

## Establishing Trust Through Communication with the Elderly

(2 credits)

After completing this section you should be able to:

1. Describe the effects of body language and facial expressions on communication
2. Discuss important steps to establishing trust with the persons in your care
3. Describe the use of touch as an effective communication tool
4. List five good communication skills to use with the elderly persons in your care
5. List guidelines for communicating with residents or clients with special needs
6. Explain HIPAA and list ways to protect confidentiality

### 1. Describe the effects of body language and facial expressions on communication

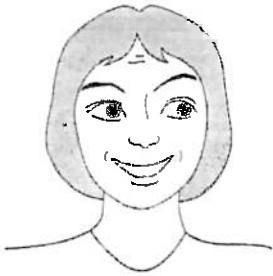
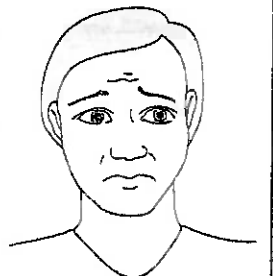
Nonverbal communication is communicating through tone of voice, body language, facial expressions, mannerisms, gestures, drawing pictures, touching and any other unspoken or nonverbal behavior.

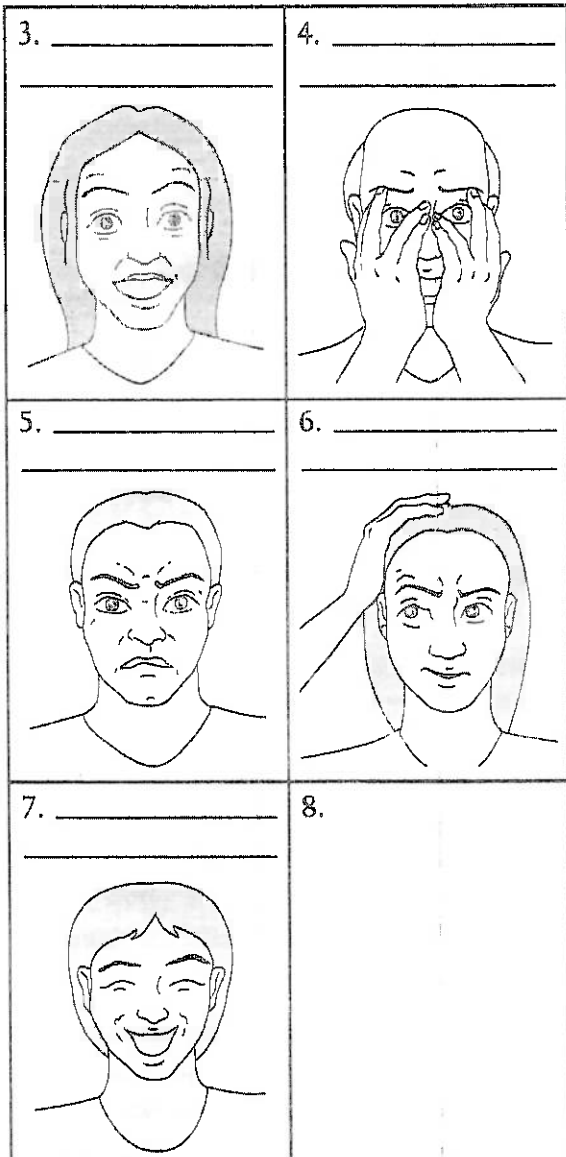
Body language conveys messages, even if we are not aware of it. Some examples of body language include leaning your chin on your hand, slouching, sitting up straight, crossing your arms, making eye contact, avoiding eye contact, crossing your legs, pacing, making a fist, tapping your fingers, and so on.

Facial expressions convey as much meaning as spoken words. To illustrate how important our expressions are, think of why a good "poker face" is so valuable to a serious poker player. Expressions give us away as easily as words. If someone you are caring for says she is feeling fine but

her face looks pained, you are getting two different messages: one verbal and the other nonverbal. This is called a mixed message. Ask for clarification when you receive a mixed message from someone in your care.

**Directions.** Look at each of the boxes below, and decide what emotion you see in each of the seven faces. Then briefly describe it on the line provided. In the last box, draw your own happy face.

1. _____ _____	2. _____ _____
	



**Directions.** Look at the boxes to the right. Choose three emotions from the nine given in the boxes. Then write three different sentences, each one describing a situation when you felt those emotions while doing your job.

8. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sad	Happy	Lonely
Angry	Frustrated	Scared
Bored	Pleased	Excited

**2. Discuss important steps to establishing trust with the persons in your care**

Appearance and attitude play an important role in the process of communication for health caregivers. The first impression a person has of a new aide or assistant is based on appearance and attitude. A neat, professional appearance gives the person in your care a feeling of security from knowing that his or her health care is in professional hands. Along the same lines, your attitude sends messages to the person in your care. Keep in mind the three "C's" of good care:

- I am confident in my job.
- I am a caring person.
- I am cheerful and happy to be helping you get well.

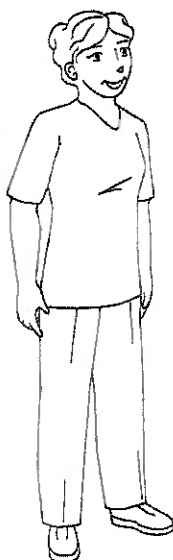
Once you have displayed this professional appearance and attitude, you can begin to develop the basis of all healthcare relationships: TRUST!

There are eight important steps to establishing trust with the persons in your care:

1. Be on time.
2. Introduce yourself using the name you wish the person to address you by.
3. Ask what name the person prefers you to use in addressing him or her. Use that name frequently.

- 4. Be sensitive to impairments to such functions as vision, hearing, or ambulation.
- 5. Keep all resident/client information confidential. Respect the privacy of the person in your care, as well as the privacy of the family.
- 6. Keep your promises and agreements.
- 7. Explain what you are going to do before you do it.
- 8. Offer choices whenever possible.

Once a basis of trust has been established, you should utilize and build upon this mutual trust every time you interact with every person in your care.



**Directions.** Think of some examples not listed above that can help you establish trust with the persons in your care.

- 1. \_\_\_\_\_  
 \_\_\_\_\_  
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- 2. \_\_\_\_\_  
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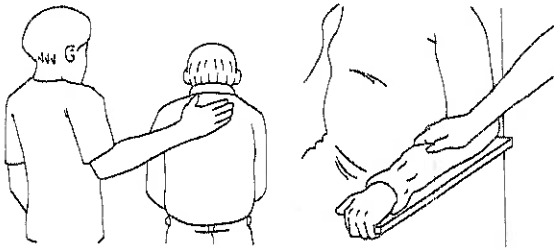
**3. Describe the use of touch as an effective communication tool**

The use of touch as an effective communication tool has been established in many research studies. Following are some non-threatening, safe ways to use touch to send positive messages:

- Extend your hand to the person
- Place arm around the person's shoulders
- Pat the person's back or shoulder
- Hold the person's hand
- Touch the person's arm or hand

Touch can be accompanied by other non-verbal forms of communication, such as a smile, or by verbal communication such as a word or phrase that conveys caring. What messages can touch give?

I care.	I am here.	Please relax; you are safe.
I will assist you.	I want you to feel better.	I have time for you.



Some people are less comfortable being touched. Ask permission before touching residents or clients. Be sensitive to their feelings. You must touch residents/clients in order to do your job. However, recognize that some people feel more comfortable when there is little physical contact. Learn about your residents/clients and adjust care to their needs.

*Directions. Describe a healthcare situation in which you could apply each of the six messages of touch to your residents/clients as you care for them.*

- I care: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- I am here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Please relax; you are safe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- I will assist you: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- I want you to feel better: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- I have time for you: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. List five good communication skills to use with the elderly persons in your care**

*Directions. Please rate your feelings and/or attitudes about the following statements by giving each a number value as shown below:*

- 1 = Don't agree
- 2 = Sometimes agree
- 3 = Strongly Agree

- \_\_\_\_\_ Most older persons are boring and have boring stories to tell.
- \_\_\_\_\_ My experience with caring for the elderly has been mostly unpleasant. They tend to be grumpy.
- \_\_\_\_\_ Elderly persons cannot change their habits because they can't learn new things.

4. \_\_\_\_ Most elderly persons feel useless and unfulfilled.
5. \_\_\_\_ The elderly have a poor sense of humor.
6. \_\_\_\_ I am not looking forward to growing old.
7. \_\_\_\_ Elderly persons can't teach me anything about life because I have nothing in common with them.

When you are finished with the questionnaire, add up your score. Rate your attitude about aging and the elderly based on the numbers given below.

Highest score is 21. Lowest score is 7.

- 7-11 You have a positive attitude about aging and the elderly.
- 12-17 Consider rethinking your attitude about aging and the elderly.
- 18-21 Consider spending more time with an aging relative or an older person whom you are fond of. Share your feelings.

Your job as an aide or assistant is to use good observation and communication skills with the persons in your care and with the healthcare team. Sometimes communicating with the elderly requires special skills. Personal sensitivity is a great asset in determining the day-to-day condition of those in your care.

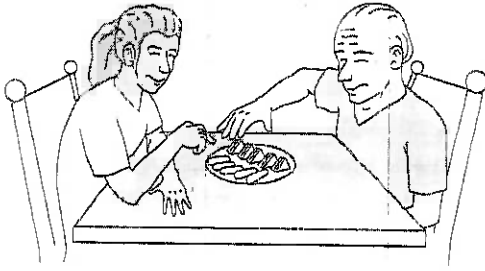
A good time to observe those in your care is during personal care. As you give a bed bath, shampoo hair, and soak feet, you can also communicate and gain important information. During this time you should keep in mind that some elderly persons

sometimes think more slowly and speak more slowly than other people. Do not make them feel rushed, or they might become confused or angry. If a person in your care is upset and cannot verbally explain why, offer comfort and reassurance. Pushing him to explain may make him more upset.

When communicating with the elderly, keep noise and distraction to a minimum. Use short, simple words and sentences. It is very important to know if the person has any visual, or hearing, or speaking impairments. Make sure they are wearing any assistive devices that they may need, such as hearing aids or glasses.

The following five skills help to promote good communication between you and the elderly persons in your care:

1. Do not rush an elderly person. This may cause frustration and nervousness, which leads to confusion.
2. Listen attentively. Being a good listener is a skill that will benefit you in all areas of communication, including professional and personal situations.
3. Always show respect for the elderly and the experience and wisdom they possess. Residents and clients are people, not just lists of illnesses and disabilities. Many have had rich and wonderful lives.
4. Never change the established routine. There is security and stability in day-to-day routines.
5. Do not criticize an older person for being slow. This is a normal trait of aging and if you are lucky, you will grow old some day also.



It is important to remember that not all the elderly have hearing, vision, memory, or mental function impairments. In fact, many hear, see, understand, and speak as well as (or better than) much younger people. Get to know the person in your care. Understand and accommodate his special communication needs.

*Directions. Fill in the correct words from the handout to describe the skills for communication with the elderly.*

- 8. Don't \_\_\_\_\_ the elderly person.
- 9. Listen \_\_\_\_\_.
- 10. Always \_\_\_\_\_ respect.
- 11. Never \_\_\_\_\_ the established routine.
- 12. Don't \_\_\_\_\_ an older person.



Mrs. D is an elderly widow who lives alone. She recently suffered a stroke and needs a home health aide to assist her with the activities of daily living: bathing, grooming, dressing, eating, and range of motion exercises. She has had three different home health aides come to her house, but she hasn't felt comfortable with any of them.

*Directions. Briefly answer questions 13-16 on the lines provided.*

**Aide #1**

The first home health aide showed up at the door an hour later than she was supposed to, wearing frayed blue jeans and a T-shirt, her hair still wet from a shower. To make matters worse, she didn't even introduce herself before barging into the house.

- 13. What skills does the first home health aide need to learn?

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**Aide #2**

The second home health aide looked all right, but she talked non-stop and didn't let Mrs. D get a word in edgewise. What's more, she was bossy, insisting that Mrs. D get out of bed and get dressed before eating breakfast. All her other clients did it this way, and she didn't see why Mrs. D should be any different. Laziness, that's what it was.

- 14. What skills does the second home health aide need to learn?

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**Aide #3**

The third home health aide kept finishing Mrs. D's sentences for her in an effort to speed things along. He said that he had company at home and wanted time to visit with them. Although he promised to

spend more time with Mrs. D the next time he came, he showed little interest in listening to her the next day.

15. What skills does the third home health aide need to learn?

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#### Aide #4

Mrs. D wonders if she'll ever get a home health aide who really cares about her well-being. Now, the door bell rings and Mrs. D gets up to answer the door. Her new home health aide is standing on the porch with a big smile on his face.

16. What can the new home health aide do to help Mrs. D feel comfortable and secure?

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#### 5. List guidelines for communicating with residents or clients with special needs

Residents or clients who have special needs require special communication techniques. Special techniques may be required for these conditions or illnesses:

- Hearing or visual impairments
- Mental illness
- Combative or inappropriate behavior

#### *Hearing Impairment*

Persons who have impaired hearing or are deaf may have lost their hearing gradually, or they may have been born deaf. Use the

following guidelines to make communication more effective:

- If the person has a hearing aid, make sure he or she is wearing it and that it is working properly.
- Reduce or remove background noise, such as TVs, radios, and loud speech. Close doors if you have to.
- Get residents' /clients' attention before speaking. Do not startle them by approaching from behind. Walk in front or touch them lightly on the arm to show you are near.
- Speak clearly, slowly, and in good lighting. Directly face the person. The light should be on your face, not on the resident's/client's. Ask if he can hear what you are saying.
- Do not shout. Do not mouth the words in an exaggerated way.
- Lower the pitch of your voice.
- Do not chew gum or eat while speaking. Keep your hands away from your face while talking.
- Know which ear hears better. Try to speak to and stand on that side.
- Use short sentences and simple words.
- Repeat what you have said using different words when needed. Some hearing-impaired people want you to repeat exactly what was said. This is because they miss only a few words.
- Use picture cards or a notepad as needed.
- Hearing impaired people may hear less when they are tired or ill. This is true of everyone. Be patient and empathetic.
- Hearing decline can be a normal aspect of aging. Be matter-of-fact about this. Be understanding and supportive.

#### *Vision Impairment*

Vision impairment can affect people of all ages. It can exist at birth or develop grad-

ually. It can occur in one eye or both. It can also be the result of injury, illness, or aging. Use the following guidelines to make communication more effective:

- If the person has glasses, make sure they are clean and that he wears them.
- Knock on the door and identify yourself when you enter the room. Do not touch the person until you have said your name. Explain what you would like to do. Let the person know when you are leaving the room.
- Always tell the resident/client what you are doing while caring for him. Give specific directions, such as, "On your right" or, "In front of you." Talk directly to the resident whom you are assisting. Do not talk to other residents, clients or staff members.
- Provide proper lighting at all times. Face the person when speaking.
- When you enter a new room with the resident/client, orient him or her to the area. Describe the things you see around you. Do not use words such as "see," "look," and "watch."
- Tell the resident where the call light is.
- Use the face of an imaginary clock as a guide to explain the position of objects that are in front of the person. For example, "There is a sofa at six o'clock."
- Do not move personal items or furniture without the person's knowledge and permission.
- Leave the door completely open or completely closed.
- Offer large-print newspapers, magazines, and books.
- Encourage the use of the other senses, such as hearing, touch, and smell. Encourage the person to feel and touch things, such as clothing, furniture, or items in the room.

- Offer large-print newspapers, magazines, and books.
- Use large clocks, clocks that chime, and radios to help keep track of time.
- Get books on tape and other aids from the library or support organizations.
- If the person has a guide dog, do not play with, distract, or feed it.

### *Mental Illness*

Mental health is the normal function of emotional and intellectual abilities.

Characteristics of a person who is mentally healthy include the ability to:

- Get along with others
- Adapt to change
- Care for self and others
- Give and accept love
- Deal with situations that cause stress, disappointment, and frustration
- Take responsibility for decisions, feelings, and actions
- Control and fulfill desires and impulses appropriately

Although it involves the emotions and mental functions, mental illness is a disease. It is like any physical disease. It produces signs and symptoms. It affects the body's ability to function. It responds to proper treatment and care. Mental illness disrupts a person's ability to function at a normal level in the family, home, or community. It often causes inappropriate behavior. Different types of mental illness will affect how well people communicate.

Mentally healthy people are able to control their emotions and actions. Mentally ill people may not have this control.

Mentally ill people cannot simply choose to be well. Knowing that mental illness is a disease much like any physical illness helps you work with mentally ill residents



or clients. Use the following guidelines to make communication more effective:

- Do not talk to adults as if they were children.
- Use simple, clear statements. Use a normal tone of voice.
- Be sure that what you say and how you speak show respect and concern.
- Sit or stand at a normal distance from the resident. Be aware of your body language.
- Be honest and direct, as with any resident.
- Avoid arguments.
- Maintain eye contact.
- Listen carefully.

### **Combative Behavior**

Residents/clients may display combative, meaning violent or hostile, behavior. Such behavior includes hitting, pushing, kicking, or verbal attacks. It may result from disease affecting the brain. It may also be due to frustration. Or it may just be part of someone's personality. In general, combative behavior is not a reaction to you. Try not to take it personally. Always report and document combative behavior. Even if you are not upset, the care team needs to be aware of it. Use the following guidelines to make communication more effective:

- Block physical blows or step out of the way, but never hit back. No matter how much a resident or client hurts you, or how angry or afraid you are, never hit or threaten a resident/client.
- Remain calm. Lower the tone of your voice.
- Be flexible and patient.
- Stay neutral.
- Do not respond to verbal attacks. Do not argue or accuse the person of wrongdoing.

- Do not use gestures that could frighten or startle the person.
- Be reassuring and supportive.
- Consider what provoked the person.
- Report this behavior to the nurse.

### **Anger**

Anger is a natural emotion that has many causes, such as disease, fear, pain, and loneliness. A loss of independence due to illness can cause anger. Anger may also just be a part of someone's personality. Some people get angry more easily than others. People express anger in different ways. Some may shout, yell, threaten, throw things, or pace. Others express their anger by withdrawing, being silent, or sulking. Always report angry behavior to the nurse. Use the following guidelines to make communication more effective:

- Stay calm.
- Do not respond to verbal attacks. Do not argue.
- Empathize with the person. Try to understand what he or she is feeling.
- Try to find out what caused the anger. Using silence may help the resident/client explain. Listen attentively as the person speaks.
- Treat the person with dignity and respect. Explain what you are going to do and when you will do it.
- Answer call lights promptly.
- Stay at a safe distance if the person becomes combative.

### **Inappropriate Behavior**

Some residents/clients will demonstrate inappropriate behavior. Inappropriate behavior includes trying to establish a personal, rather than a professional, relationship. Examples include asking personal questions, requesting visits on personal time, asking for or doing favors, giving

tips or gifts, and loaning or borrowing money.

Inappropriate behavior also includes making sexual advances and comments.

Sexual advances include any sexual words, comments, or behavior that make you feel uncomfortable. Report this behavior to the nurse immediately.

In addition, inappropriate behavior includes residents/clients removing their clothes or touching themselves in public. Illness, dementia, confusion, and medication may cause this behavior. If you encounter an embarrassing situation, be matter-of-fact. Do not overreact. This may actually reinforce the behavior. Try to distract the person. If that does not work, gently direct the resident to a private area, and notify the nurse.

Confused persons may have problems that mimic inappropriate sexual behavior. They may have an uncomfortable rash, clothes that are too tight, too hot, or too scratchy, or the need to go to the bathroom. Consider and watch for these problems. When residents/clients act inappropriately, report it, even if you think it was harmless.

*Directions.* List three guidelines for responding to people with each of the following special needs:

1. Hearing impairment \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Visual impairment \_\_\_\_\_  
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3. Mental illness \_\_\_\_\_  
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4. Combative behavior \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Anger \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Why should you not overreact when encountering an embarrassing situation?

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7. What kind of problems might a confused person have that might look like inappropriate sexual behavior?

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**6. Explain HIPAA and list ways to protect confidentiality**

To respect confidentiality means to keep private things private. You will learn confidential (private) information about your residents or clients. You may learn about health, finances, and relationships.

Ethically and legally, you must protect this information. You should not tell anyone except members of the care team **anything** about your residents/clients.

Congress passed the Health Insurance Portability and Accountability Act (HIPAA) in 1996. It was refined and revised in 2001 and again in 2002. One reason for this law is to keep health information private and secure. All healthcare organizations must take special steps to protect health information. They and their

employees can be fined and/or imprisoned if they break rules protecting patient privacy. This applies to all healthcare providers, including doctors, nurses, nursing assistants, home health aides, and all care team members.

Under this law, health information must be kept private. It is called protected health information (PHI). PHI includes the patient's name, address, telephone number, social security number, e-mail address, and medical record number. Only those who must have information for care or to process records should know this information. They must protect the information. It must not become known or used by anyone else. It must be kept confidential.

NAs cannot give out any resident/client information to anyone not directly involved in the person's care. For example, if a neighbor asks you how a resident is doing, reply, "I'm sorry, but I cannot share that information. It's confidential." That is the correct response to anyone who does not have a legal reason to know about the resident.

Other ways to protect privacy include the following:

- Make sure you are in a private area when you listen to or read your messages.
- Know with whom you are speaking on the phone. If you are not sure, get a name and number. Call back after you get approval.
- When talking to a care team member on the phone, use regular phones, not cell phones. Cell phones can be scanned.
- Do not talk about residents/clients in public places. Public areas include eleva-

tors, grocery stores, lounges, waiting rooms, parking garages, schools, restaurants, etc. Use confidential rooms for reports to other care team members.

- If you see a resident's or client's family member or a former resident or client in public, be careful with your greeting. He or she may not want others to know about the family member or that he or she has been a resident/client.
- Do not bring family or friends to the facility or to a person's home to meet residents or clients.
- Make sure nobody can see health or personal information on your computer screen while you are working.
- Log off when you are not on your computer.
- Do not give confidential information in e-mails. You do not know who has access to your messages.
- Make sure fax numbers are correct before faxing information. Use a cover sheet with a confidentiality statement.
- Do not leave documents where others may see them.
- Store, file, or shred documents according to your facility's policy.
- If you find documents with a resident's/client's information, give them to the nurse.

All healthcare workers must follow HIPAA regulations no matter where they are or what they are doing. There are serious penalties for violating these rules. Penalties differ depending upon the violation. They can include:

- Fines ranging from \$100 to \$250,000
- Prison sentences of up to ten years

Confidentiality is a legal and ethical obligation. It is part of respecting your residents/clients and their rights. Discussing a person's care or personal affairs with

Name: \_\_\_\_\_

anyone other than members of the care team violates the law.

*Directions. Answer each of the following questions.*

1. What is one important reason that HIPAA was passed?

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2. List five examples of a person's protected health information (PHI).

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3. To whom is a nursing assistant allowed to give information about a resident/client?

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4. To what members of the healthcare team does HIPAA apply?

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