inaudible or distorted. Speaking clearly and distinctly, in a low frequency but at an audible level, is helpful. Shouting should be avoided because it raises the high-frequency sound which older persons typically have difficulty hearing. Cupping the hands over the less deficient ear and talking directly into the ear may be helpful. Enunciate carefully to help with the ability to lip read. Using gestures and pictures and pointing to items while referring to them can also be helpful.

Many common sounds, taken for granted by many, such as television, traffic noise, conversation from an adjoining room and paging systems, can create difficulties with hearing for the older person. Environmental sounds compete with the sounds the elderly want or need to hear, such as the news, a telephone conversation or speaking with a healthcare provider. Extraneous noise can result in poor hearing and frustration. Those sounds which can be controlled should be.

VISION

Just about everyone experiences some degree of vision loss with age. Severe vision loss is a significant problem affecting millions of elderly Americans. In fact, almost 7 million Americans, over the age of 65, have severe visual impairment. With the current growth in the aging population that number is likely to double by 2030. Vision loss affects the quality of life of aging adults in many ways, not the least of which is loss of the ability to enjoy everyday activities, such as reading the newspaper or watching TV or movies. Mobility and freedom are impacted when elderly persons suffering vision loss can no longer drive. And according to the Centers for Disease Control and Prevention (CDC), visual impairments significantly increase the risk for falls and fractures in this patient population.

Vision loss makes it harder for the elderly person to recognize you, so don’t take it personally. The ability to see is also essential to communication. Most aging adults require some form of corrective lenses. Approximately one-half of all individuals identified as legally blind each year are 65 years of age or older. Visual limitations can make communication problematic.

Communicating effectively with patients, of any age, is essential to all aspects of care. Elderly patients must be assessed for age-related changes that may affect their ability to give and receive communication.
COMMUNICATING WITH THE ELDERLY

1. When initially greeting an elderly customer, you appropriately say:
   a. "Hi Dear."
   b. "My name is Sam. What's yours?"
   c. "Hello Granny. Is there anything you need?
   d. "Someone will take you to Room 7."

2. When first communicating with an elderly patient it is important to:
   a. explain your title and what your role is.
   b. reassure the patient that everything will be fine.
   c. talk more than they do, since you have to collect a lot of information.
   d. gain the trust and respect of their family members first.

3. When communicating with an elderly patient, the healthcare provider should be sure to allow enough time for the patient to respond.
   a. True
   b. False

4. An elderly patient begins telling you stories of when he was in the war. It is correct to:
   a. gently refocus the patient’s attention back to his upcoming surgery.
   b. interrupt the patient abruptly.
   c. perform other tasks while listening to him.
   d. nod in agreement while thinking of other things.

5. Many elderly patients experience a decrease in their ability to communicate due to hearing and visual changes.
   a. True
   b. False
COMMUNICATING WITH THE ELDERLY

6. When assessing an older patient:

   a. information may need to be collected in more than one session.
   b. the majority of subjective data should be obtained from a family member.
   c. response times are slowed, so questions should move quickly.
   d. skip the assessment until the post-operative period if the patient is anxious.

7. An elderly patient’s son explains that his mother has a hearing impairment and wears a hearing aid. A key implication for the healthcare provider is to:

   a. raise the volume of his or her voice when communicating.
   b. get within one foot of the patient when speaking to her.
   c. ask the patient’s son to communicate for you.
   d. insure the patient is wearing her hearing aid.

8. When communicating with an elderly patient, it is important to minimize or eliminate environmental noise.

   a. True
   b. False

9. When talking with the elderly who has a sensory deficit, the healthcare provider should do all of the following EXCEPT:

   a. face the patient when talking to him or her.
   b. enunciate words to aid in lip reading.
   c. lean down or stoop to maintain eye contact.
   d. put hands up to his or her mouth when speaking.

10. For the majority of elderly patients, it is their long-term memory that is affected.

    a. True
    b. False