Staff-resident communication: Strategies for enhancement

Resource Booklet

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Staff-resident communication practices in residential aged care: Strategies for enhancement

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1. Background - The role of communication in residential aged care

Communication plays an essential role in maintaining resident autonomy and sense of self, and ultimately affects mental and physical wellbeing. It provides opportunities for making sense of being older and in care – older people see no special significance in age. They feel that, despite physical changes, they are simply themselves grown older – “Still me”.

Self-esteem is related to feelings of personal control, respect and dignity. A person-centred rather than task-centred approach to care allows for recognition of the whole person, including the value of that person’s previous history and experience, as well as present worth as an adult human. A person-centred approach places the resident and family at the centre of care, and involves sharing power and responsibility in decision-making.

Communication in residential care plays an important dual role in the physical and psychosocial care of residents:

- Enabling good physical care and resident safety.
- Providing companionship and emotional support.
- Reminding residents that they exist and matter, thereby raising self-esteem.
- Reducing loneliness.
- Reducing misunderstanding, leading to better diagnosis and understanding of resident needs.
- Fostering independence and residents’ sense of control of their lives.

Even when busy, greet residents in passing, smile, acknowledge with a wave.

“You always get a response if you greet a resident with a smile, and they will respond to you, mostly ….. that resident may not speak to you, but if you speak to that person with a smile, they’ll always answer you or smile back”. (Diversional Therapist)
2. What is communication?

Spoken communication consists of a message, a sender and a receiver. The message may be communicated through words, sounds, looks, touch, attitudes and behaviour. The main types of communication in residential care are:

- Interactional (to get something done, to instruct, to request, to inform etc).
- Relational (forming social bonds, building relationships).

For example, most care tasks require interactional language, but residents (and many staff) benefit from relational input at the same time. Staff who combine conversation with care tasks maximise the residents’ opportunities to engage with them.

Communication is also a means of conveying feelings and moods. Attitudes expressed through behaviour, body language and tone of voice can convey, for example:

- Acceptance or rejection
- Like or dislike
- Patience or impatience
- Sympathy or indifference
- Interest or boredom

The message behind the words a person hears can be more powerful than the words themselves.
3. Social and communication needs of residents

Older people are all individuals and have unique needs. People who have a full social life and are satisfied with their existing circle of friends may have little need of outside intervention. People who have never been very sociable may continue to need less social interaction than those who are more outgoing. It is important to get to know each older person and find out their interests. Particular attention should be paid to people who might be lonely, withdrawn or depressed because of:

- Loss of spouse, family, friends and previous social groups.
- Loss of cognitive or communicative function through illness or the ageing process e.g. dementia; speech impairments caused by Parkinson’s Disease or stroke; hearing or vision impairment.
- Loss of home, pets, privacy, etc.

Such residents frequently have unmet social needs, and because of the lack of meaningful, supportive communication, experience:

- Lack of opportunities to tell their own stories (validating their own lives, recognising and seeing continuity in who they are i.e. making sense of being old).
- Loneliness because of the loss of previous conversation partners, social groups and support systems\(^1\), and loss of feeling of being ‘in place’. This also entails a threat to identity.
- Loss of self-esteem and sense of purpose. With nobody to listen, the question “What purpose do I serve?” remains unanswered.

Positive communication

Respect and empathy are conveyed through positive communication, which includes recognising the older person as an individual, using adult language, listening attentively, and conveying respect through words, voice, facial expressions, and body language. On the other hand, communication of ageist attitudes and stereotypes can undermine resident confidence, self-esteem, and wellbeing. Respectful attitudes can be communicated through:

- Language to and about older people: avoidance of pejorative, disrespectful, dismissive language and attitudes, ignoring or ‘talking over’.
- Use of adult language and tone which does not patronise or infantilise the older person
- Care practices – seeing the whole person, consulting, allowing residents the right to make choices and have them carried out.

• Keeping an open mind about the older person’s communicative and cognitive capacity. Low expectations of an older person’s capacity/value as a conversation partner are frequently self-fulfilling, resulting in residents’ loss of confidence, self-blame, and unwillingness to try to communicate.
• Confirming the resident as a person of value with full adult status
4. Staff-resident relationships
Many aged care staff are rewarded by building relationships with residents, and have higher levels of job satisfaction when they can do so. Many prefer aged care to acute care because of these relationships, and those who see communication as an integral part of the job are often stressed when they are unable to meet residents’ needs. “Good relationships seem to be integral to enhanced job satisfaction and retention of staff”\(^2\).

“There’s rewards every day. Especially I’ve been working with dementia residents for most of that time. The rewards are the recognition, of me, because I’ve been here for so long, and because I work for three days in a row, if they remember me from the day before, my voice, that’s a reward in itself. And you can see in their face, they light up, their eyes light up, and I think that’s a recognition of my face. I like to think that anyway. And they respond to my voice”. (Division 2 Nurse).

Staff are best equipped to meet residents’ needs with:

- A person-centred approach which recognises the whole person, fosters dignity and respect.
- Staff ratios and mixes which allow for flexibility in work routines.
- Continuity of staffing and mentoring of new staff.
- Orientation and professional development programs:
  - General awareness raising, breaking down of negative stereotypes, recognition that older people have the same needs and rights as the rest of the community.
  - Fostering of empathy, capacity to imagine how they would like to be treated themselves; communication skills – awareness of value-laden language and conversational behaviour.
  - Communicating respect.
  - Communication with speech, hearing, or vision impaired residents; respect for cognitively impaired residents. Old people are not like children\(^3\) (Hockey and James 1993).
  - Practical training in use, fitting and maintenance of hearing and vision aids.

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Maximising opportunities for relational communication

Staff who feel they have too little time to talk to residents do not have to stop their work to do this. Possible strategies include:

- Try to combine care tasks and conversation – personal care and meals support time, resident transfers etc offer a chance to talk.
- Even when busy, try to greet residents in passing, smile, acknowledge with a wave.
- Assume that unresponsive residents may still hear and benefit from being recognised; having their humanity reinforced.
- Encourage residents to talk about their past lives and achievements and to express their views.

“I learn a lot from older people, I love to hear their stories, their life stories. A lot of them, well, all of them, had wonderful lives. Some of them have been harder lives”. (Division 2 Nurse).

Communicating respect and acceptance

Empathic and respectful communication involves interest in and recognition of the value of the older person.

“And I think it’s important to get to the same level that your resident or whoever you’re talking to, if they’re seated that you’re seated, um, not across a table like this but you know, perhaps just looking at each other”. (Division 2 Nurse)

- Greetings – it’s important to acknowledge residents, address them by their preferred names, and if necessary, introduce yourself or remind them who you are.
- Tell residents what you would like to do and, where possible, engage their cooperation before moving their wheelchairs or beginning care tasks.
- Include residents in conversations which take place in their presence – most importantly, don’t talk across them, or about them.
- Use respectful language, matched by tone of voice and body language.
- Use adult language - the older person may be frail and dependent, even cognitively impaired, but he or she is still an adult.
- Do not judge by appearances – frailty and physical disability do not mean that a person cannot communicate. Always assume that they can, and only use slower or louder speech and simplified language when you have had time to assess the need.
- Be aware that speech difficulties may be caused by physical conditions (e.g. stroke, cerebral palsy, Parkinson’s Disease, Chronic Obstructive Pulmonary Disease, even ill-fitting false teeth) but the resident may not be cognitively impaired.
• Listen respectfully to residents. If you do not have time, excuse yourself, but avoid walking away while a resident is speaking to you.
• Knock on doors and ask permission before entering private spaces.
• Remember that every resident is a person who has lived a full and rich life, made contributions, achieved and failed, loved and been loved.

"We don’t focus on the fact that they (the residents) can’t do this and they can’t do that, it’s not about what they can’t do... it’s trying to make the place that they live in really vibrant and active and stimulating, and full of spontaneity and variety. And the residents are at the centre of everything you do, so if you do an organisation chart, they’d be in the centre.” (Personal Care Assistant)

Respecting resident privacy and autonomy

• Protect bodily privacy, both visual and aural (i.e. not talking about people’s body functions in a loud voice).
• Safeguard privacy of information (not passing on comments about or from residents).
• Respect residents’ rights to choices, carrying them out where possible and using respectful strategies to refuse residents’ wishes.

"Respect. Definitely respect. Respect that this is their home. We’re the visitors, really.” (Personal Care Assistant)
5. Communication in the residential setting: issues to consider

Staff
Aged care staff play an enormous role in ensuring the safety and wellbeing of the residents in their care. Their work is vital, and the demands on their own health and wellbeing can be significant. Areas that can make a difference to staff capacity to meet residents’ needs include:

- Time pressures, workloads and rosters.
- Health and energy.
- Levels of training, confidence in skills.
- Orientation and mentoring.

Staff-resident communication is enhanced by strong management support. Factors include:

- An underlying person-centred approach.
- A code of ethics that recognises residents’ rights.
- Recognition of staff skills, effort and achievements.
- Opportunities for in-service training.
- Supportive team structures.
- Continuity of staffing.

Residents
Residents are in care because they cannot live independently; most have suffered loss and bereavement, and many have complex physical and/or mental health conditions. All are in need of some physical care and emotional support. Factors affecting individual residents’ ability to communicate and their need for social and emotional support include:

- Previous history, lifestyle factors, interests and levels of existing social support (families, friends etc).
- Health conditions and pain levels.
- Levels of frailty and dependence.
- Personality.
- Sensory impairment – hearing, speech, vision.
- Cognitive impairment.
- Language spoken (different needs for residents from culturally and linguistically diverse backgrounds).

“And even touch when it’s appropriate. You’d have to know that person and what their feelings are. Sometimes you might need to put a hand on the shoulder and you know, that softens the tone and gives better communication. But there are other people you know that you just can’t do that with, you just sit”. (Division 2 nurse)
The environment
“Environment mediates, structures and even dictates the communication within its context” ⁴. Both the physical and social environments are important in promoting opportunities for staff-resident and resident-resident communication. Physical environmental factors include

- Space and building layout – distances to walk, lines of sight, size of rooms and lifts, ease of access to residents’ rooms, activity areas, outside space etc.
- Furniture and fittings.
- Lighting and temperature control.
- Noise

Social environmental factors that affect staff capacity to support residents emotionally include:

- Organisational hierarchy.
- Routines (rosters, staff numbers and mix).
- Continuity of staffing.
- Values and attitudes of management and staff.

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6. Strategies for meeting different communication needs

Residents who feel they have limited capacity to communicate may avoid group activities, although others can and do benefit from the social contact. If the resident is only comfortable in one-to-one situations, it is even more important to overcome any barriers to their feeling safe and accepted.

Language barriers – residents from culturally or linguistically diverse backgrounds

- Learn to pronounce the resident’s name, and try to learn simple greetings and key words in his/her language, for example, hello and goodbye, please and thank you.
- Learn about cultural factors which might help you to understand and care well for this resident.
- Allow residents the time to explain what they want. Check what you think you understand by repeating it as a question. Be imaginative in trying to interpret gestures and body language.
- Use whatever resources are helpful and acceptable to the resident: facial expressions, gestures, pictures, photos, objects or a dictionary. Use interpreters if they are readily available and consult family members where appropriate.
- Use smiles, laughter and touch as well as words to communicate your interest and concern for the resident’s wellbeing.

"I find it really frustrating that I cannot communicate because we have, like with one person I’m really frustrated that I don't know the language better, that I cannot communicate better. And I, I know I find it frustrating for myself but I try to say okay, I understand, I know you find it difficult and I put myself in, like empathy like you’re saying. I say I understand it’s difficult for you to explain, I am sorry I don’t understand you so I just say it, say it like it is” (Division 2 Nurse)

Hearing impairment

- Engage the resident’s attention in the least startling way (speaking clearly, touching gently if the resident is unaware).
- Make sure that resident is wearing any hearing aids and that they are fully functional, i.e. correctly fitted and with working batteries. Most people with hearing impairments lip-read, so check that glasses are clean too.
- Reduce distracting noise levels (TV, radio etc).
- Find a quiet place to ask for information. Avoid asking about meals choices in a noisy dining-room. Close doors or serving hatches if dishwasher is on while residents are at dining tables.
• Face residents when speaking. NB Residents may rely on lip-reading and reinforcement from facial expression and body language.
• Get down to the resident’s eye level (where possible); make and maintain eye contact; be careful not to cover your mouth, lower your head or turn away. Avoid speaking from behind the resident’s back.
• Speak clearly and not too quickly, without shouting or exaggerating slowness.
• Rephrase if the resident does not understand the first time (different words, a shorter sentence).
• Try not to use unfamiliar slang or words the resident will not be able to predict.
• Use normal adult language – tone, grammatical forms etc – avoiding over-simplification (and distortion) of language by dropping words from sentences or using baby-talk.

Speech impairment
• Remember that there are many causes of speech difficulties, and they do not indicate deafness or intellectual impairment. Many residents who cannot speak clearly have full understanding.
• Allow plenty of time for the resident to try to communicate with you. Anxiety about being hurried is likely to make speaking even harder.
• Never pretend that you understand when you don’t.
• Ask for help if another member of staff knows the resident better than you do.
• Always repeat back what you think you have understood – “You would like the door left open? Is that right?”
• Avoid choices such as “Did you mean X or Y?” Instead ask “Did you mean X?” which can be answered by a simple gesture or nod.
• Provide pencil and paper if the resident can write.
• At all times use adult and respectful language.

"I think it’s your approach to the person too; you need to have an open demeanour about you and not be confrontational. You need to have a pleasant atmosphere about you because if you haven’t, you’ve automatically shut the door on communication”. (Personal Care Assistant)

Visual impairment
• Engage the resident’s attention by speaking clearly or touching gently.
• Always explain who you are and who else is with you, what you would like the resident to do, and what is going to happen next.
• Describe the surroundings (room, hallways etc) to help the resident with orientation.
• Remember that although the resident may not see, he/she has a lifetime of experience to talk about. Describe the weather, the garden, what you saw on your way to work, or what was on television.

Dementia

“It depends how you deal with the person, what way you try to explain. Another person would not understand. She understands this way, another person, a different way, so you have to think because she’s very emotional.” (Dementia care nurse)

Important points to remember:

• Every resident with dementia is an individual with a different experience of life as well as of dementia. Each person will have different symptoms, feelings, levels of awareness, fears and responses to situations. There is no one size fits all.
• The person does not choose to be like this, and above all needs order in the chaos.
• Dementia is not the same as childhood, and although the person with dementia is likely to need comfort and nurturing, he/she is an adult.
• People with dementia may experience:
  • Fear and confusion.
  • Loss of memory.
  • Unpredictable changes of mood and behaviour.
  • Inability to order their thoughts, or make sense of feelings.
  • Inability to express fears and needs.

• The needs of a person with dementia are the same as those for every person
  • To feel safe, to have reassurance and stability.
  • To have human contact, affection, relationships.
  • To feel happy and comfortable.
  • To have opportunities to communicate.
  • To participate socially, achieve tasks and use skills (previous interests, hobbies).

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- Communication strategies
  - Sit or crouch down at the person’s level and focus their attention.
  - Say who you are.
  - Speak clearly and in short sentences.
  - Reduce reliance on memory.
  - Limit choices.
  - Be patient and avoid rushing.
  - Don’t argue – reassure and calm the person.
  - Pick up on non-verbal signals.
  - Be aware of your body language.
  - Find a quiet, calm place if the resident is agitated.