

# COMMUNICATING WITH OLDER ADULTS: AN EVIDENCE-BASED REVIEW OF WHAT REALLY WORKS

by **The Gerontological Society of America** (2012)  
(Accessed: 1 July 2014)

Ageing may cause issues with hearing, vision, language comprehension and production, or dementia. These can pose challenges in interactions between healthcare staff and clients. To improve face-to-face communications, consider implementing the following recommendations suggested by gerontology and communication experts.

## TO IMPROVE INTERACTIONS AND FACE-TO-FACE COMMUNICATIONS

- Avoid the tendency to stereotype clients' abilities: Conduct your own assessment by asking a few simple initial questions to gauge the client's abilities (language comprehension, cognitive capacity, hearing ability, etc.), then proceed based on their response level;
- Avoid potentially patronising speech: This includes simplified vocabulary and/or exaggerated intonations – such as “sing-song” tones;
- Monitor/Control nonverbal behaviour: Avoid nonverbal behaviour that give the impression that you are busy/disinterested (i.e., speaking while writing, glancing at your watch, etc.);
- Minimise background noise: Face clients when you speak to them and have your lips at the same level as theirs to facilitate clients with hearing difficulties to lip read;
- Use visual aids (diagrams/pictures): To clarify/reinforce key points; and
- Ask open-ended questions and genuinely listen: Focus on the client, what they are saying, maintain eye contact and watch their nonverbal behaviour for a better understanding.



## TO OPTIMISE INTERACTIONS BETWEEN HEALTHCARE STAFF AND CLIENTS

- Inquire about a client's psychosocial state: Ask beyond medical issues to help clients address any fears or uncertainties related to their medical conditions and/or ageing process;
- Ask about clients' living situation/social contacts: This may provide insights about whether they are at risk of being abused/exploited;
- Seek information about client's cultural beliefs and values: Helps to customise care pertaining to illness and death;
- Communicate directly with the client: Solicit additional information from family members/caregivers only if needed;
- Engage clients in shared decision-making: Leads to better adherence of treatment recommendations;
- Use direct, concrete, actionable language: For example, “Take medication in the morning” as opposed to providing time intervals, i.e., “every four hours”;

- Verify clients' understanding: Ask them to explain what they have been told in their own words; and
- Incorporate both technical knowledge and emotional appeal when discussing treatment options: For example, “If you are willing to commit to taking this medication every day for at least six months, you will have more energy for visiting your children and grandchildren and having a good time with them.”

## COMMUNICATING WITH CLIENTS WITH DEMENTIA

- Maintain a clear and positive communicative tone: Provide encouraging and affirming statements, avoiding high-pitched and loud tones;
- Use questions effectively: Ask close-ended questions (those requiring a “yes or no” answer) to gather information and open-ended questions for encouraging conversation;
- Simplify sentences: For example, “Take your seat and you won't miss the movie”; and
- Paraphrase or repeat a sentence: To help clients recall and understand the original sentence.

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