The synthesis of art and science is lived by the nurse in the nursing act  JOSEPHINE G PATERSON

EXPLORING NURSES’ USE OF LANGUAGE WITH OLDER PEOPLE

Patients’ wellbeing can be affected by the way staff talk to them. Peter Draper and colleagues describe a creative writing project that helped heighten sensitivity to the power of words in care

Abstract
The authors discuss ways in which nurses speak to older people. Research shows that the words nurses use can have a powerful effect on the wellbeing of older people.

An experimental project developed at the University of Hull is described in which creative writing techniques were used to increase nursing students’ and staff’s sensitivity to the importance of language in care. The project enabled participants to co-create a body of work that was subsequently displayed in the faculty reception, and it showed how trusting relationships could be developed between participants. The authors are working to extend the project by finding ways to embed creative writing in the undergraduate nursing curriculum.

Keywords
Creative writing, dignity, independence, language, wellbeing, words

WORDS CAN be used to promote older people’s wellbeing and independence, but their misuse can damage this group’s health. As the Commission on Dignity in Care for Older People (2012) reported: ‘Older people describe how their skills, self-confidence and ability to look after themselves can deteriorate as a direct result of… being spoken to as if they are a child.’ This article summarises evidence that shows the damage that can be done when words are not used with care. An innovative experimental project called ‘Taking care with words’ is described, in which creative writing was used to help nursing students become more sensitive to the power of language.

One of the most remarkable characteristics of human beings is our capacity for language. It is estimated that up to 7,000 different languages are spoken around the world today (BBC 2013). Words are used in many different ways.

One of the most obvious is to exchange information. For example, a nurse might say to a colleague: ‘Mr Jones in bed 3 has a headache.’ Words are also used to do things. For example, when a couple say ‘I will’ as part of their wedding service, they make a legally binding contract with one another. So words enable us to say and to do, but they also enable us to be. As the linguist Gee (2011) puts it: ‘Language allows us to take on different socially significant identities.’

Socially significant identities
Gee’s idea that we have different identities is easy to understand. For example, I (PD) am a nurse, a father, a university teacher, a minister of religion and a researcher. These are my ‘identities’. They are socially significant because they enable me to do what I want to do, but I can only fulfil these identities if other people co-operate with me. I cannot be a university teacher unless I have students, for example.

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Socially significant identities are not limited to formal roles and job titles. They also include broader social categories that other people may put me in whether I like it or not.

One such category, which I think increasingly applies to me, is 'older person'. Sometimes, and especially when I am in a formal role at work, I think that my age and my white hair give me authority; but at other times, particularly when I am dressed informally or look scruffy, I have noticed that younger people tend to speak more slowly to me as if they suspect I am not quite 'with it'. I am learning that to be an older person is to have a socially significant identity with implications for how other people treat me, and my experience of life.

This is why the language that nurses use can have such a powerful effect on the wellbeing of older patients and residents. Used sensitively, words can enrich another person’s humanity, but they also have the power to undermine dignity and independence.

The Francis (2010) inquiry found nurses who understood the impact of the words they used, and others who appeared oblivious to the importance of language. One witness described how a male nurse spoke to her father 'with dignity'. She said: 'He never went without having a word, and [two other nurses] were both the same. Before they did anything, they told [him] what they were going to do so that – it put him in the picture and gave him some dignity, you know? Not to be treated just like, well, a log of wood.'

This contrasts with an experience in which nurses' failure to speak either to the patient or to his family represented all that was wrong with his nursing care (Francis 2010): 'There was no dignity. There was no care. It was just totally dreadful… the nurses never spoke. They didn’t know how to behave socially, I don't think. They spoke to one another though, having said that. They would carry on conversations over your head but they would never once acknowledge you… I sat, held his hand and wiped his face and his hands and washed his mouth... just there to comfort him and do whatever I could. But they didn't hide the fact that they didn’t like me being there… They just totally ignored me. There was no niceties. There was no: good morning, Identity

A person’s name is not just a neutral label: it represents their identity, encapsulating who they are and who they have been to themselves and others. The poem Truly Care for Me by Michelle Mayo (older person) expresses something of the fragility of identity in illness and dependency:

Truly Care for Me
I am so vulnerable
Handing power to you
I need to count
I need to feel empowered too.
It’s scary to be a number, a task, a chore
In order to care
You must know who you’re caring for.

The poem is a powerful appeal for person-centred care. It expresses the vulnerability of being a patient dependent on others and makes a strong claim for a person’s identity to be recognised and respected – ‘You must know who you’re caring for.’

What’s in a Name? by Margaret Johnson (older person) also powerfully captures the sense that the name represents the whole of a person:

What’s in a Name?
I have been daughter, sister, wife and mother
An auntie, friend and grandma
But I have only one real name

Kath Beal (older person) took a more humorous approach in a powerful appeal to get her name right:

My Name is Kath
Please don't call me ‘darling’
Please don't call me ‘dear’
For I’m a wicked murderer
and have my axe right here!

Please don’t call me ‘sweetie’
Please don’t call me ‘pet’
For I hate dogs and small children
and catch them in my net.

Please don’t call me ‘honey’
Please don’t call me ‘love’

Call me by my given name
And I’ll be nice as pie
Call me by another name
And watch me walk right by!

Both poems show how identity is intimately linked to the proper use of a person’s name.
Mrs […], how are you? When they did anything for [my father], it was never: […] I am going to do so and so. They just treated him as if he wasn’t there. As if he was just – well, as I said, a log of wood or something like that.’

These quotes show that nurses’ use of words, or sometimes their lack of words, is intimately linked to their attitudes to older people, and they also illustrate the effect nurses’ language can have on dignity and the quality of care.

Research
International research suggests that older people are routinely addressed in ways that they find patronising and disempowering (Brown and Draper 2003, Draper 2005). Edwards and Noller (1993) found that older people are often addressed using a simplified vocabulary accompanied by a high-pitched tone of voice and slow speech. Shortened versions of older adults’ names may be used, alongside patronising terms such as ‘honey’ or ‘sweetheart’ or, in the UK, ‘darling’ or ‘love’. This pattern of speech has been likened to the way in which adults address small children who are learning the language for the first time.

Thakerar et al (1982) were some of the first researchers to explain the link between speech and underlying attitudes. They suggested that when people meet for the first time they evaluate each other on the basis of what they see and hear, making provisional judgements about the other person’s competence and social status.

These judgements may be based on stereotypes. Patronising speech is disliked by the older people who experience it, but there is also evidence that it causes harm by undermining their sense of competence and independence. As Lagacé et al (2012) state: ‘Results of qualitative and quantitative data analyses suggest that communication with caregivers is indeed perceived as ageist by the majority of elders and that such perceptions diminish the perceived quality of life in the facility; furthermore, most elders seem to cope with ageism by accommodating caregivers, a strategy that may ironically reinforce patterns of ageist communication.’

Taking care with words
As nurse teachers, we are keen to find new ways of exploring the power of the language we use with older people. We particularly want to find new ways of increasing students’ sensitivity to the power of the words we use with older patients and clients in professional settings, and to help them understand the link between words and attitudes to older people. We obtained a small amount of funding to try a novel approach using creative writing techniques. This enabled us to draw together a mixed group of 25 participants made up of older people, faculty staff and students who could commit to meet together on three Saturdays. The precise mix of students, older people and faculty staff varied from workshop to workshop, but on average six students, nine faculty staff and ten older people attended each workshop. The older people were recruited through existing networks – specifically, the faculty’s ‘user group’.

Two writers, Sue Wilsea and Jackie Goodman, were recruited. They are known locally as poets, playwrights and teachers. Their brief was to lead creative writing workshops to help us understand the experience of ageing and develop skill to write about our experiences. In the workshops we wrote poetry, prose, tweets, letters, songs, limericks, scripts, haiku and various other forms. Some of the poems are reproduced in this article, with the consent of their authors. All contributors agreed that

Legacy
The poems under this heading were responses to memories. We reflected on the power of music to evoke childhood memories and re-imagine childhood and adolescence, such as Soundtrack of My Life by Hugh Palmer (lecturer in nursing):

Soundtrack of My Life
Saturday mornings, junior choice
Freddy and the Dreamers, Sparky’s Magic Piano
Michelle, My Belle – the girl I adored
She was seven, I was six, I recall

And then?
What seems like silence for a few years
We didn’t have TV, you see (well, not until 1973)
Until the music flowed again: cassette recordings of fuzzy hits

The sad sweet dreaming of blues and soul
The heady rush of punk, new wave attitude
Forged and transmuted by the super cool
Synthesis, synthesized by Roxy Nights

And now?
My head is tuned by the soundtracks of other’s lives
As they grow up
MTV and chart shows hits
Thumping brightly into my life.
Location, community and isolation

The final group of poems represent the power of place, and speak of the deep links that can exist between place and sense of self as Dave Burton (older person) shows in Hull – Why I Love Her

Hull – Why I Love Her
You ask me why I love her
Give me time and I’ll explain
From burnt out cars on Bransholme
To bikes in Barmby Drain

Where children ‘bomb’ the firemen
and ambulance alike
With stones and bricks and wooden sticks
Cut sharp to make a spike

Metal statues left in peace
Slip away into the night
Cars are left on railway lines
The consequence a fright

Where television screens (full size)
By magic stand alone
In town centres to entertain
But no one wants to know

The epic of the marathon
Imaginations caught

And records made and broken
When the race declared too short.

From Gypsyville to Marfleet
From the horse-wash to Haworth Hall
No part of our fair city
Has yet to get the call

That our schools are deemed marvellous
Social Services do care
Floods will never cover all
And police are always there

Am I expecting far too much?
Can pigs really fly?
You asked me how I felt
I’ve answered with a sigh.

Few people outside the city of Hull would know that the marathon held in 2011 was declared invalid because the course was too short – and few people living in Hull would be surprised that it could happen. Relph (1976) suggested that there are three fundamental components to the human experience of place. The first is the physical setting, the second is the range of activities with which each place is associated, and the third is the meaning. ‘Hull – Why I Love Her’ captures these parts beautifully.

a selection of their work could be used when the project outcomes were disseminated at conferences or by publication. They also agreed that pseudonyms need not be used, so each poem is attributed to its author.

At the end of the project a performance event was held and an exhibition arranged in the reception area of the main faculty building. People were invited to comment on the work in writing or speech. The work was grouped under three broad headings: identity; legacy; and location, community and isolation (see panels, pages 20-22).

Evaluation
This simple project had an effect at a number of levels. All the participants enjoyed working and learning together, and the workshops gave us the opportunity to get to know each other better and share stories about our life experiences. This is perhaps one of the most important outcomes. Relationships between faculty staff, students and older people are often constrained by formal roles and expectations. Students meet older people as patients and clients, faculty staff work with students as ‘students’, and older people tend to encounter nurses in health centres and hospitals when they have particular health needs.

The project gave us the opportunity to meet on neutral territory and join in a creative activity where we were all out of our depth. No one had the advantage of special knowledge or skill. This seems to be a good basis for the development of ‘person-centred’ relationships that are ‘built on mutual trust, understanding, and sharing collective knowledge’ (McCormack and McCance 2006).

A similar observation was made by a team at the University of York who used a creative writing approach to promote compassionate care. Brownlow and Spilsbury (2011) state that by using such an approach, nursing students ‘consider how to care for the person inside the older body, rather than just their physical needs’.

The most obvious output of the project was the body of poetry and creative writing that was
produced and displayed in the faculty reception. This was an effective means of capturing and representing the experiences and priorities of the workshop participants. The displayed poems had a significant effect on the people who read them. They made comments such as ‘the display made me stop in my tracks. I forgot where I was going’ and ‘the words were obviously heartfelt and very moving’.

The project showed that the arts can make an important contribution to nursing education. There is an established literature on the contribution of the arts to healing, and a number of studies have measured the effect of creative writing on health outcomes as diverse as quality of life, body image and cognitive functioning (Stuckey and Nobel 2010).

Dewar (2012) used poetry to represent the process and outcomes of research into the development of compassionate care, finding that it was an effective way of changing people’s use of language; and there is a tradition of writing poetry about nursing (Hunter 2002). Wright (2006) encouraged nursing students to write poetry about their experiences. Second-year nursing student Molly Case wrote her poem Nursing the Nation after she and colleagues became demoralised by the barrage of media criticism about nursing. She recited the poem at RCN congress in Liverpool this year and received a standing ovation (Case 2013).

None of this is surprising. The scientific paradigm has been increasingly influential in nursing over the past 25 years in the drive towards evidence-based practice. However, scientific approaches to understanding the human experiences of health, illness and caring are not the only means of exploring the effect of distress and suffering, or the only source of interventions and coping. The arts, including literature and poetry, offer a rich and ancient source of reflection on what it means to be human and strategies for living and working.

Conclusion

This article has discussed a project called Taking Care with Words. Under the guidance of two creative writing tutors, a group of faculty staff, nursing students and older people explored the experience of ageing and the power of language in nurses’ interactions with older patients.

The project proved successful in two ways: it enabled participants to co-create a body of work that was subsequently displayed in the faculty reception, and it showed how significant relationships of trust could be developed between participants, which seem to be a good basis for understanding person-centred care. The authors are working to extend the project by finding ways to embed creative writing in the undergraduate nursing curriculum.

Online archive

For related information, visit our online archive and search using the keywords.

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