

Review**COMMUNICATION BETWEEN NURSES AND THE ELDERLY - PRESENT AND FUTURE**

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Abstract

The World Health Organization (WHO) has defined communication quality as one of the five essential skills for a healthy and happy life. Quality communication is particularly important in healthcare, especially for those who have communication difficulties, the majority of whom are elderly. Communication problems among older adults range from those seeking to prevent the development of communication difficulties to those who already experience challenges such as dysarthria, aphasia, and hearing loss. This study aimed to examine the problems in communication between nurses and the elderly. We searched the PubMed and Embase databases using the keywords: "communication," "adults," "elderly," and "nurses." The findings suggest that nurses' assistance to the elderly in overcoming communication problems is crucial. It is important to understand the specifics of communication, the basic communication rules with the elderly, and the problems older adults face in conducting communication adequately. The findings support the idea that nurses can significantly help overcome communication barriers by choosing appropriate strategies, such as repetition, noise elimination, and environmental control, especially in addressing sensory issues. To improve communication between nurses and older adults, it is necessary to assess all communication barriers, prejudices, beliefs, fears, and the identity of the elderly. Some studies suggest new research topics, revealing that screening to assess sensory functions in the elderly is insufficiently applied and that practical activities within the care of the elderly with sensory impairment are not always utilized. Changing such nursing practices would greatly improve communication and the quality of care for the elderly.

Keywords: communication, adults, elderly, nurses

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Introduction

Communication represents the pathway (means) of transmitting information. One of the many definitions of communication was provided by Hargie in 1994, stating, "Communication is a dynamic and complex process in which people send and receive verbal and nonverbal messages to understand and be understood"¹. Therefore, communication can be justifiably explained as a process in which there is a mutual understanding of a message between two or more individuals. A message is information about content in any form² (Figure 1).

Shannon and Weaver proposed a communication model in 1948, which includes the following elements: conception, message encoding, message transmission, message reception, message decoding, recipient, feedback, and noise in message transmission. In this model, decoding refers to understanding the encoded message. For feedback to occur, the message must be understood. Communication, in this way, becomes bidirectional, as the success of message decoding determines the success of two-way communication. Messages are often unclear or misinterpreted, leading to communication tension, mistrust, or conflict. Changes in communication are usually reported by older people. With typical aging, communication skills subtly change, at least partly due to changes in physical health, depression, and cognitive issues. Aging is related to physiological changes in hearing, voice, and speech. Some language skills remain unaffected, while others tend to decline (e.g., understanding complex concepts)³.

Communication with patients

Efficient communication in healthcare is considered a fundamental clinical skill for all healthcare professionals. Quality and

effective communication are necessary to enhance patient satisfaction during treatment and care. Successful communication establishes a relationship of trust, fosters good collaboration with patients, reduces patient tension, and ensures better emotional health for patients⁴.

Effective communication with patients can be achieved by paying attention to the following factors⁵:

- Forgetfulness is more likely when there is more information.
- Older individuals tend to forget a significant amount of information.
- Most people remember best what is said first (it is important to communicate the most crucial health-related information first).
- It is necessary to ask the patient to repeat the information received to assess their understanding.
- Written instructions should be provided to patients to complement verbally given information and advice (written instructions must be clear, understandable, and concise).

Almost daily, patients express dissatisfaction due to unclear communication or a lack of communication. Clear and precise messages are essential in healthcare. To achieve this, healthcare professionals must first communicate the most important information, maintain eye contact with the interlocutor, align nonverbal communication with verbal communication, always check the clarity of the message, and provide support to patients during communication⁶.

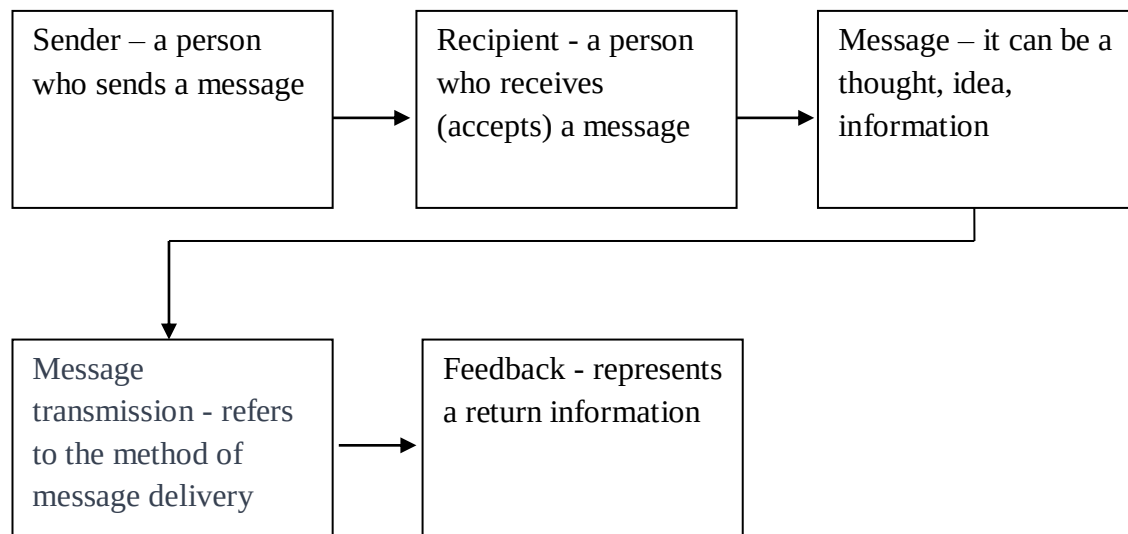


Figure 1. Model of the communication process

The principles through which nurses provide support to patients during communication are:

- Commitment
- Compassion
- Competence
- Confidence
- Conscientiousness⁷.

Contemporary communication in healthcare should be achieved in three fundamental ways: using spoken word, written form, and visual effects. Messages should be sent for the purposes of informing, questioning, encouraging, advising, motivating, reassuring, explaining, providing support, problem-solving, etc. Therefore, the manner of communication in healthcare will always depend on the situation, the content of the message, the number of people the message is intended for, and the characteristics of the individuals being communicated with, especially considering the challenges faced by the elderly⁸.

Types of communication

According to the breadth of the communication process, we distinguish between direct and indirect communication. Direct communication is the direct exchange of information among people, while indirect communication is conducted through intermediaries (media). Based on the symbols used in communication and the method of sending messages, communication is divided into verbal and nonverbal. Verbal communication involves reading, writing, listening, and speaking. Nonverbal communication includes speech volume, tone and pitch of the voice, silence, body posture, gestures, facial expressions, physical touch, dressing style, posture, and position¹.

It is important that there is congruence between verbal and nonverbal communication. Congruence is particularly crucial in stressful situations (abundant in elderly patients) when it is challenging to detect changes in the

nonverbal signals of the patients being communicated with⁹.

Based on the number of people involved in the communication process, there are four types: intrapersonal (communication with oneself), interpersonal (between at least two people), group (within one or more groups), and mass communication (communication with many participants)¹. Interpersonal communication can be categorized into false, one-way, reactive, and two-way forms.

False communication is characterized by talking without dialogue, where there is no real influence or listening between the speakers. One-way communication elicits reactions, but only in one direction. Reactive communication involves mutual reactions between speakers, but not mutual influence. Two-way communication is the most desirable type, as it involves mutual reactions and reciprocal influence through active listening, thinking, and speaking. This form is particularly important when working with patients¹⁰.

Communication styles

Each person has a unique communication style and way of sharing information. There are four basic communication styles:

- Passive
- Aggressive
- Passive - Aggressive and
- Assertive¹¹.

Individuals with a passive communication style are often insecure and struggle to express their feelings and thoughts. They may find it difficult to seek help from others, leading to feelings of helplessness, loneliness, and low self-esteem.

Those with an aggressive communication style prioritize their own feelings, thoughts, rights, and needs. They often

seek control, manipulate others, and may disregard the feelings of others¹².

Individuals employing a passive-aggressive communication style behave passively while subtly creating bitterness or playing manipulative roles. They may struggle to acknowledge their anger and tend to deny problems, leading to a lack of open communication.

In contrast, assertive communicators stand by their words, respect themselves and others, hold their own opinions while respecting those of others. They express their feelings and thoughts honestly while also respecting the other person's perspective. Assertive communication is considered the most desirable style and should be cultivated, especially in healthcare settings¹².

Communication technologies

We live in a world dominated by communication technologies—computers, smartphones, applications, and software. While younger population cannot imagine life without them, questions arise about the extent to which elderly individuals adopt these modern forms of communication. The use of Information and Communication Technologies (ICT) among those over 60 is on the rise. By 2025, it is projected that over 20% of people over 60 in European Union (EU) countries will be using ICT. This trend has sparked considerable interest among scientists in technology, healthcare, gerontology, and psychology, who explore the impact of ICT use on older adults.

The term "silver surfers" is now used in literature to describe older adults who actively use ICT¹³. According to Eurostat data from 2016, in some developed EU countries, at least every second person over 64 is considered a "silver surfer"¹⁴. Research by Xavier and colleagues in

2014 indicates that over 50% of people aged 65 to 74 in the UK have internet access at home. In Scandinavian countries and the UK, internet usage among the elderly ranges from 68% to 84%. Notably, internet use has been linked to reducing cognitive decline among elderly individuals who live alone and lack regular social interaction¹⁵.

Internet access can mitigate social isolation and loneliness among older adults, providing them with opportunities for communication, especially when separated from family and friends or facing mobility challenges. It is believed that embracing ICT could significantly contribute to maintaining both physical and mental health among the elderly¹⁶.

Communication with the elderly living in a nursing home

The separation of elderly individuals from the environment where they have spent a significant part of their lives is a stressful event. Moving into a nursing home requires significant adjustments and changes in habits. The main challenges faced by the elderly in nursing homes include¹⁷:

- A sense of dependence on strict care and activity schedules.
- Insufficient fulfillment of needs for independence, companionship, conversation, and entertainment.

Elderly individuals residing in nursing homes spend a significant amount of time with each other and the facility staff, but interactions with others are often limited. Staff-resident interactions account for only 10.7% of the time, and communication tends to be neutral and task-oriented, which may not be beneficial. Communication plays a crucial role in the quality of life for nursing home residents, linked to lower rates of depression and

reduced incidence of verbal and physical aggression.

A common communication style among nursing home staff is "elderspeak"—a high-pitched, overemphasized, simplistic grammar, slow, or baby-like approach. Despite good intentions, elderspeak hinders effective communication and reduces the self-confidence of nursing home residents, potentially contributing to long-term mental and physical decline due to the lack of frequent and high-quality communicative interactions. Moreover, elderspeak reinforces stereotypes about nursing home residents and the elderly in general¹⁸.

Improving communication and satisfaction among elderly residents in nursing homes can be achieved by:

- Encouraging the elderly to do as much as they can independently.
- Involving a smaller, consistent team of caregiving staff to foster trust and security.
- Planning and conducting more frequent, shorter conversations¹⁸.

Several studies have explored communication interventions aimed at enhancing interactions between staff and nursing home residents, particularly those with dementia^{19,20,21}. Research indicates that nurses who adopt less authoritarian speech styles demonstrate greater respect, a caring attitude, and a less controlling approach toward elderly residents. Additionally, training nurses to use personalized memory books has shown significant success in communicating with residents experiencing cognitive challenges.

Memory books, integrated into daily interactions, are believed to improve communication among residents and between residents and staff. These books

contain caregiving information that supports residents' independent functioning during care, thereby enhancing their overall well-being²².

This study aims to explore communication challenges between nurses and elderly individuals, seeking effective solutions.

Materials and Methods

For this study, a systematic analysis of studies on the characteristics of communication with elderly individuals was conducted. We conducted a search in the PubMed and Embase databases using the keywords 'communication', 'adults', 'elderly', and 'nurses'.

Results and Discussion

Communication problems in the elderly

Communicating with older individuals presents several challenges stemming from stereotypes about aging, physical and psychosocial changes, and health issues^{20,22}. In a large-scale study involving 12,000 individuals aged 65 and older, 42% reported hearing problems, 26% had difficulties with writing, and 7% experienced issues using the phone. These challenges are compounded by health conditions that significantly impact communication abilities, presenting new obstacles for older adults accustomed to different capabilities throughout their lives.

Common communication issues among older adults include:

- Hearing loss (presbycusis)
- Stuttering
- Memory difficulties, especially short-term
- Weakened facial muscles affecting speech

- Swallowing problems
- Decreased vision (cataracts, presbyopia)
- Difficulty writing

Changes in the social roles of older adults also contribute to communication challenges, often leading to decreased self-esteem. Health problems range from physical issues associated with aging, like hearing loss, to neurological conditions affecting brain function and muscle control³.

Several serious illnesses that can affect the communication of the elderly include²³:

- Stroke
- Cancers
- Brain tumor
- Parkinson's disease
- Alzheimer's disease and dementia
- Amyotrophic lateral sclerosis

Stroke, brain tumors, and other forms of brain damage can lead to aphasia, an acquired speech disorder that impairs the ability to express thoughts and ideas. Depending on the severity of the condition, communication can be improved with specific technological devices such as hearing aids, therapeutic interventions, and general communication strategies tailored to the abilities of the elderly person²².

Characteristics of communication with the elderly who have sensory problems (impaired vision and impaired hearing)

Many elderly individuals experience both hearing and vision impairments, which disrupt their communication with their surroundings. This often prompts them to request objects to be brought closer, information to be repeated, and for speech to be clearer and slower. In some cases, seniors may completely withdraw from

communication due to these sensory issues. Research indicates that a significant proportion of the elderly experience sensory problems typical of this life stage, such as presbycusis (hearing loss) and presbyopia (age-related vision decline)²³.

Löhler et al. highlight that impaired communication is a hallmark of presbycusis, emphasizing the importance of early detection for improved communication through appropriate treatment, including the prescription of hearing aids to enhance auditory perception²⁴.

Guerra-Zúñiga et al. note that the utilization of hearing aids in the elderly is influenced by various factors including patient concerns about device handling, audiological considerations, and healthcare program accessibility. Audiologists express concerns over the lack of adequate rehabilitation programs tailored for elderly patients²⁵.

Silagi et al. observe that elderly individuals, particularly those with lower educational backgrounds, often communicate more within their families. The amount of time spent communicating with family and friends depends on the severity of their sensory impairments²⁶.

In an experimental study by Horng et al., herbal remedies were shown to enhance vision, thereby improving written communication among older adults²⁷.

Heine et al. identify common communication strategies with seniors who have sensory impairments, such as repetition, reducing noise, and controlling the environment to enhance clarity. Seniors frequently request clarifications to minimize misunderstandings. The use of assistive technologies, such as hearing aids, speech assistance devices, robotic systems, and video systems, is highlighted

as beneficial for improving communication effectiveness with elderly individuals²⁸.

Characteristics of communication with the elderly who have cognitive disabilities

Cognitive impairments significantly disrupt communication and daily life for elderly individuals. Issues such as forgetfulness and difficulty finding or recalling the right words are particularly challenging. Dementia, one of the most common conditions associated with cognitive decline in the elderly, exacerbates communication problems.

According to Banović and colleagues, communication with individuals suffering from dementia is often fraught with challenges, stress, and negative emotions²⁹.

Sobral and colleagues highlight that elderly individual with dementia struggle with addressing others by name, comprehending speech, and recalling past events. These communication difficulties hinder their ability to perform daily activities³⁰.

Despite these challenges, research indicates that seniors with dementia often use Information and Communication Technologies (ICT) and smartphones to compensate for cognitive deficits, such as using reminders on their phones.

There are common questions about initiating communication with someone with dementia, how much information to share about their condition, and whether to downplay the issue. Nevertheless, it is crucial to approach such interactions with understanding, patience, and respect, allowing ample time for conversation.

Prejudices related to communication problems in the elderly

Old age and aging are often accompanied by various prejudices and stereotypes. Younger individuals frequently perceive the elderly as forgetful, slow, incapable, non-functional, dependent, and hard of hearing. These stereotypes, particularly those related to cognitive and sensory abilities, significantly disrupt communication³¹.

One manifestation of these prejudices is elderspeak, a speech pattern where people address the elderly using simplified language, akin to speaking to a child. Research by Shaw and Gordon has shown that elderspeak can lead to resistance to care among the elderly. Neglecting communication issues in older adults can have harmful effects; the overemphasis on elderspeak communication reduces understanding and can diminish the dignity of the elderly³².

Barber and Lee emphasize that stereotypes significantly influence how elderly individuals assess their own abilities, often rating their listening skills lower due to age-related stereotypes³¹. Communication disorders further disrupt social interactions, partly due to these stereotypes.

To improve communication among the elderly, it is essential to address all communication barriers, prejudices, beliefs, fears, and the individual identity of each elderly person, as emphasized by Goll et al.³³.

Research indicates that communication problems and impairments in cognitive and sensory functions also contribute to the development of self-stigma among the elderly. David et al. identified three levels of self-stigma in elderly individuals with hearing impairments: cognitive attributions

such as feeling old, unintelligent, or handicapped; emotional reactions including shame, pity, and ridicule; and behavior-related reactions such as concealing their impairment, distancing themselves, and struggling to adapt to hearing aids³⁴.

Prejudices exacerbate negative self-perception, leading to reduced social interactions, withdrawal, isolation, and diminished quality of life among the elderly.

Nursing activities in improving the communication of the elderly

Healthcare workers engage in daily communication with the elderly, using this interaction to understand their problems, fears, needs, and desires. Nurses establish successful collaborations and provide appropriate care through effective communication. Communication is fundamental to nursing practice, where carefully chosen words offer support, encourage active aging, and educate the elderly on self-care to enhance their independence.

However, nurses must adapt their communication styles to accommodate the unique problems and needs of elderly patients. A study by Wanko Keutchafo et al. identified common nonverbal strategies used in nurse-elderly communication, such as active listening, smiling, facial expressions, head movements, managing spatial distance, and emphasizing key points³⁵. The study underscores the importance of nurses paying attention to their nonverbal cues and word choice to prevent misinterpretation.

Improving communication with the elderly requires assessing their cognitive and sensory abilities. Höbler et al. identified that nurses working in nursing homes acknowledge barriers, with inadequate

screening for sensory functions being a significant obstacle to effective communication³⁶.

Andrusjak et al. highlight the underutilization of sensory function assessments in nursing homes, with practical activities for elderly individuals with sensory impairments often overlooked in care practices, thereby affecting communication and quality of care³⁷.

According to Roets-Merken et al. instrumental activities of daily living heavily rely on effective communication among the elderly. Therefore, nurse-led self-care programs prove effective in empowering elderly individuals with dual sensory impairments to maintain their daily activities³⁸.

By addressing sensory needs and promoting the use of assistive technologies, nurses play a crucial role in enhancing communication with the elderly. Additionally, studies consistently show that single women with lower education and income levels experience higher levels of loneliness and social isolation³⁹.

Recognizing the significance of assessing elderly communication abilities, nurses can tailor their communication approaches to encourage engagement and prevent isolation.

Pedrozo Campos Antunes et al. identified four categories of assistive technology: assistive technology for individuals with speech problems, robotic or video conferencing systems, information and communication technologies, and other types of assistive communication technologies such as hearing aids. Assistive communication technologies for older adults are not only used by individuals with disabilities or conditions

that impair communication. They are generally intended for elderly individuals without pathological communication issues⁴⁰.

Identification of opportunities provided by ICT (information and communication technologies) in the treatment and care, especially for patients with Alzheimer's disease and caregivers. Martínez-Alcalá CI and colleagues focused on communication involving assistive technology, telecare, and telemedicine. Information systems and the internet were the most used technologies. The key finding of this research is that the use of ICT tools can strongly be recommended to be used as a lifestyle in older adults to improve the quality of life and communication of older adults with dementia and their caregivers. Since AD patients are completely dependent on caregivers in most activities, attention needs to be paid to their caregivers to avoid stress and depression. In addition, the use of ICT in caregivers' daily lives can help them understand the disease process and manage situations in a way that is beneficial for both parties⁴¹.

Dooley et al. investigated communication interactions between healthcare workers and dementia patients, concluding that patient-carer-professional communication in dementia care raises various ethical questions: how to balance the different communicative needs of patients and carers; clarity in terms of sensitivity in diagnosis; and whether to minimize or disclose difficulties in interaction and misunderstandings to increase patient engagement. Healthcare workers need guidelines for diagnosis and strategies to optimize patient and carer involvement⁴².

The impact of communication problems on the social relationships of older adults

Healthy social relationships are crucial for maintaining mental and physical health in later life stages. Reduced social support, smaller social networks, and more negative social interactions are associated with depression, compromised immune function, lower self-rated health, increased disease prevalence, and higher mortality rates. Evidence from Palmer et al. suggests that communication disorders negatively impact social relationships. The relative impact of communication disorders on social relationships, compared to other types of disabilities, is also poorly understood. Regression analysis results have shown that communication difficulties were significantly associated with several parameters of social relationships. Communication difficulties were a significant predictor of less socializing, fewer positive social interactions, less participation in social activities, and higher levels of loneliness⁴³.

Understanding the concept of elderspeak and whether this speech is beneficial or harmful for older adults was investigated by Shaw et al. It was found that exaggerated prosody (emphasis on words), a key characteristic of elderspeak, reduces understanding. Older adults generally perceive elderspeak as patronizing, and speakers are perceived as showing less respect. In individuals with dementia, elderspeak also increases resistance to care. An individualized approach in communication with older adults is necessary. The lack of attention to communication needs among the elderly can have harmful effects on their understanding and well-being³².

Medical nurses should be aware of nonverbal communication with the elderly,

particularly in how messages are sent and interpreted (as they can be misunderstood). Research by Wanko Keutchafo et al focuses on nonverbal communication between older adults (over 60 years old) and nurses. The studies highlight active listening, proxemics (the study of spatial behavior), emphasis during speech, head movements, facial expressions, gestures, and smiling as nonverbal strategies most used by nurses when communicating with older adults. There was no mention of using silence as a nonverbal communication strategy for nurses³⁵.

Conclusion

Typical problems in communication with the elderly relate to presbycusis, stuttering, cognitive issues, weakening of facial muscles, visual impairment, and inability to write. Elderspeak reduces self-confidence among residents of nursing homes and contributes to long-term mental and physical deterioration. An individual approach is needed in communication with the elderly. Nurses should be aware of their verbal and non-verbal communication with the elderly to avoid misinterpretation of messages.

Good and efficient communication requires the presence of active listening, respect (for oneself, the interlocutor, and the situation), empathy, and training of nurses. Self-care programs supported by nurses are effective in empowering older adults with dual sensory impairments to engage in instrumental activities of daily living and in strengthening communication.

A special contribution is reflected in the development and creation of communication maps for healthy elderly individuals and in finding links between the frequency and time dedicated to communication, and cognitive and sociodemographic factors, to identify

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difficulties in a timely manner and improve communication functionality.

Conflict of Interest

The authors declare no conflict of interest

Ethical Approval

N/A

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