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How do you communicate with your grandparents or other elderly members of your family? Many people speak to older adults in an overly nurturing manner, similar to baby talk, with a slower rate of speech, heightened volume, increased repetition, and simpler vocabulary than normal adult speech. Williams et al referred to this manner of speaking as “elderspeak.” This manner of speaking is based on the stereotype that older adults are less competent. As health care professionals, part of our responsibility is to make our patients feel as comfortable as possible. Reducing stereotypes and recognizing the autonomy of the patient are the keys to positive communication with elderly patients and can be achieved with the simple step of evaluating the patient.

Communication and Aging
Communication can be hindered by the normal aging process, which includes aspects such as sensory loss, slower processing of information, a decline in memory, and loss of autonomy, as well as life changes such as retirement and isolation from family and friends. Aging also is responsible for normative changes in hearing, voice, and speech processes. Although these changes can be subtle and gradual, some elderly patients also are faced with communication disorders such as dysarthria, aphasia, and dual-sensory impairment.

At a time when older patients have the greatest need to communicate well with health care workers, changes in their life and physiology make communicating difficult. Thus, taking the time to assess a patient’s communication strengths and weaknesses is the first step to ensuring proper care.

Williams et al described 3 variations in the emotional tone of nursing home interactions:

- Overly nurturing talk – highly caring and not controlling but inappropriately intimate (ie, calling the patient “honey” or “sweetie”).
- Directive talk – high degree of control, shows little recognition of autonomy of the patient, and imparts little caring. This method of speaking often can frighten and confuse the patient.
- Affirming talk – balances care and control and indicates that the patient is competent and independent. It is the tone health professionals should incorporate into patient care.

Preserving Patient Dignity
Helping preserve the dignity and self-esteem of older adults when caring for them is crucial, especially when their sense of autonomy is threatened, either by illness or general aging. Loss of bodily functions is common among older adults, and when they need help relieving themselves or cleaning up after an accident, it is important to help preserve their dignity. To do this, you can ensure that their body is not exposed to others, assist them with their gown, or make sure the sheet covers them if they are unable to perform these actions for themselves. Elderly patients often describe being patronized or treated like children, which can change how they view themselves and
how they cope with the situations they face. Think about how you would like to be treated in their situation. Simple and often overlooked aspects of communication can make a huge difference in overall quality of patient care.

**Understanding Communication Disabilities**

According to Yorkston et al:

*In a large survey of more than 12,000 Medicare beneficiaries aged 65 years or more, 42% reported hearing problems, 26% had writing problems, and 7% had problems using the telephone…. [M]ore than 16 million Medicare beneficiaries are estimated to experience communication changes.*

The severity of communication disabilities varies from those who are well and wish to prevent disabling communication conditions to those who have more severe communication disabilities.

According to the 2007 Aging, Demographics, and Memory Study, the prevalence of dementia in people aged older than 71 years is estimated to be 14% of the population, with 1 million men and 3.4 million women affected by the most common form of dementia, Alzheimer disease. The study’s sample size was 865 individuals aged older than 71 years who responded to the 2007 Health and Retirement Study sponsored by the National Institute on Aging. Yorkston et al reported that:

*As the disease progresses, moderately severe impairments in memory, language, judgment, and activities of daily living are apparent, thus increasing the need for assistance and surveillance by caregivers. Late-stage patients exhibit loss of language (ie, incoherent babbling or muteness) and decreased recognition of family and self, delusions, hallucinations, repetitive, and bizarre behaviors.*

Individuals facing dementia commonly experience a transition from full functioning and independence to complete loss of autonomy. It is crucial for health care professionals to understand these changes, to incorporate adaptive techniques into patient care practices, and to recognize that elderly patients with communication disabilities are not being difficult. They need our understanding and commitment to care.

**Communicating With Caregivers**

Another important aspect of communicating with elderly patients is communicating with their caregivers and family members. Although it might seem easier to speak with the caregiver alone, it is essential to balance communication with both patient and caregiver so each feels involved in their contribution to care. According to Lubinski:

*Assume that older clients hear and understand even when not responsive. The goal of having the caregiver present is to include this person as an integral member of the communication team, one who understands the nature of the problem and is committed to solving communication dilemmas…. Clinicians should respond to both persons’ questions and contributions.*

**Conclusion**

Incorporating simple verbal and nonverbal communication strategies benefits the patient, increases efficiency, and reduces frustration for the patient and the health care professional. We can improve our communication with elderly patients by evaluating each patient’s strengths and weaknesses and by creating a positive environment for care and communication. By reducing stereotypes and thoroughly explaining procedures to each patient, we maintain the patient’s dignity.

According to Anderberg et al, “Preserving dignity can help patients, despite vulnerability and experienced limitations, look upon themselves as responsible, useful and valuable and, even as older people, still to be counted on.”

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**References**

Communicating With Elderly Patients


