Effective communication with older people

Kirsten Jack, Caroline Ridley, Samuel Turner

Abstract
Effective communication with older people is an important aspect of nursing practice. Ineffective communication can lead to older people feeling inadequate, disempowered and helpless. Nurses have a duty to ensure that older people think they are being listened to and that their concerns are being validated in a non-judgemental way. Central to effective communication is the ability of nurses to be self-aware, and monitor their thoughts and feelings about, for example, negative stereotypes associated with the ageing process.

Effective communication can sometimes be difficult to achieve due to the effects of ageing, but nurses can overcome some barriers through thoughtful interventions. It is important to treat older people as individuals, and to monitor and adapt communication accordingly. By doing so, nurses can ensure older people feel empowered, respected and able to maintain their independence.

Aim and intended learning outcomes
The aim of this article is to help you explore effective communication about the needs of older people. After reading the article and completing the time out activities you should be able to:

- Describe the specific needs of older people in relation to communication.
- Understand the need to explore how your values and beliefs may affect communication with older people.
- Discuss changes associated with ageing that can affect communication.
- Outline the influence of ageism on communication with older people.
- Summarise ways in which communication with older people can be developed positively in practice.

Relevance to the Code
Nurses are encouraged to apply the four themes of The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates (Nursing and Midwifery Council (NMC) 2018) to their professional practice. The themes are: prioritise people, practise effectively, preserve safety, and promote professionalism and trust.

This article relates to the Code in the following ways:
- The Code states that nurses should listen to people and respond to their concerns. This article provides information that nurses can draw on in developing their communication practice to help older people feel listened to and valued.
- Information is provided in this article about the specific needs of older people so that nurses can communicate clearly, which is an important aspect of practising effectively.
- The Code states that nurses must preserve patient and public safety. This article supports nurses to communicate effectively with older people so that they can recognise situations in which older people may be at risk and take the appropriate action.
- This article supports the development of communication competencies that nurses can demonstrate to others, with a view to developing communication with older people. Acting as a role model in this way promotes professionalism and trust, which are both major themes of the Code.
Introduction
There are almost 12 million people aged 65 or over in the UK, of whom 1.6 million are aged 85 or over (Office for National Statistics 2018). The over-85 population is 2.7 times greater than it was in 1971 and is expected to continue to grow (Public Health England (PHE) 2018). Meanwhile, the over-75 population is projected to double in the next 30 years and nearly one in five people in the UK will live to see their 100th birthday (Department for Work and Pensions 2011). However, even though people are living longer, they do not always do so in good health.

In the UK, living longer in poor health is a particular problem for women, who on average are in worse health than those in other parts of Europe (PHE 2018).

Older people with long-term health conditions need to make contact with healthcare services more often, for example to undergo health screening or chronic disease management. Therefore, nurses need to be able to communicate effectively with older people, and should have the appropriate knowledge and skills to ensure they feel they are being listened to, understood and cared for.

For the purposes of this article the term ‘older people’ is defined as those aged over 60 years, in line with the World Health Organization definition (WHO 2016). However, it is acknowledged that definitions of the age at which adults are defined as ‘older’ vary among different cultures and that older people are not a homogeneous group (Phillipson 2013).

Communication
Communication can take many forms. At their most basic, verbal communication is the interaction between people using noises or words, while non-verbal communication is the use of hand gestures, body language and eye contact (Croston 2018). Basic communication skills are needed for social interaction, and help communication on an instinctive and primitive level. However, there is a difference between social interaction and therapeutic communication, which is commonly required in more formal situations.

Therapeutic communication can be described as a person-centred interaction that involves a nurse using eye contact, open body language, active listening and physical contact. Empathy, silence and respect for the other person are also important aspects of therapeutic communication, along with nurse well-being (Stockmann et al 2018). Hammar et al (2017) suggest that building relationships involves three separate subcategories of communication. These are:

» Seeing the individual.
» Being respectful.
» Showing empathy and compassion. These subcategories are complex. Being respectful, for example, requires an ability to tailor communication to the individual, while at the same time respecting the individual’s dignity and showing compassion. Using therapeutic communication to tailor messages to the individual can support the delivery of health-related knowledge, thereby promoting health and well-being (Williams 2013).

Effective communication is central to the development of a therapeutic relationship, although the tendency of professionals to link older age with poor cognition, weakness and resistance to change (Schroyen et al 2018) can have an adverse effect on the process. For an older person, the ability to communicate effectively with another person is central to self-esteem, identity and quality of life (Tolson and Brown-Wilson 2012); for the professional, effective communication is essential to understand and assess the older person, and promote their health (Hafskjold et al 2016). However, communication with older people can sometimes be ineffective and based on a transactional model, such as the performance of medical tasks, rather than a person-centred model.

Older people have reported being treated with a lack of respect by, and receiving insufficient information and negative attitudes from, nursing staff, all of which can adversely affect the communication exchange (Hanson 2014, Harrison et al 2016). Communication must be effective to enhance the quality of care provision and to identify potential serious issues, such as abuse.

Good communication
Listening to older people is central to the promotion of person-centred care and dignity (Dickson et al 2017). Listening effectively requires self-awareness, and an ability to focus on the older person and what they are saying. Trevithick (2012) describes the skills and characteristics associated with listening to the older person, including eye contact, an open body posture and the ability to notice cues or key phrases. Moss (2012) identifies three skills nurses can use to show they are listening attentively to what an older person is saying (Table 1). It is important that these are used sensitively, not mechanically.
TIME OUT 1
Attentive listening

Think about some recent conversations you have had with older people in your practice setting. How did you show that you were listening attentively to them? List three actions you could take to develop your active listening skills in practice. This may involve discussing your practice with a colleague or using role play activities to practice your skills in a safe environment.

Nurses’ awareness of their strengths and limitations during interactions with others is central to effective communication. For example, being able to discuss nutrition with an older person may be straightforward, but exploring their faith or sexuality can prove more challenging. Exploring areas for development through reflective activities enables nurses to be more involved in the therapeutic relationship, and can enhance self-confidence and growth (Ellington et al 2017).

Self-awareness is a central part of emotionally intelligent practice, a concept that is important to the development of interpersonal skills and relationships with others (McQueen 2004). In their seminal work Salovey and Mayer (1990) state: ‘Emotional intelligence can be defined as the capacity to process emotional information accurately and efficiently, including that information relevant to the recognition, construction, and regulation of emotion in oneself and others.’ For example, working with older people often places nurses in emotionally difficult situations, such as dealing with distress, safeguarding issues or care at the end of life.

To act appropriately in these situations, it is important that nurses can recognise others’ and their own emotions. A nurse caring for an older person at the end of life may be reminded of the loss of a member of their own family, for example, but remembering such feelings of sadness can support an empathic response. However, there may be occasions when nurses’ feelings of grief influence them in a negative way so that their emotions take over, making them incapable of caring for others.

Nurses need to be able to recognise emotions, and manage them in a calm and professional manner. Over time, reflective practice can support them in this developmental area. Thompson (2006) suggests some guidance for dealing with emotionally difficult situations using the acronym SARAH (Table 2).

TIME OUT 2
Emotional intelligence

Developing emotional intelligence is important for effective communication with others. Identify three actions you intend to take to explore emotional intelligence further. These can include reading books on the topic or taking a free online assessment about emotional intelligence. Write down these actions and put them somewhere you are likely to see them regularly until you have completed them.

<table>
<thead>
<tr>
<th>Table 1. Three skills for attentive listening</th>
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<tbody>
<tr>
<td>Summarising</td>
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<td>Paraphrasing</td>
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<td>Clarifying</td>
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(Adapted from Moss 2012)

<table>
<thead>
<tr>
<th>Table 2. Guide to dealing with emotionally difficult situations: SARAH</th>
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<tbody>
<tr>
<td>Stop talking</td>
</tr>
<tr>
<td>Actively listen</td>
</tr>
<tr>
<td>Reflect content</td>
</tr>
<tr>
<td>Act with empathy</td>
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<td>Handle objections</td>
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(Adapted from Thompson 2006)
Effects of ageism

It is important that nurses communicate effectively with older people to ensure their needs are met, although negative stereotyping of older people can hinder this process. WHO (2019a) describes ageism as the ‘stereotyping, prejudice, and discrimination against people on the basis of their age’. According to a report by Age Concern (2008), one in three people surveyed considered older people to be ‘incompetent’ and ‘incapable’.

While most healthy older people do not lose the ability to communicate effectively, ageism remains a problem, with millennials holding the most negative attitudes towards ageing (Royal Society for Public Health (RSPH) and Calouste Gulbenkian Foundation 2018). Ageism is harmful because it can lead older people to feel marginalised and excluded from society, which has detrimental effects on their health and well-being.

If nurses stereotype older people and make age-based assumptions about their ability to communicate, they can lead older people to apply such stereotypes to themselves (RSPH and Calouste Gulbenkian Foundation 2018), thereby lowering their expectations and perhaps failing to maximise their potential. Nurses who speak slowly, use patronising language and simplify sentences – a practise described as ‘elderspeak’ – can lower older people’s self-esteem and make them feel powerless (Ryan and Butler 1996). Some nurses speak to older people too loudly, even though only one third of people over 65 have hearing deficits (WHO 2019a, 2019b).

A more helpful approach to interaction is described in the Communication Enhancement Model, which focuses on communication in health promotion (Ryan et al 1995). The model promotes an advocacy and partnership approach to decision-making, and takes into consideration the preferences of the older person when deciding on care. It supports facilitating interactions that match the level and needs of the older person, rather than assuming that all older people behave the same way, thereby promoting an egalitarian approach to care. Nurses using this model can develop the ability to:

» Continually assess the older person.
» Recognise cues on an individual basis.
» Modify their communication to accommodate individual needs.

This approach is cyclical, empowers the person involved in the conversation and supports positive changes in their sense of well-being.

TIME OUT 3

Enhancing communication

Identify how your perceptions of ageing may have influenced how you communicated with an older person. Did you assume anything about them before speaking to them? Review the ideas described above and consider how your practice could be developed in the future. How often do you continuously assess, recognise cues and modify your communication accordingly? Observations by, and feedback from, colleagues may help you with this.

Important changes

It is important to remember that older people are not a homogeneous group, but have a wide range of life experiences that influence their perception of illness and their ability to communicate with healthcare professionals. Waterworth et al (2018) found that older people, especially those with multiple health conditions, may attribute symptoms to ageing, which can deter them from contacting health professionals. Nurses should be mindful of personal and cultural differences, and understand older people’s individual preferences for care, while considering biological and social changes that can influence communication during consultations.

As people age their appearance changes. Physiological changes occur in all body systems, and cells and organs function differently. Older people experience changes in hearing and vision, and while many healthy older people remain cognitively alert, those who have a neurodegenerative disorder, such as Parkinson’s or Alzheimer’s disease, or who have had a stroke, notice changes in brain functioning that can cause difficulties in speech and cognition. Dysarthria, dysphonia and aphasia, as well as difficulties with reading, writing, regulating thinking and behaviour, and recall, can all impair an older person’s ability to communicate effectively with others.

Dementia is predominantly a disease of older people, with about 20% of those affected aged 85 or over (Alzheimer’s Society 2014). The degenerative nature of dementia means that people can progress from forgetting the names of people, places and objects to complete loss of language, and decreased recognition of family and self. They may experience delusions and hallucinations, and present as aggressive and agitated, or withdrawn and overly compliant (Yorkston et al 2010).

Recognising how such problems can affect communication in people with dementia is the first step to developing a therapeutic relationship with them, while a lack of...
The older a person is, the more likely they are to have dual-sensory loss or multisensory impairment (Royal National Institute of Blind People 2019), increasing the difficulties they face when communicating with others.

While depression is not an inevitable consequence of ageing, the Royal College of Psychiatrists (2014) reports that depression can affect one in five older people living in the community and two in five living in care homes. This can result in problems with motivation, attention and memory, all of which can have a negative effect on communication.

Life changes, such as bereavement, retirement and ill health, can be associated with feelings of anxiety and distress, and older people with depression may present as tired, irritable, withdrawn or confused. They may also be reluctant to share concerns with nurses, and struggle to verbalise their preferences for care and support. This reluctance may have nothing to do with getting older, however. It should be remembered that older people have different life experiences and personality types, and just as some younger people do not want to share their concerns, neither do some older people; this is a preference related to personality, not age.

Considering communication from a person-centred perspective, rather than one which focuses on ‘being old’, can help nurses to communicate with the individual, whether they are older or not. Being vigilant to stereotypes associated with ageing and seeing everyone as an individual can enhance communication so that it is truly effective.

Having the ability to communicate well with older people is important when assessing pain, which becomes more complex as people age. Accurate assessment of pain can be made more difficult by communication barriers, including cognitive decline and sociocultural factors (Schofield 2018). Some older people may find it difficult to express their pain in ways others can understand. They may also feel disempowered, afraid or hindered by organisational barriers, such as time and place of care.

Pain is driven by biological, biopsychosocial and social forces (Hadjistavropoulos et al 2011), including chronic loneliness, which also affects many older people (Davidson and Rossall 2015). Social isolation has also been linked to cognitive decline and mental health conditions, such as depression and dementia (Landeiro et al 2017).

Changes in vision in older people include reduced visual acuity and presbyopia, as well as disorders such as glaucoma, retinopathy, cataracts and macular degeneration. Age-related hearing loss, or presbycusis, is common in older people, who can also experience tinnitus, conductive hearing loss and difficulty hearing high-frequency sounds such as ‘t’, ‘s’, ‘th’, ‘sh’ and ‘ch’. Many older people struggle to hear above loud background noise and mechanical issues, such as impacted earwax or hair growth in the ears, can further impair hearing.

Understanding of the disease process can lead to communication breakdown. People with dementia may be labelled as ‘difficult’, or be ignored or treated inappropriately, which reduces the number of opportunities to develop effective therapeutic relationships.

Cognitive abilities are the mental skills people need to carry out any task. They include awareness, information handling, memory and reasoning. Cognitive changes occur naturally with age, and so older people tend to experience more difficulties processing information (Williams 2013), and forming or recalling new memories. They may also have difficulties dividing their attention, for example when talking on the phone while watching a television programme (Alzheimer’s Disease Research Center 2019). If it seems as if an older person is uninterested in their health, they may simply need more time to process what is being said to them. Older people are often interested in making health-related changes, for example to their diet or exercise regimen, but need supplementary information, such as written leaflets, that they can take home to read and process later.

Cognition can also be influenced by other factors. For example, medication for conditions such as diabetes, hypertension, anaemia and constipation have been shown to affect cognitive performance, while some prescribed medications can cause fatigue and confusion (Nevado-Holgado et al 2016). Cognitive impairment has also been associated with polypharmacy (Jyrkkä et al 2011, Langeard et al 2016). Defined as the administration of many drugs together, polypharmacy in older people is a growing aspect later.

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Enhancing communication in practice

Improving communication with older people results in enhanced therapeutic relationships, better care and improved outcomes, or the ability to ‘cure even with words’ (Marcinowicz et al 2014). It is important that barriers to meaningful communication are identified early and, while it might not be feasible to remove them all, organisational and environmental factors may be modifiable to support more successful interactions. Some of the barriers to be considered when communicating with an older person are set out in Table 3.

Once barriers have been modified, and practitioners are connected emotionally and physically to the older person, meaningful communication can begin. A person-centred approach involves overcoming barriers pertaining to the older person, while considering their strengths, abilities, cultural norms and values.

Even older people who lack capacity under the Mental Capacity Act 2005 in England and Wales, Adults with Incapacity (Scotland) Act 2000 or Mental Capacity Act (Northern Ireland) 2016 can, with respect and thoughtfulness, benefit from personalised care. Practitioners who adopt person-centred approaches to communication should be mindful of their verbal and non-verbal skills. General strategies that support person-centred communication are outlined in Box 1.

Table 3. Barriers to effective communication

<table>
<thead>
<tr>
<th>Environmental barriers</th>
<th>Organisational barriers</th>
<th>Nurse-related barriers</th>
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</thead>
<tbody>
<tr>
<td>Interruptions</td>
<td>Inflexible appointment systems</td>
<td>Ageist attitudes</td>
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<tr>
<td>Lack of privacy</td>
<td>Lack of staff training</td>
<td>‘Elderspeak’</td>
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<tr>
<td>Limited physical access</td>
<td>Mode of communication, such as telephone instead of face-to-face consultations</td>
<td>Giving too much information at once</td>
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<tr>
<td>Presence of medical equipment</td>
<td>Short appointments</td>
<td>Interrupting the older person when they are talking</td>
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<tr>
<td>Noise</td>
<td>Staff shortages</td>
<td>Lack of professional knowledge</td>
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<tr>
<td>Poor lighting</td>
<td></td>
<td>Medical jargon</td>
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<tr>
<td>Uncomfortable room temperature</td>
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<td>Misuse of power</td>
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<tr>
<td>Unfamiliar environment</td>
<td></td>
<td>Poor eye contact</td>
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<tr>
<td>Untidy or unhygienic environment</td>
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<td>Poor listening skills</td>
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<tr>
<td></td>
<td></td>
<td>Speaking too quickly</td>
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<tr>
<td></td>
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<td>Unfriendly or disrespectful attitudes</td>
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Box 1. Person-centred communication strategies

- Get to know the person. What are their wishes and preferences for care? What are their values, beliefs and cultural norms?
- Focus on the older person’s needs rather than the needs of the service
- Identify the perceived barriers to communication and modify them as much as possible
- Be self-aware so that personal barriers can be addressed
- Use appropriate communication methods to empower the older person to participate in their own care and be a partner in any decisions made
- Be prepared to negotiate and compromise
- Avoid assumptions about older people’s capacity to communicate effectively
- Make appropriate adjustments to accommodate any physical or cognitive changes that can affect meaningful communication
- Prioritise the older person’s safety, comfort and well-being
- For older people who lack capacity, engage with trusted family and friends and consider any communication with advance directives

FURTHER RESOURCES
MindTools online questionnaires to test emotional intelligence are available from www.mindtools.com/pages/article/ei-quiz.htm
Nursing and Midwifery Council reflective practice templates are available from revalidation.nmc.org.uk/download-resources/forms-and-templates
Technology and enhanced communication

Communication with older people is not restricted to face-to-face interventions, and digital health technology is set to have a growing effect on how health professionals communicate. This technology encompasses a wide range of applications and interventions with the potential to improve the health needs of older people.

The NHS ten-year plan (NHS England 2019) aims to make digital access to services more straightforward to enable older people and their carers to manage their health. Digital health technology is fast becoming an integral part of communication in health and social care services, with perceived benefits for older people’s physical and mental well-being (King’s Fund 2016).

While not every older person will want to engage with technology as a form of communication, and others will need support to cope with technological advances, it is important not to make assumptions about older people’s abilities in this area. Some older people will want to use technology, and may have acquired sophisticated skills and a good level of ability. Data from Age UK (2018) reveal a significant rise in the proportion of older people using the internet for communication, with the greatest activity in those aged 65-74.

Innovative technologies, such as pulse oximeters, blood pressure monitors and blood glucose meters, are helping older people manage their conditions more effectively. Health and fitness apps on smartphones and tablets also have the potential to improve health and well-being. Access to personal health records supports older people’s independence, empowers them to take control of their health (Ham 2018) and can even reduce isolation. Meanwhile, improved contact and communication with older people through initiatives such as Patient Online – an NHS England programme to support GPs to give people access to their GP records, book appointments and order prescriptions online – enable them to have more control over when they see their GPs or practice nurses.

Such interventions can support older people to access clinical correspondence, such as hospital discharge summaries, outpatient appointment letters and referral letters (NHS 2016), while medication reminders and safety alerts by text, email or smartphone apps can reduce hospitalisation. Other general benefits of technology include better communication and coordination between older people and care providers, reduced caregiver burden, and increased overall patient satisfaction (Center for Technology and Aging 2011).

Conclusion

As the number of older people grows, effective communication has become an increasingly important aspect of nursing practice. Older people are not only living longer, but are often living with multiple co-morbidities and need to access healthcare more frequently than ever before.

Communication with the older person can sometimes be difficult due to the effects of ageing, including hearing and sight loss, but organisational, cultural and nurse-related barriers to communication can often be mitigated by changes to practice. Such changes can have an empowering effect because, when communication is effective, older people feel cared for, respected and more capable of describing their concerns.

Ongoing personal reflection is important if nurses are to remain self-aware and resist stereotypes of older age, which can be detrimental to the care of older people. Monitoring their communication style so that it is therapeutic in nature rather than transactional can make the care of older people more effective while enhancing nurses’ well-being and health.

Ultimately, effective communication gives nurses opportunities to truly get to know another person, regardless of their age, not just as they are now but in terms of their past experiences. Such knowledge supports growth in the older person and in the nurse.
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Contact editor Lisa Berry at lisa.berry@rcni.com
Effective communication with older people

TEST YOUR KNOWLEDGE BY COMPLETING THIS MULTIPLE-CHOICE QUIZ

1. Therapeutic communication involves:
   a) Good eye contact
   b) Open body language
   c) Physical contact
   d) All of the above

2. Which of the following is not one of the skills for attentive listening?
   a) Summarising
   b) Interrupting
   c) Clarifying
   d) Paraphrasing

3. The acronym SARAH represents guidance that aims to help people deal with emotionally challenging situations. What does ‘S’ represent?
   a) Start listening
   b) Stop talking
   c) Start learning
   d) Stop listening

4. An unhelpful approach to communication with an older person may involve:
   a) Always speaking slowly
   b) Assessing them as an individual
   c) Adapting to their individual needs
   d) Seeing them as partners in their care

5. Which of the following statements is true?
   a) The older someone is, the less likely they are to have multisensory impairment
   b) Older people rarely experience age-related hearing loss
   c) Impacted earwax can impair older people’s hearing
   d) Cataracts are uncommon in older people

6. An example of an environmental barrier to effective communication is:
   a) Inflexible appointment systems
   b) Medical jargon
   c) Staff shortages
   d) Noisy clinical settings

7. Person-centred communication strategies with older people might involve:
   a) Avoiding assumptions about their capacity to communicate effectively
   b) Giving too much information at once
   c) Speaking too quickly
   d) Prioritising staff safety, comfort and well-being

8. Smartphone apps have the potential to improve patient safety through:
   a) Increasing use of acute hospital services
   b) Reminding people to take medication
   c) Increasing social isolation
   d) Disempowering people to take control of their health

9. A person-centred approach to help older people make health-related changes to their diet is:
   a) Asking them to watch a manufacturer-devised video during a consultation
   b) Providing a written leaflet for them to take home and read after a consultation
   c) Directing them to a website for health professionals
   d) Advising them that it is too late to make changes because of their age

10. A nurse-related barrier to effective communication is:
    a) Telephone consultations
    b) Untidy environments
    c) Poor listening skills
    d) Short appointments

How to complete this assessment

This multiple-choice quiz will help you test your knowledge. It comprises ten multiple choice questions broadly linked to the previous article. There is one correct answer to each question. You can read the article before answering the questions or attempt the questions first, then read the article and see if you would answer them differently.

When you have completed the quiz, cut out this page and add it to your professional portfolio. You can record the amount of time it has taken you to complete it.

You may want to write a reflective account. Visit rcni.com/reflective-account.

Go online to complete this multiple-choice quiz and you can save it to your RCNi portfolio to help meet your revalidation requirements. Go to rcni.com/cpd/test-your-knowledge.

This multiple-choice quiz was compiled by Lisa Berry.

The answers to this quiz are:

1. a
2. b
3. a
4. c
5. b
6. c
7. a
8. a
9. b
10. c

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10. c

This activity has taken me ___ minutes/hours to complete. Now that I have read this article and completed this assessment, I think my knowledge is:

 Excellent [ ]  Good [ ]  Satisfactory [ ]  Unsatisfactory [ ]  Poor [ ]

As a result of this I intend to: ___________________________