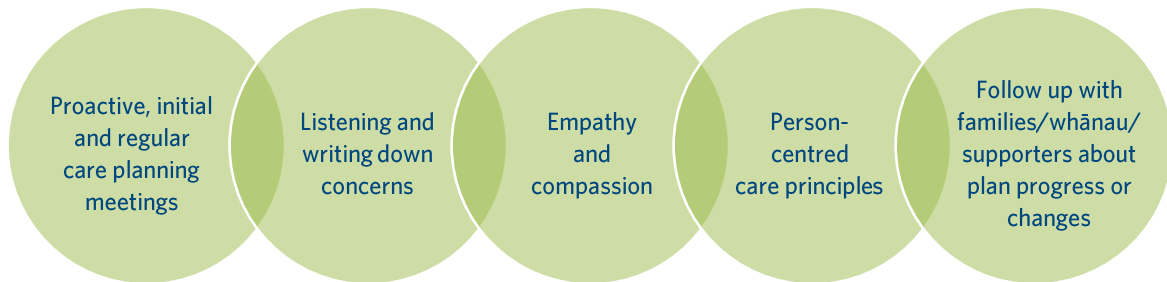


# Communication | Te whakawhitinga

---



## Communication with and about older people

### Person-centred approaches that recognise the whole person and foster dignity and respect

- Avoid ageist attitudes in communication:
  - Remember that older people feel young on the inside.
  - Be aware of and avoid disrespectful, dismissive language and attitudes, ignoring or 'talking' over.
- Avoid baby talk, patronising, infantilising language and tone, or parental 'bossy' language and tone of voice.
- Don't underestimate the older person's ability to communicate.
- Understand the older person: impaired communicative capacity is frequently interpreted as impaired cognitive capacity.
- Communicate and treat those with cognitive impairment as adults.
- Ensure hearing and vision aids are in place.
- Dedicated orientation and mentoring of new staff to promote:
  - dignity of and respect for residents
  - kind, caring and empathic responses
  - role modelling of respectful and non-ageist communication
  - practical training in use, fitting and maintenance of hearing and vision aids.

## Important ways to encourage a cooperative relationship between families/whānau/supporters and professional staff

- Schedule an initial meeting to review plan of care and goals of care with senior nurse, GP/NP or other staff members, family/whānau/supporters and the older person.
- Ask the older person if it is all right to also have a private conversation with family/whānau/supporters. Family/whānau/supporters are often uncomfortable talking about sensitive care issues in front of the older person.
- Provide a written care plan summary (including only the top three to five agreed care priorities), so it is not too overwhelming for family/whānau/supporters.
- Provide regular written or telephone updates to family/whānau/supporters.

## Communication strategies

### Communication facilitators

- Active listening skills during family/whānau/supporter meetings; if possible, sit down and face the person and be 'present' and not distracted.
- Select a quiet place, with dedicated time for meetings, if possible.
- Maintain a relaxed posture, preferably with a pen and paper to write down information. Offer a pen and paper for the listener(s) to write down information.
- Always approach the person with kindness, compassion and empathy.
- Keep a non-judgemental, open mind and project unconditional positive regard to the person you are talking to (no matter how angry or upset they are).
- Don't interrupt the person while they speak, allow them to finish what they are saying.
- Do not impose solutions; seek solutions together.
- Ask clarifying questions and rephrase the main points, to indicate to the speaker that you really want to understand their views.
- Give regular feedback to the speaker, for example, 'I see this is very difficult for you', 'I can understand your concerns'.
- Summarise the main points after each conversation, for clarification and understanding.
- Decide together two to three actions that will occur from this conversation; write them down. Let the person know when you will get back to them with a progress update.

## Communication with families/whānau/supporters

- Fostering a cooperative relationship between family/whānau and other supporters and staff is essential, to provide the best care for frail older people.
- It is important to foster a trusting relationship; the families/whānau/supporters see that concerns are taken seriously and actions are taken.
- It is important that families understand realistically what can be expected in the care of the older person.
- Families/whānau/supporters of frail older people often experience difficult emotions.
- Families/whānau/supporters of frail older people may feel guilty that they cannot provide the level of care the older person requires.
- Guilt can result in hypervigilance and dissatisfaction with care by families/whānau/supporters.
- Families/whānau/supporters may feel angry or resentful about the caregiving responsibilities or feel the care by others is not adequate.
- They may feel grief over the physical or cognitive decline they see in their family member.
- These difficult emotions can sometimes be directed at professional staff members, but this is often not about individual staff members but more about the overall distress of the family/whānau/supporters.

## Communication barriers

- Defensiveness shuts down communication.
- Taking criticism personally rather than seeing it objectively and looking for solutions to the problems raised.
- Ignoring concerns or complaints.
- Lack of follow-up of conversations in which concerns were raised.

## Bibliography | Te rārangi pukapuka

---

### Communication

Majerovitz D, Mollott RJ, Rudder C. 2009. We're on the same side: improving communication between nursing home and family. *Health Communication* 24(1): 12–20.

National Ageing Research Institute. (nd). Aged care. Enhancing staff-resident communication in residential care: pilot of staff training materials. URL: <https://www.nari.net.au/resources/health-professionals/aged-care> (accessed 31 May 2019).

Pillemer K, Meador R, Schultz L, et al. 2016. *Partners in caregiving cooperative communication between families and staff*. Ithica, NY: Cornell Institute for Translational Research on Ageing.