Effective communication with older adults

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Conflict of interest
None declared

Abstract
Communication is an essential aspect of life, yet it can be taken for granted. Its centrality to being in the world and in professional practice often becomes evident when nurses and older adults encounter communication difficulties. The factors that can affect nurses’ communication with older adults relate to the older adult, the nurse, sociocultural considerations and the environment, and the interactions between these factors. In adopting a person-centred approach to communicating with older adults, it is necessary to get to know the person as an individual and ensure communication meets their needs and abilities. Effective communication is essential in nursing practice and requires professional competence and engagement. This article can be used by nurses to support effective communication with older adults across the continuum of care.

Keywords
communication, communication strategies, dementia, hearing impairment, older adults, person-centred care, therapeutic relationships, vision impairment

Aims and intended learning outcomes
This article aims to explore communication between nurses and older adults, with an emphasis on promoting effective communication in practice. After reading this article and completing the time out activities you should be able to:
» Discuss the importance of effective communication with older adults as part of person-centred nursing care.
» Explain the factors that can affect communication with older adults.
» Outline strategies to promote effective communication between nurses and older adults.
» Identify your strengths and potential learning requirements for your professional development in relation to communicating with older adults.

Relevance to The Code
Nurses are encouraged to apply the four themes of The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives to their professional practice (Nursing and Midwifery Council (NMC) 2015). The themes are: Prioritise people, Practise effectively, Preserve safety, and Promote professionalism and trust. This article relates to The Code in the following ways:
» It emphasises the importance of communicating with older adults in a way that is dignified and respectful. This relates to the theme of prioritising people, which states that nurses must treat people with respect and maintain their dignity.
» The Code states that nurses must communicate clearly, in a way that people in their care can understand. This article provides general and specific strategies that nurses can use to communicate with older adults.
» It states that communication is essential to meet the care needs of older adults. As part of the theme of prioritising people,
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The Code states that nurses must ensure that patients’ needs are assessed and responded to.

> The Code states that nurses must use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people’s personal and health needs. This article outlines the factors that might affect communication and ways to overcome or reduce communication difficulties.

**Introduction**

Communication is an essential aspect of people’s lives. For older adults, communication may be central to their identity and self-esteem, social support and quality of life (Tolson and Brown Wilson 2012, Allan and Killick 2014). The ability to communicate and be understood, respected and responded to in a dignified and person-centred way is fundamental to the person’s well-being.

While many older adults live healthy, active and engaged lives in their communities, the prevalence of chronic conditions and multimorbidity is rising, in association with increased longevity (World Health Organization 2015). Consequently, nurses are caring for increasing numbers of older adults across the continuum of care, some of whom have complex care needs. Effective communication is central to providing care for these people.

Palmer et al (2016) asserted that there is considerable evidence to indicate that conditions that affect communication in later life have an adverse effect on social relationships. They analysed data from a national survey, which indicated that challenges associated with communication are linked to a decreased social network size, diminution of positive social exchanges, reduced participation in social activities and increased feelings of loneliness. In addition, older adults can encounter challenges associated with communication with and within healthcare (Hindle et al 2011).

Nursing practice is based on the fundamental premise of skilled, effective communication (NMC 2015), and nurses require knowledge and competence to engage in communication in practice. However, the evidence exploring nurse-to-older-adult communication suggests this aspect of nursing can be suboptimal, and there is a requirement for further support and enhanced communication skills (Park and Song 2005, Clarke and Ross 2006, McGilton et al 2009). This article explores the factors that can affect communication with older adults, and ways in which nurses can address these challenges in practice.

**Process of communication**

The process of communication is dynamic and cyclical, involving the transmission, receiving and interpretation of messages between people via verbal and non-verbal means (McCabe and Timmins 2013). Communication has several purposes, including to make oneself heard, understood or accepted, to ask for assistance and to affect action (Stanton 2009). Therefore, it is important for nurses to appreciate the intentional nature of communication, so that the purposes and perspectives of all individuals involved in interactions are respected and valued. Communication may be informal and unstructured for social purposes, or formal for therapeutic purposes, that is, specifically intended to improve the health status and promote well-being of people (Williams 2016).

The linear model of communication states that, at a basic level, communication involves a message sender, a message and a message receiver (Webb 2011). However, this model does not account for the complexity of the context in which communication occurs and assumes clarity on behalf of the sender (Webb 2011).

Other communication theories are broader, accounting for the continuous nature of communication, factors that affect communication, noise or interference, and the importance of feedback to effective communication (Webb 2011, McCabe and Timmins 2013). Overall, communication theories demonstrate that communication is complex and multifactorial.

le May (2006) demonstrated the complexity of communication by
illustrating that messages are processed through:
» Sensory channels – hearing, seeing, touching, feeling, smelling, tasting.
» Motor channels – speech, facial expression, touch, gesture.
» Cognitive channels – comprehension, memory, attention, thought, decision-making.
» Psychological functions – emotional state and feelings.
» Social functions – interpersonal relationships and expectations.
Changes in one or more of these five areas will affect communication. Older adults may experience communication difficulties in relation to receiving incoming messages and/or with outgoing replies. It is necessary for nurses to identify the purpose of communication and the cause of any communication difficulties, as a basis for effective person-centred care planning (Tolson and Brown Wilson 2012).

TIME OUT 1
List five factors that may affect communication with older adults, and consider what you could do to reduce the effects of these factors in your practice. You might wish to discuss this with a colleague.

Factors affecting communication with older adults
The factors that can affect nurses’ communication with older adults can be understood as being related to the older adult, the nurse, sociocultural considerations and the environment. It is the interactions between these factors that represent the lived experience of communication for the nurse and older adult (Table 1).

Older adult-related factors
Age-related hearing loss (presbycusis) is one of the most common conditions experienced by older adults and its prevalence increases with age (Tolson and Brown Wilson 2012, Holmes 2014). The potential types of hearing impairment in older adults can include (Hindle et al 2011, Tolson and Brown Wilson 2012, Williams 2016):
» Age-related reduced ability to hear at high frequency.
» Sensorineural hearing loss.
» Conductive hearing loss.
» Mixed hearing loss (combination of sensorineural and conductive hearing loss).
» Cerumen (ear wax) impaction.
» Tinnitus.

Action on Hearing Loss (2013) estimated that in the UK, more than 70% of 70 year olds experience hearing loss, and this figure rises to 90% of those over 80 years old. Despite the effects of hearing impairment on quality of life and interpersonal interactions, it can take up to a decade of living with hearing impairment before a person identifies the issue and seeks a diagnosis (Davis et al 2007, Bennion and Forshaw 2013). This is a cause for concern, because the effects of hearing impairment for older adults may include embarrassment as a result of miscommunication, social isolation and withdrawal, and reduced daily functioning (Hindle et al 2011, Bennion and Forshaw 2013).

Vision loss affects one in five adults over the age of 75 years and one in two adults over the age of 90 years (Royal National Institute of Blind People 2016).

<table>
<thead>
<tr>
<th>TABLE 1. Factors affecting nurse-to-older adult communication</th>
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<tr>
<td>Older adult-related factors</td>
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<td>» Hearing impairment</td>
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<td>» Vision impairment</td>
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<td>» Cognition</td>
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<td>» Other conditions</td>
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The potential types of visual change and causes of vision impairment in older adults include (le May 2006, Hindle et al 2011, Royal National Institute of Blind People 2016):

- Increased sensitivity to glare or light.
- Reduced visual acuity.
- Presbyopia (loss of elasticity of the lens of the eye).
- Macular degeneration, leading to central vision loss.
- Glaucoma, leading to side or peripheral vision loss.
- Cataracts.
- Diabetic retinopathy.

Vision impairment can result in challenges undertaking daily activities, including communication. It can also have psychosocial consequences, including an increased risk of depression and anxiety (Kempen et al 2012, Wahl 2013).

Older adults with hearing impairment may read lips and observe a person’s facial expressions as compensatory mechanisms. However, many older adults experience both hearing and vision impairment (Hindle et al 2011). When loss of both of these senses occurs, nurses should consider the potential for cumulative effects on the person.

Cognitive changes are known to be associated with ageing. For example, thought processing naturally slows with age (Williams 2013). Therefore, it may be necessary for nurses to use slower speech when communicating with older adults and provide additional time to enable these individuals to process and respond to communication. Conditions such as delirium and dementia can have significant effects on communication, and require specific interventions to meet individual needs (National Institute for Health and Care Excellence 2010, de Vries 2013). For example, older adults with dementia may experience cognition or language difficulties (Williams 2016). These can include reduced attention span and ability to retain information, distressed behaviours and aphasia, as well as difficulties with language comprehension and expression (Allan and Killick 2014, Cohen-Mansfield 2014).

In addition, the occurrence of chronic conditions and multimorbidity increases in later life and may have a direct effect on communication. For example, a stroke might result in aphasia, dysarthria or apraxia of speech (Stroke Association 2015).

Nurse-related factors
A range of factors may influence nurses’ communication with older adults. Clarke and Ross (2006) explored nurse-to-older adult communication in palliative and general medical care. They identified that communication with older adults may be influenced by nurses’ perceptions and experiences of communicating with older adults, experiential learning from interdisciplinary colleagues, and differences in values between nurses, patients and families. How nurses perceive themselves in relation to, and attune themselves to, relating to older adults might also affect the effectiveness of communication (Carris-Verhallen et al 1999).

Tolson and Brown Wilson (2012) suggested that nurses should view themselves as communication partners with older adults, because this may promote equality and joint responsibility in interactions. Nurses’ knowledge, self-awareness and reflective engagement are also important. Therefore, it is necessary for nurses to be aware of their feelings, actions, values and beliefs, so that they can understand how these might affect their interactions with others (McCabe and Timmins 2013).

TIME OUT 2
Think of a nursing colleague who you consider demonstrates skilled communication with older adults. What characteristics does this person display that demonstrate effective communication? Reflect on your interactions with older adults. Think about an interaction with an older adult where you communicated effectively, and an interaction that was less effective. Compare and contrast the characteristics of these interactions with those of your colleague. What improvements could you make to these interactions?

Sociocultural-related factors
McCabe and Timmins (2013) stated that the balance of power in relation to nurses and older adults can be perceived as
resting with the nurse. This could mean that the older adult is perceived to be vulnerable and dependent, something that is inconsistent with person-centred care and could have a negative effect on the therapeutic relationship between nurses and patients. Nurses and older adults are also likely to be from different generations, and increasingly from different cultures, both of which can lead to differences in their understandings, outlooks, traditions, communication practices and experiences. Effective communication and cultural competence are necessary to overcome any intergenerational and cultural differences (Williams 2013, Williams 2016).

Ageism can also negatively affect older adults’ self-perception, experiences of ageing, and healthcare, as well as nurses’ willingness to choose care for older adults as a career and the status ascribed to this specialty (Kagan and Melendez-Torres 2015). Ageism can lead to stereotyping of older adults and a consequent devaluing of an older person’s citizenship, for example through the use of inappropriate language or a failure to include the person in decisions about their care. This could lead to one-sided communication, in which older adults are not supported or given the opportunity to express their needs or opinions, particularly in fast-paced healthcare environments.

**Environment-related factors**

Physical environmental considerations that can affect interactions between nurses and older adults include lighting, temperature, distance between communication partners, location, familiarity with the physical space and its contents, and distractions such as noise and level of privacy. The availability, appropriateness and effective use of communication supports and aids are additional nursing considerations. It has been suggested that situational factors present in the environment may also affect the nature and effectiveness of nurse-to-older adult communication, for example organisational constraints, time pressures and staffing (Carris-Verhallen et al 1999, Clarke and Ross 2006).

**Role of the nurse in promoting person-centred communication with older adults**

McCabe and Timmins (2013) asserted that ‘the basis for communication lies in sharing a common existence with others but with each as a unique individual within the mix of human life’. This emphasises the importance of using a person-centred approach to underpin communication in nursing. Person-centredness is defined as a humanising approach to health and social care that respects individual biography and places the person at the heart of nursing care, with the emphasis on enabling the realisation of the person’s choices, goals and abilities (McCormack et al 2015).

Placing person-centredness at the heart of communication supports older adults’ participation in their care (Williams and Mees 2014). It is important that the nurse is aware that older adults are not a homogenous group and it is necessary to avoid making general assumptions when caring for these individuals. Instead, the onus is on the nurse to embrace diversity, get to know the older adult as an individual and establish the purpose of the older adult’s communication, while establishing, supporting and maintaining a therapeutic relationship. Tolson and Brown Wilson (2012) stated that it is paramount for nurses to extend their gaze beyond the immediate interaction and to perceive the significance of communication in the broader context of the older adult’s life and those who support the person.

**TIME OUT 3**

To communicate effectively with an older adult, it is important to appreciate the person’s unique perspective and circumstances. Think about an older adult for whom you are caring or have cared for, and consider:

» What do you know about this person? For example, their wishes and desires, abilities and needs. How did you acquire this knowledge?

» How might what you know about the person actively inform your next interaction with them?

» Do you think you know enough about the person to communicate in a way that provides person-centred care? If not, what further knowledge do you need to acquire, and how will you acquire it?
Promoting effective communication with older adults

Highly skilled communication is essential to promote the well-being of older adults. Williams (2013) stated that: ‘Fine-tuning communication skills to better connect interpersonally with older adults is one way to improve the quality of care and quality of life for older adults.’ According to Tolson and Brown Wilson (2012), while there are no rigid rules by which to communicate, there are strategies and evidence that can be implemented in practice to support communication for older adults encountering challenges associated with communication linked to their age or chronic conditions. Such strategies can be general or those specific to particular communication difficulties. Box 1 outlines some of the general strategies that nurses can use to support effective communication with older adults.

The use of the senses is central to effective communication (Williams 2016). Previously this article discussed examples of sense-related factors that can affect the older adult’s ability to communicate. Together with the general strategies that can enhance communication with older adults, there are also specific strategies that nurses can use with older adults who have vision or hearing impairment as shown in Box 2.

While it is paramount to implement nursing interventions that promote effective communication with older adults,

**BOX 1. General strategies to support nurses’ communication with older adults**

» Consider the environment in which the interaction is to occur:
  — Reduce sources of background noise, for example turn off the television, or move to a more suitable area
  — Ensure privacy, for example close doors or draw curtains
  — Ensure adequate light by using available sources and reduce glare

» Consider issues relating to the timing of the interaction, for example if the person is tired or requires pain management, whether visitors are present

» Use the older person’s preferred name and introduce yourself

» Position yourself at the same level as the person

» Get to know the person

» Lead into the conversation before transitioning to more focused or serious subjects

» Allow sufficient or increased time for the person to respond, and pace your communication to match theirs

» Use touch appropriately, while respecting personal and cultural preferences and monitoring the person’s responses

» Ensure your verbal and non-verbal communication is consistent

» Attend to the person’s verbal and non-verbal communication using active and compassionate listening

» Consider the vocabulary and complexity of language you use and ensure it is appropriate for the person with whom you are communicating – not too simple and not too complex

» When asking the person a question, ensure it is clear and specific

» Ensure the person understands what is being communicated, and that other healthcare professionals understand what the person is communicating. Seek clarification if necessary

» Remain focused. When changing topics, avoid doing so too quickly

» Provide the person with supportive information in accessible formats


**BOX 2. Specific strategies to support nurses’ communication with older adults who have vision or hearing impairment**

**Vision impairment**

» Ensure that known vision impairment is noted in the person’s records and care plans

» Make yourself known when approaching the person and indicate when you are leaving

» Provide verbal indications relating to nursing actions

» Ensure the person’s glasses are within their reach and clean

» Provide orientation to the environment

» Ensure call bells are accessible and functioning

» Adjust lighting to ensure it is glare-free and provide bedside and night lights

» Ensure personal objects are within the person’s visual field, in reach and consistently placed in the same locations

» Label objects for the person’s use

» Ensure that information provided is accessible

**Hearing impairment**

» Ensure that known hearing impairment is noted in the person’s records and care plans

» Greet the person by their preferred name to gain their attention

» Prepare the environment, for example reduce background noise

» Position yourself appropriately, for example if the person has a more functional ear, position yourself on that side

» Ensure hearing aids are clean, turned on and in place

» Face the person so that your face is in their view, to enable them to lip-read and interpret non-verbal communication

» Ensure your hands are not obscuring your face or mouth

» Pace your speech and speak distinctly

» Rephrase what you are saying using alternative wording if it is not understood

» Use hearing support aids as appropriate.

(Hindle et al 2011, Royal National Institute of Blind People 2016, Williams 2016)
it is equally important to avoid actions that can negatively affect the nurse-to-older adult therapeutic relationship. Box 3 outlines actions that nurses should avoid when communicating with older adults.

TIME OUT 4
Consider the following scenario. You are mentoring a nursing colleague who has limited experience in caring for older adults. An older adult who has a urinary tract infection and has been diagnosed with dementia has been admitted to your care. What advice would you give to your colleague to assist them in communicating effectively with the person? You may wish to read the Alzheimer’s Society (2016) factsheet relating to communicating with people with dementia available at: www.alzheimers.org.uk/download/downloads/id/1789/factsheet_communicating.pdf.

Conclusion
Effective communication has several purposes. It is central to supporting and respecting the older adult, and is at the heart of nurse-to-older adult therapeutic relationships. Therefore, effective communication is a skill that is critical to the nursing role. However, effective communication can be complex; it requires conscious, compassionate and competent nursing interventions, underpinned by a person-centred approach to care.

Effective nursing communication has the potential to support well-being in older adults. However, to achieve this, it is vital that nurses are aware of their own communication abilities and the factors that might affect communication between themselves and older adults. In addition, it is necessary for nurses to be flexible, so that they can adapt nursing interventions to support the individual communication needs and abilities of older adults. To that end, the knowledge and strategies suggested in this article can be used by nurses to support effective communication with older adults across the continuum of care.

TIME OUT 5
Nurses are encouraged to apply the four themes of The Code (NMC 2015) to their professional practice. Consider how communicating effectively with older adults relates to the themes of The Code.

TIME OUT 6
Now that you have completed the article you might like to write a reflective account as part of your revalidation.

References


de Vries K (2013) Communicating with older people with dementia. Nursing Older People. 25, 4, 30-32


Communication with older adults

TEST YOUR KNOWLEDGE BY COMPLETING SELF-ASSESSMENT QUESTIONNAIRE 897

1. The process of communication:
   a) Is static □
   b) Involves the transmission, receiving and interpretation of messages between people □
   c) Occurs via verbal means only □
   d) Occurs via non-verbal means only □

2. Difficulty communicating is linked to:
   a) Decreased social network size □
   b) Reduced participation in social activities □
   c) Increased levels of loneliness □
   d) All of the above □

3. Which of the following is a motor channel of communication?
   a) Comprehension □
   b) Decision-making □
   c) Speech □
   d) Memory □

4. The linear model of communication does not include:
   a) Factors that affect communication □
   b) A message sender □
   c) A message □
   d) A message receiver □

5. Which of the following is not a cause of vision impairment in older adults?
   a) Cataracts □
   b) Diabetic retinopathy □
   c) Cerumen impaction □
   d) Presbyopia □

6. A sociocultural-related factor that may affect communication is:
   a) Cognition □
   b) Ageism □
   c) Self-awareness □
   d) Communication competence □

7. What is not a physical environmental consideration that might affect interactions?
   a) Lighting □
   b) Temperature □
   c) Distractions such as noise □
   d) Vision impairment □

8. Which statement is false?
   a) Older adults with hearing impairment may read lips and observe a person’s facial expressions as compensatory mechanisms □
   b) The balance of power in relation to nurses and older people always rests with the older person □
   c) It may take up to a decade of living with hearing impairment before a person identifies the issue and seeks a diagnosis □
   d) The significance of an older adult’s communication should be considered in the broader context of their life □

9. A strategy for nurses to support communication with older adults with hearing impairment is to:
   a) Pace speech and speak distinctly □
   b) Ensure the person’s hearing aids are clean, turned on and in place □
   c) If the person has a more functional ear, the nurse should position themselves on that side □
   d) All of the above □

10. When communicating with older adults, the nurse should:
    a) Use professional jargon □
    b) Avoid making assumptions □
    c) Use patronising language □
    d) Focus solely on the task they are completing, rather than the older person □

How to complete this assessment
This self-assessment questionnaire will help you to test your knowledge. It comprises ten multiple choice questions that are broadly linked to the article starting on page 55. There is one correct answer to each question.

You can test your subject knowledge by attempting the questions before reading the article, and then go back over them to see if you would answer any differently.

You might like to read the article before trying the questions. The correct answers will be published in Nursing Standard on 21 June.

Subscribers making use of their RCNi Portfolio can complete this and other questionnaires online and save the result automatically. Alternatively, you can cut out this page and add it to your professional portfolio. Don’t forget to record the amount of time taken to complete it.

You may want to write a reflective account based on what you have learned. Visit journals.rcni.com/reflective-account

This self-assessment questionnaire was compiled by Alex Bainbridge

The answers to this questionnaire will be published on 21 June

Answers to SAQ 895 on globalisation and global health, which appeared in the 24 May issue, are:
1. d 2. a 3. b 4. c 5. b 6. a 7. c 8. a 9. c 10. d