Communication and Gerontology:

Health Communication Training for Providers of Health Services

to the Elderly

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One of the largest populations of consumers of health care

services is the elderly. (Although there is a serious problem in

exactly defining the population of "elderly" people since chronological

age may not be the best determinant of aging, the population I am

referring to here includes all of those people over the age of 65

years).[1] As people grow older they become increasingly concerned

about their physical and mental health, leading to increased seeking

of health care services by the elderly. In 1977 the U.S. Department

of Health, Education, and Welfare reported that age was one of the

most important population characteristics in identifying the groups

of people seeking health care treatment in the United States;

> Age is one of the characteristics which can be used
> to predict health status and judge the need for health
> services. In general, older people are less healthy
> and tend to utilize health services more frequently
> than younger ones. Approximately 10 percent of the
> U.S. population is 65 years of age or older and
> approximately 4 percent is 75 or older. In areas
> where there is high in-migration of retired persons
> or high out-migration of young people, these proportions
> may be much higher. In these areas there are likely
> to be higher death rates, greater prevalence of
> chronic conditions and greater utilization of health
> services, especially long-term care services.[2]

Since the elderly are a significant population of health care consumers

health care professionals should be trained to deliver health services

to the elderly as effectively and as humanely as possible.

The primary tool for the delivery of health care services to

people is human communication.[3] The diagnosis, education, and treatment

of health problems is accomplished through the establishment and

maintenance of communication relationships between the providers and
consumers of health care services. There is abundant evidence that
the communication between the providers and consumers of health care is
in need of improvement.[4] Equally obvious is the inadequate, and often
inhumane treatment of the elderly in the health care system.[5] It is
my contention that many of the problems the elderly face in receiving
health care services is strongly related to problems in health care
communication. These health communication problems occur between the
health care provider and the consumer, as well as between members of the
health care team. I advocate training the providers of health care
services in effective and sensitive methods of human communication.[6]
An important aspect of communication training for health care professionals
would include examination of the special communicative needs of the
elderly in the delivery of health care services.

Peterson and Bolton advocate the development of educational
programs in higher education that will help prepare people for
occupations that deal with the problems and concerns of the elderly.[7]
Since health care professionals are in occupations that deal with the
problems and concerns of the elderly on an everyday basis they are an
ideal population to educate about the older person. Additionally, since
health care services are delivered through the use of human communication,
there is a need to combine gerontology education and communication
education for the health care practitioner. Gerontology education will
help the health care professional to better understand the elderly.

through acquizition of reliable information about the older individual and increased sensitization to the needs of the older population. Communication education will help the health care professional better relate his/her knowledge about the elderly and their health problems to the practice of health care delivery.

One way to combine aspects of gerontology education and communication education for the health care professional is in a college course in health communication. Health communication is a relatively new but growing area of communication education in institutions of higher education. "Health communication is an area of study concerned with the role of human interaction in the health care process."[9] By focusing on the communicative demands of health care the health care professional is motivated to recognize the importance of his/her interaction with patients and colleagues, as well as to develop effective human communication skills.

In the remainder of this paper I will describe some of the primary topics of study in health communication and relate these topics to the specific communicative needs of the elderly. There are ten primary topic areas that I concentrate on in teaching health communication. These topic areas are not exhaustive in the area of health communication; they concentrate on the human communication aspects of health care delivery, as opposed to media communication approaches to health communication. Additionally, the topics are not always mutually exclusive, but interrelate in many different ways. The common thread that holds the different topic areas together is the use of human interaction to elicit understanding between peoples, coordinate human activities, and evoke cooperation in health care.

The first topic of study in health communication is examining the relationships between health care and human communication. Human communication is established as the primary delivery system for health care services and examples of how health care professionals depend on their abilities to communicate are discussed. "For example, the doctor who interviews a new patient to establish an accurate medical history, the dentist who probes a patient's mouth to discover the source of a patient's toothache, and the pharmacist who describes the use of a prescribed drug to a customer, are all depending on their ability to communicate effectively to these health care clients to accomplish their professional tasks."[10]

Current problems in health care delivery are related to underlying problems in human communication. Many of these problems are particularly relevant to the problems in health care encountered by the elderly. Some of these problems include dehumanization of patients by health care professionals, lack of patient compliance with health care regimens and appointments, misunderstandings between patients and practitioners, cultural barriers between people in health care, and widespread dissatisfaction with the helper-helpee relationship by both patients and practitioners.[11] The development of the patient-practitioner relationship is analyzed as a possible cause for these health care problems and a potential tool for alleviating the problems. Additionally, theoretical bases of human communication and perception are examined and related to the delivery of health care services.

The second topic of study is the use of language in the delivery of health care. The functions and abuses of medical jargon are examined.[12] Public speaking and patient education skills are practiced, as well as the development of effective listening skills. Students develop the ability to explain and describe complex concepts and procedures to lay audiences. Often patients do not have the understanding of health care procedures and consequences to make informed decisions about their treatment. It is stressed that it is the responsibility of the health care practitioner to provide the patient with sufficient information to allow the patient to make a knowledgeable decision about treatment through informed consent.[13] Cultural aspects of language and language usage are discussed as well.

The third topic of discussion is the importance of nonverbal communication in health care. Sensitivity to the range of nonverbal cues being sent by both the patient and the practitioner are examined. The impact of nonverbal communication on the emotional reactions of the patient to the health care situation is emphasized.[14] Human touch has been found to be an important form of therapeutic communication in geriatric nursing.[15] Unfortunately research has also shown that those elderly residents most in need of therapeutic touches were often going untouched due to cultural barriers, sex taboos and the social structure of the health care organizations.[16]

The fourth topic of study is health care interviewing methods. The goals and responsibilities of health care interviewing is examined:

The importance of establishing rapport is stressed as a crucial step to effective patient interviewing. Students are taught to become sensitive to the perspective of the patient by allowing the patient to describe as fully as possible their own perceptions of their health care problem. A problem in much health care interviewing is jumping to conclusions about the patient's condition without allowing the patient to "tell his story" about why he is seeking health care. [17] Different interview questioning formats and techniques are also explored.

The fifth topic of study is therapeutic communication. Psychological and emotional aspects of illness are discussed and related to patient practioner communication. [18] Self-disclosure and trust are examined as crucial ingredients in the development of therapeutic relationships. Empathy is analyzed and students are encouraged to develop skills in becoming empathic helpers. [19] The importance of establishing person to person rather than person to object relationships is stressed.

The sixth area of study is group communication in health care. The use of health care teams in the delivery of modern medical services is examined. [20] The family group is examined as a source of health care for members. The family is examined in relation to placing elderly family members in long-term care centers. The extended-family model is compared to current nuclear models of family life and related to geriatric health care implications. [21] Group therapy and problem solving is also discussed in relation to health care.

The seventh area of study is the role of conflict in health care
deliyery. Intrapersonal conflict is related to the frustrations
health care professionals encounter in attempting to integrate their
personal and professional roles. Patient dissonance is also explored
in relation to the powerlessness that is often felt in relation to
the treatment and control of their health care problems. Mechanisms
for coping with anger and frustrations are examined and related to
the need for assertive communication in developing viable personal and
interpersonal conflict strategies and tactics. [22]

The eighth topic of investigation is intercultural communication
in health care. Interprofessional relations between different members
of the health care team is examined. Male and female cultural roles
are analyzed and related to the professional roles of doctors and
nurses. [23] The cultural role of the patient is explored and related to
feelings of dehumanization and stigma. [24] The elderly are often
treated as though they were children by health care practitioners
serving to alienate and dehumanize them. Problems with stereotyping
people are discussed and related to patient treatment. [25] Sensitivity
to cultural differences is fostered through discussion of the commonalities
of different people seeking health care. Carmichael comments, "The most
significant intrapersonal problems of the aged may well be the effects
that aging related attitudes, values, and beliefs have on the aging. [26]
process." - Through examination of culturally held beliefs, values,
and attitudes health professionals can begin developing awareness of
cultural biases against the elderly and eliminate non-productive
stereotypes.

The ninth topic area is communication in medical organizations.
Medical organizations tend to be among the most bureaucratic, with
many rules, regulations, and officials.[27] The importance of accurate
and timely information in health care organizations is stressed. Formal
and informal communication networks are identified and related to the
effective management of complex medical organizations. Medical
organizations and gerontology are closely related because of the large
number of older people living in health care institutions such as
geriatric centers, hospitals for the chronically ill, nursing homes
and rehabilitation hospitals. In fact, in 1974 the National Center
for Health Statistics reported that almost 1.2 million elderly people
were residing in nursing home isnstitutions.[28] A recent study of the
communication patterns of the elderly in a retirement community has
indicated that residents of the community develop mutually therapeutic
communication relationships that provide health care benefits to
members of the organization.[29] Further examination of the quality and
patterns of communication in health care organizations may provide
useful information for improving organizational life for long-term
patients.

The final area of study is communication with the terminally ill.
The communicative needs of the dying are explored.[30] Cultural perspectives
on death and the dying process are examined and demystified. Problems
in current health care for the terminally ill are related to communication.
Students are encouraged to recognize their own mortality to help them
develop empathy with the dying. The importance of allowing the dying

person prepare emotionally for death, and to die with dignity is stressed. The topic area of communication with the terminally ill is, perhaps, the area of health communication that most closely interfaces with gerontology, because the older person is more acutely aware of his/her mortality. Sensitivity and respect for the dying person is crucial in establishing effective communication. Many of the topics discussed in earlier sections of the course can be applied to the communication relationship between the dying person and the health care provider. Empathy, listening skills, sensitivity to nonverbal cues, and honest communication are necessary interaction skills for the health practitioner attempting to help the dying person make a satisfying transition from life to death.

Certainly one course in health communication will not solve the variety of communication problems facing people in the health care system. By making people aware of many of these problems, however, and offering strategies for improving communication in health care, perhaps some situations that might be problematic and therefore painful to patients and practitioners will be handled more sensitively and effectively by communication trained professionals. Additionally, "As people become older and more frail, their increasing ill-health may be aggravated by problems of 'isolation, unsatisfactory accomodation and inadequate means. All these are likely to affect their relationship with their general practitioner."[32] The combination of communication and gerontology education in health communication courses can help the health care practitioner develop effective communication relationships with elderly patients and thereby help ease the health care problems faced by the aged.

FOOTNOTES

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