

Elderspeak to Resident Dementia Patients increases Resistiveness to care in health care profession

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Abstract

Resistiveness to care is very common among patients of dementia as these patients do not take medicines, meals or bath very easily. Amongst different factors, the type of communication between resident dementia patient and health caregiver is an important contributing factors in development of resistiveness to care. Elderspeak (baby talk) is type of communication in which health caregivers adjust their language and style, while interacting with elderly and dependent patients. Most of times, caregivers tend to adapt elderspeak as they handle weak and fragile older patients for routine activities. Although elderspeak is meant to provide support, warmth and care to patients, yet patients perceive elderspeak as patronizing and it induces negative feeling about self-esteem. The present review discusses the studies discussing the use of elderspeak in communication and development of resistiveness to care in resident patients of dementia.

1. Introduction

Dementia refers to a set of symptoms that loss of memory loss, cognitive impairment, difficulties in problem-solving and paucity of language. Initially, these symptoms are not noticeable; however, with progression of disease, these become severe enough to impair the day to day activities. There are different types of dementia including vascular dementia, Alzheimer disease, dementia due to Parkinson's disease, dementia with Lewy bodies, frontotemporal dementia (Pick's disease), Creutzfeldt-Jakob disease, HIV infection associated dementia. Amongst these different types, dementia due to Alzheimer's disease is the most common and vascular dementia (due to stroke) is second most common type (Hickey et al., 2008; Scott and Barrett 2007). There is an exponential rise in patients suffering from dementia from the age of 65 and to 90 years. Approximately, the rate is doubled after every 5 years (Jorm and Jolley 1998). Recent studies have also shown the high prevalence rate of dementia due to multiple etiology including vascular origin (Davis et al., 2018), Alzheimer disease (Montgomery et al., 2017; Gonçalves-Pereira et al., 2017).

Resistiveness to care is very common among patients of dementia, which adds a substantial load on health caregivers (Williams et al., 2009; Nordgren et al., 2017). In dementia patient with limited communication skills, there are chances of development of communication deadlock between health care givers and resident patients. Health caregivers find difficulties in communicating with patients suffering from dementia (Wang et al., 2013). Therefore, it is a need for good conversation techniques or interventions to overcome the communication barrier between patient and care givers (Machiels et al., 2017). The improvement in communication may not directly decrease the neuropsychiatric symptoms in dementia patients; however, it does have the potential to improve the quality of care and life (Vasse et al., 2010). Scientists have developed different 'Communication Enhancement' models which help in identifying individual problems and enhancing communication skills to meet the individual demands (Ryan et al., 1995). Elderspeak is a very prevalent type of communication among health care givers while dealing with old age patients, particularly patients of dementia. Although, this modified form of conversation or communication is meant to provide friendly behavior to patients, yet it is found to produce negative effects (Wick and Zanni 2007). It often leads to

communication block and development of resistiveness to care in patients (Schroyen et al., 2018; Williams et al., 2004). The present review discusses the association between resistiveness to care and elderspeak in resident patients of dementia.

2. Elderspeak and its Purpose in Clinics

It is normal human tendency to change the style of communication and alter language while interacting with infants. Similar types of changes are made in language and communication style by health care givers during their interaction with elderly patients. Such type of speech with elderly patients is termed as elderspeak. Therefore, elderspeak refers to changes made in language while communicating with elderly people. It is also termed as infantilizing communication, secondary baby talk, over-accommodative speech or patronizing speech. The features of elderspeak includes use of very short sentences; slow speech, but elevated pitch; simple vocabulary and grammar; use of intimate words such as 'good boy/girl' 'sweetie' or 'honey'; use of collective/plural pronouns (represented in italics), such as "Are *we* ready for *our* bath?" (Williams et al., 2009; Williams et al., 2017d).

Health caregivers adapt elderspeak because they have to handle weak and fragile older patients who are totally dependent for daily routine activities. The data collected from 134 certified nurse assistants in the form of questionnaire showed that appropriateness of elderspeak is dependent on different contexts. Patient related features such as age, cognitive impairment and extent of dependency on nurse assistant were predominant factors affecting elderspeak (Lombardi et al., 2017). The use of elderspeak is not restricted to a single country or location. Rather, studies from different countries have shown the use of elderspeak with geriatric patients (Samuelsson et al., 2013). The survey of about 159 older persons suggested that there are two dimensions of elderspeak including 'warmth' and 'superiority'. There is an important role of familiarity of patient with caregiver. The patients felt greater degree of warmth and lesser degree of superiority from elderspeak of familiar caregiver. With unfamiliar caregiver, patients perceived more of superiority and less warmth from elderspeak (O'Connor and St Pierre 2004). There is also an important role of patient's perception about elderspeak. The patients having positive perceptions about elderspeak have reported higher self-esteem on actual encounter with elderspeak. On the other hand, there was a decrease in self-esteem in patients having negative perception about elderspeak (O'Connor and Rigby 1996). Moreover, there is an important role of age in perceiving elderspeak. In a study, older adults were able to recall more information about elderspeak in comparison to young adults after watching a video presentation of medication instructions in elderspeak (Gould et al., 2002). As per the information gathered from 26 certified nursing assistants working in nursing homes and involved in caring elderly patients, elderspeak is adapted in communication for following achieving following purposes (Grimme et al., 2015):

- i. It makes patients more comfortable in nursing home
- ii. The caregivers may become friendlier with patients
- iii. The resident patients can comprehend verbal communication in better manner
- iv. The patients may cooperate with care givers in a better manner, particularly during caring giving activities.

3. Resistiveness to Care in Dementia Patients

Resistiveness to care is very common in patients of dementia and these patients generally resist in taking medicines, meals or bath (Nordgren et al., 2017). Resistiveness to care is very challenging task and it increases subjective, objective and financial burden (more than 30% increase in cost) on health caregivers (Williams et al., 2009). Amongst various factors affecting resistiveness, an important role of caregiver's well being is recognized, which is linked with daily hygienic care (Fauth et al., 2016, Belzil and Vézina 2015). Although, resistiveness to care and agitation are two separate behavioral aspects of dementia (Volicer et al., 2007), yet most of times, resistiveness is associated with agitation and aggression. Physical as well as verbal aggression poses a great challenge to health caregivers and lack of effective communication is one of the most important

factors involved in development of aggression (Talerico et al., 2002). An improvement in behavioral interventions may possibly reduce the development of resistiveness and associated abusive behavior (Volicer et al., 2009).

4. Avoidance of Elderspeak Reduces Resistiveness to care in Dementia Patients

Communication failure is one of the most important factors contributing in the development of resistiveness to care in patients suffering from dementia and incorporation of elderspeak in communication is an important factor in producing resistiveness to care in elderly (Williams et al., 2009). Elderspeak has been considered as a stereotypical behavior of young healthy adults towards aged, weak and dependent elderly persons. The elderly persons perceive elderspeak a form of patronizing communication, which tends to convey the message of incompetency of elderly adults. It has a negative impact on patients and may lead to decrease in self-esteem, emotional outbursts, verbal and physical aggression, depression, communication block/withdrawal, and the assumption of dependent behaviors (Ryan et al., 1986; Kemper et al., 1998).

In order to avoid elderspeak in communication, special communication training programs have been designed for nurse assistants to meet the psychosocial needs of adults (Williams et al., 2003; 2005a,b; Williams, 2006). A case study has shown a correlation between staff elderspeak communication and resident resistiveness to care in a nursing home (Cunningham and Williams 2007). Another study employed General Sequential Quierier (GSEQ) software to study behavior of patients of dementia in response to elderspeak communication. It was shown that elderspeak triggered negative vocalizations such as loud speaking, screaming, yelling, and crying in patients. Such negative vocalization has a serious impact on nursing care. The avoidance of use of elderspeak by nursing staff may lead to improvement in behaviors (Herman and Williams 2009). Apart from it, there is an important role of emotional tone in communication with dementia patients during bathing or care taking activities (Williams and Herman 2011). Instead of elderspeak, scientists have developed different communication training program including 'The Communication Enhancement Model' for nursing assistants to avoid elderspeak and employ communication which is respectful, non-patronizing and caring for resident patients suffering from dementia (Williams et al., 2004; 2005a).

Recent studies by Williams and coworkers have demonstrated that improvements in communication by avoiding elderspeak led to improvement in behavioral manifestations of dementia along and reduced resistiveness to care in nursing home. Indeed, the authors conducted randomized clinical trial in 13 nursing homes in which 29 staff persons and 27 dementia patients were included. Their interaction was video-recorded before and after communication intervention and at a 3-month follow-up. The intervention was communication training i.e., Changing Talk to Reduce Resistiveness to Dementia Care (CHAT) in which staff was asked to reduce their use of elderspeak. The results indicated that with the decline in elderspeak declined from (from 34.6% to 13.6% points) there was significant decline in RTC declined (from 35.7% to 15.3% points) (Williams et al., 2017a). The authors described that CHAT training program led to significant reduction in cost and time in managing behavioral symptoms and in complete care of dementia patients (Williams et al., 2017b). Moreover, employment of 'person-centered communication' in 39 nursing assistants from 11 nursing homes as a part of three-session Changing Talk communication training led to significant improvement in behavioral and psycholinguistic measures (Williams et al., 2017c). Another recent study has shown that lexically and grammatically rich communication with little elderspeak led to significant reduction in resistiveness to care, linguistic isolation and minimal chances of breakdown down of communication. The authors devised three alternative ways of communications with older patients including offered and requested blessings; jokes and narratives and concluded that avoidance of elderspeak is key to reduce resistiveness to care (Corwin et al., 2017). Vachon et al described the beneficial effects of different communication strategies adapted by caregivers or medical staff to patients suffering from Alzheimer disease. The communication strategy included use of short and syntactically simple sentences; semantic memory, not of episodic memory; more information; removal of environmental distractions, specific topic of conversation, use of close-ended questions, paying personal attention to the needs of patients and using supportive speaking. Along with it, communication strategy in which patients were insisted to use specific word, slow speech and use of repeated words/information led to communication deadlock between caregivers and patients (Vachon et al., 2017).

Conclusion

Health caregivers are prone to use elderspeak while communicating to dependent, weak and fragile dementia patients. However, instead of producing beneficial effects, such type of communication decreases self-esteem of patients, produces negative feeling, agitation, aggression and leads to development of resistiveness to care. The avoidance of elderspeak and employment of alternative communication strategies are found to reduce resistiveness to care and a feeling of well being in dementia patients. The adaptation of communication strategies avoiding the use of elderspeak may help in reducing aggression, agitation and psychosocial symptoms in dementia patients.

Conflict of Interests

The authors declare no conflict of interests.

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