

Therapeutic Communication Gerontology Assignment

Learning Objectives and Outcomes		
Area	Objective	Course Student Learning Outcome (CSLO's), Baccalaureate Essential's & QSEN
Knowledge	<p>Apply therapeutic communication nursing concepts in the delivery of nursing care to gerontology patients.</p> <p>Examine the influence of age on nursing care decisions and actions for patients.</p>	<p>CSLO #1 & 2 Baccalaureate Essential VIII QSEN Patient-Centered Care</p>
Skills	<p>Apply therapeutic communication principles, concepts such as active listening, silence, focusing, open ended questions, clarification, exploring, paraphrasing, reflecting, restating, providing leads, acknowledgement, and offer of self.</p> <p>Increase their own self-awareness of judgments and pre-conceived notions that may affect their advocacy for older adults.</p>	<p>CSLO #1 & 4 Baccalaureate Essential VIII QSEN Patient-Centered Care</p>

	Evaluate effectiveness individual performance.	
Attitudes	<p>Values the role of therapeutic communication in nursing care decisions and actions.</p> <p>Recognize personally held attitudes about working with patients from different age, ethnic, cultural and social backgrounds.</p>	<p>CSLO #1 & 4 Baccalaureate Essential VIII QSEN Patient-Centered Care</p>

Instructions:

This assignment is designed to help students feel comfortable initiating conversations with older adults and raising awareness of older persons' wishes, expectations, resources, cultural traditions, and strengths. Students will select an older adult to interview. Interviews can be completed virtually or by phone. Students will utilize therapeutic communication to explore the quality-of-life perceptions, risk the person is willing to take or has taken to preserve the quality of life.

Therapeutic communication is a fundamental component of nursing and is a complex concept. Ensuring positive encounters between nurses and patients is essential for improving the quality of nursing interactions, the performance of various nursing duties, and meet patients' diverse needs (Abdolrahimi, et al., 2017).

Reference

Abdolrahimi, M., et al., (2017). Therapeutic communication in nursing students: A Walker & Avant concept analysis. *Electronic Physician*, 9(8), 4968-4977. doi:10.19082/4968

National League of Nursing (NLN). Retrieved from <http://www.nln.org/professional-development-programs/teaching-resources/ace-s/teaching-strategies/aces-knowledge-domains/individualized-aging/examining-risks-and-benefits-to-enhance-quality-of-life>

Pre-assignment work-

Students should answer the following questions to fully understand the quality of life, personal choice of decision making, and self-reflection.

1. Which of these two statements is most important to you?

- I want to live as long as possible regardless of the quality of life that I experience.
- I want to preserve a good quality of life even if this means that I may not live too long.

The statement that is most important to me is the latter statement. I find living a long time with dementia or some other cognitive disorder is a travesty of living. Losing my faculties, I would probably go through Kubler-Ross's stages of grief: Denial, anger, bargaining, depression, and finally acceptance if I were to have dementia. Not only would I go through this stage, my wife, son, mother, and close friends would also go through these stages.

2. Do you feel you have full autonomy for decision making?

I have full autonomy in deciding issues about my health and life because I am of sound mind and body. If I become incapacitated, my wife or son would make decisions based on conversations we talked about in the past. We have a will, my wife is my power of attorney for health care decisions, and taking over the financial aspect of our family has been expressed and discussed by my family.

3. How do you feel when people make decisions for you?

The only people making decisions on my health and life will be my wife and my son. I know their decision for me will be in my best interest. They understand that my quality of life is more important than my quantity of life. We have talked extensively on matters of death, and we respect each other's decisions. I am content knowing that I will be in loving hands when that time comes when my spirit leaves this world and my body is left behind.

4. What do you see as important in your life?

Having God in my life is of the utmost importance. My wife, son, and mother are next. I like Maslow's hierarchy of needs. I try to ascertain my basic and psychological needs daily. Trying to reach the pinnacle in different aspects of my life while challenging is my ultimate goal. Goals like achieving a Bachelor's degree, hopefully in nursing, driving cross country with my wife, and maintaining good health are some of my ultimate goals.

5. What risks have you taken in the past that has affected your quality of life?

In the readings, "risks" meant taking some hormonal replacement therapy. In men, andropause is not a "normal occurrence in all aging men." While I have noticed differences since being in my twenties, like moving slower and less physically strong, I know that not exercising and eating healthy has affected my quality-of-life. But, as with many people who have had quality-of-life changes for the worse, those same people make it work for them. I have adjusted too.

6. What risks have you taken in the past and how has this affected you?

I lived a conservative life where I did not take chances like smoking, excessive drinking alcohol, or use illegal drugs. My peers designated me as the driver to take them home when they were drunk in our younger days. I occasionally drove home drunk, which was a risk, but I was too young to understand or ignored the danger. I have thanked God many times for not letting me crash in my younger twenties the few times I drove under the influence. There had been financial risks where I could have utilized my monies better. I may have lost out on bettering my financial stand but teaching my son the mistakes I have made is my compensation for those mistakes.

7. What risks do you want to take now?

Things have not changed too much since my early twenties. I still do not smoke, excessively drink alcohol, or do illegal drugs. One risk I partake in is occasionally driving over the highway's speed limit but not in the city proper. However, currently, I am trying to get a discount on my automobile insurance, so that risk will be kept to a minimum until the end of May when the trial is over. Another risk is not exercising and eating healthy as I should. This risk has caused me to be overweight, have high blood pressure, and elevated cholesterol. Perhaps another risk is holding grudges. I may lose out on knowing people, but my mental sanity is more important than friendship. Like a bird, it may fly with others or it may fly by itself.

8. What risks are you not willing to take?

Risks I am not willing to take: Driving home drunk, using illegal drugs, and smoking. I will not destroy my financial credit score. I am not ready to compromise my sanity for anything or anyone. I stay away from temptations that would lead to me becoming harmed, like thievery or compromising positions with the opposite sex. In my opinion, if one risks once, the second risk is nearby.

9. How would you explain to the people who love you why you want to take this risk?

Perhaps the question is why I “won’t” take these risks. I will not accept such risks because of the penalties that could occur if I did. I have morals, values, and beliefs that were given to me by my mother. After becoming a more mature adult and learning that the risks I did take were wrong, I have corrected my behavior. I do not think being “high” on drugs, inhaling cigarettes, or drinking and driving drunk are things that would positively benefit me. Destroying my credit means I would have to work harder to get something. I do not want to be in jail because it would not positively benefit me. As far as my loved ones, our beliefs in morals, values, and beliefs are similar. Although I follow my drumbeat and make up my mind on the things that I do or do not do, I listen to others for advice.

10. What frightens you about taking this risk?

I am not particularly eager to struggle. Life is hard enough. With an arrest history, I would not get a good career job. Being “high” or drunk would make me lose my job, family, and anything else dear to me. I am not the type of person that enjoys brief satisfaction by doing something wrong and causing grief to others. Having a low FICO score makes life more challenging to achieve things. Instead, I try to make respectful decisions. However, I am human. I try to keep mistakes to a minimum.

Interview process: *(please note that the Interview process is below in a narrative form)*

Find an older adult to interview. The interviewee may be a family member and does not have to be a patient. Each interview should be a minimum of 20 minutes. Students should use therapeutic communication techniques to build therapeutic relationships within the community. Students should ask a minimum of 5 questions listed below. Students can phrase the questions in their conversational tone. A student may ask a question not listed below but will need to write down additional questions in the post-interview evaluation. The interview process notes are not graded but assist the student in the reflection process.

1. Which of these two statements is most important to you?

- I want to live as long as possible regardless of the quality of life that I experience.
- I want to preserve a good quality of life even if this means that I may not live too long.

2. Do you feel you have full autonomy for decision making?

3. How do you feel when people make decisions for you?

4. What do you see as important in your life?

5. What risks have you taken in the past that has affected your quality of life?

6. What risks have you taken in the past and how has this affected you?

7. What risks do you want to take now?

8. What risks are you not willing to take?

9. How would you explain to the people who love you why you want to take this risk?

10. What frightens you about taking this risk?

Interview Evaluation-Reflective Activity

After interviewing an older adult, students are to complete a self-reflective evaluation.

1) What therapeutic communication techniques did you use during the interview? Provide examples

- I used many therapeutic communication techniques:
 - Giving information, giving recognition - Hello Mrs. Patterson. I want to interview you for about twenty minutes if this a convenient time. And you may call me Jerry instead of student nurse, okay?
 - Accepting - I see.
 - Focusing - Mrs. Patterson, can you give me other examples of autonomy you have used?
 - Restating - It appears that you do not like someone making decisions for you.

- o Making observation - I notice you're tearing up a bit.
 - o Offering self - Mrs. Patterson, we'll hold off for a few minutes on questions and I will sit with you awhile.
 - o Summarize - Mrs. Patterson, I want to summarize that you would rather have a quality of life that is meaningful rather than a life of quantity and poor health. Besides not being able to drive, you have had total autonomy in your life. Also, you do not like others making decisions for you. You treasure your life, health, and family. You will not risk driving anymore, especially after the two-car accidents in your recent past. You want to exercise and indulge in an intimate relationship. And you have concerns about sexually transmitted infections. I appreciate you taking the time out of your schedule to allow me to interview you on these topics.
- 2) What went well?
- I felt comfortable engaging her in questions, being receptive to her answers, and identifying her emotional state when it changed. At that time, we took a break to recoup. As far as comparing answers we gave, I noticed that we both want the quality of good health instead of quantity of poor health. We both like our autonomy. She expressed that she does not have a life decision-maker, whereas I have my wife and son decide when I am incapacitated. She stated that health and family were important, whereas I mentioned God, my wife, son, and mother were important. I also have needs and accomplishments to pursue. Our risk of driving was related to driving. Her risk was as she became a late-life adult, whereas my risk was in my early twenties. We don't want to take risks that would be detrimental to our lives.
- 3) What would I do differently next time?
- Overall, I felt that our interview went well. We communicated and understood both the questions and answers.
- 4) What are the major take-home lessons after interviewing an older adult?
- Give the older adult time to reflect on the question. If needed, have the older adult expound on the answer. Be patient. This client had no issue with speech or hearing, whereas another client may need more assistive devices. In the culturally late-life adult, make sure an interpreter is available. If the older client is from another country, make sure to keep cultural interactions respected.
- 5) How can I adapt my nursing practice to be more responsive to the unique needs of an older adult client?
- I can adapt my nursing practice to be more responsive to the unique needs of a late-life client by utilizing basic fundamentals that all clients should receive: Respect; understanding; rapport; trust; cultural awareness; empathy; genuineness; self-determination; non-judgmental; and authentic to say at a minimum.
- 6) In what way am I building my nursing skills?

- I am building my nursing skills by improving my therapeutic communications and enacting them with my late-life clients.

Interview with a Late-Life Adult

This is a conversation between myself and my wife's aunt, who is 75 years old and recently a widower. She is recently in communications with a man of similar age and marital status. We are quite aware of each other, as we sat socially distant across from each other. We engaged in small talk and then commenced with the interview.

Student nurse: Hello Mrs. Patterson. I want to interview you for about twenty minutes if this a convenient time. And you may call me Jerry instead of student nurse, okay? (**giving recognition** and introducing self, setting limits of the contract; this is also **giving information** as a therapeutic communication technique)

Mrs. Patterson: Yes Jerry, I agree to what you just said." We both laughed and smiled.

Student nurse: Mrs. Patterson, my questions come from your interpretation of what has been your quality of life, your personal choice of decision making, and your self-reflection. I am currently in a geriatric nursing class where one aspect of learning entails learning how to communicate with late-life aged clients. Research has shown that this area of geriatric health care has not been explored as much as other topics like pediatrics, young- or middle-aged adults. Part of this problem has been that the late-aged client did not trust the provider. Both parties felt nervous or shame about asking questions and other issues. So, let us begin with this question. Answer one of these two questions: (**question #1**)

- I want to live as long as possible regardless of the quality of life that I experience.
- I want to preserve a good quality of life even if this means that I may not live too long.

Mrs. Patterson: I want to live a good quality of life so that nobody has to care for me. If my quality of life is good, that means that I am taking care of myself and not depending on my children or anyone else. I can live at my home and not in a nursing home. I can cook, clean, and do as I please. I also don't want to be a burden to my children. They have their own life. I'd rather die than be in a vegetative state. I don't want to be hooked up to machines or drugged up just to live to one hundred years or longer. (During her

conversation, I used active listening and active observation by using eye-to eye contact, leaning toward client, and nodding with affirmation)

Student nurse: I see. (using **accepting** as a therapeutic communication technique) Let me ask you this question. Do you feel you have full autonomy for decision making? (**question #2**)

Mrs. Patterson: Yes, I have autonomy and I always have. I always felt like I had control, even when my husband was alive. I always had control over my marital situation. I was never subservient to him. He did not have total control. Decision making was shared. My husband worked but he gave me his entire check. I did what I wanted to do. I paid the bills, shopped for groceries, and took care of the house and children. Bubba (her husband's nickname) worked and felt content as I took care of our home.

Student nurse: Mrs. Patterson, can you give me other examples of autonomy you have used? (using **focusing** as a therapeutic communication technique)

Mrs. Patterson: Well, after Bubba died, my oldest daughter wanted me to make her my Power of Attorney for Health and Financial Care Decisions. Because of my past health histories and since my husband is no longer with me, she felt it was the correct thing to do. My daughter was pretty adamant about this but I told her, "No!" I have two other children and when that time comes, I'll make a decision. Another example of my autonomy was when this same daughter wanted me to join her in buying a building together. Again, I told her, "No." I enjoy my own freedom and space. I don't do things that I don't want to do. One last example is when my same daughter would bring my eldest living sister to my home every weekend. I had to tell her to stop doing that. If my sister needs company, "Take her to your home sometimes." I told her "No, means no!"

Student nurse: It appears that you do not like someone making decisions for you. (**restating** as a therapeutic communication technique) (**question #3**)

Mrs. Patterson: Well, no! I make my own (expletive) decisions! I'm sorry I cursed but that's how strongly I feel about people trying to take control of my life. Nobody pays my bills except me, therefore, I'm the boss.

Student nurse: What do you see as important in your life? (**question #4**)

Mrs. Patterson: My health and my kids. Jerry, you know I've had three strokes and three heart attacks, so my life is precious. I raised my three children, one grandchild who died at 36 years old, and now I'm raising his two children who are now teenagers. I lost

my husband of fifty-eight years marriage. We knew each other since kindergarten, so that's a pretty long time. (continued using active listening and active observation by using silence and acknowledgement of her conversation)

Student nurse: I notice you're tearing up a bit. (**making observation** as a therapeutic communication technique)

Mrs. Patterson: Yes, I've had a hard life. It's not easy raising children as poor as we were. Then to raise a grandchild and then his children; it's been rough. I miss my Bubba too. He was always around helping me with the children.

Student nurse: Mrs. Patterson, we'll hold off for a few minutes on questions and I will sit with you awhile. (**offering self** as a therapeutic communication technique)

Student nurse: What risks are you not willing to take? (**question #8**)

Mrs. Patterson: Jerry, I cannot take a risk in driving. After my health issues, I disobeyed my doctor and tried driving. I got into an accident, twice. The first was when a truck struck my car. The second was when I knocked down a neighbor's fence destroying it and my car.

Student nurse: How does it make you feel since you can no longer drive your car?

Mrs. Patterson: I hate it. I have to depend on PACE (public transportation) or my great-grandchild to take me places. This is probably the only time I don't have control as I once did. I really miss driving.

Student nurse: What risks do you want to take now? (**question #7**)

Mrs. Patterson: Well, I really want to indulge in some type of strenuous exercise, like joining Planet Fitness. I would like to go on long walks but with my vision being bad, I have to always be with someone so I don't get hurt. I also connected with another senior and although the relation is friendly, we would like for the relationship to evolve into something more intimate. It's been a while since I've had sex so I am concern about what is next. Right now, Covid has kept us apart. We're also concerned about sexual transmitted infections, physical changes, and can we move forward after our spouses have died.

Student nurse: Intimacy is one of the topics my class is currently reading. Research says many late-life adults still want intimacy and desire sex. If I may, I would encourage you and your friend to visit your healthcare provider for more information on this topic. Mrs. Patterson, I want to **summarize** (as a therapeutic communication technique) that you would rather have a quality of life that

is meaningful rather than a life of quantity and poor health. Besides not being able to drive, you have had total autonomy in your life. Also, you do not like others making decisions for you. You treasure your life, health, and family. You will not risk driving anymore, especially after the two-car accidents in your recent past. You want to exercise and indulge in an intimate relationship. And you have concerns about sexually transmitted infections. I appreciate you taking the time out of your schedule to allow me to interview you on these topics.

STUDENT NAME _____ Jerry Williams _____

RUBRIC FOR THERAPUTIC COMMUNICATION GERONTOLOGY ASSIGNMENT

Pre-Assessment

Objective	Unsatisfactory 0 points	Satisfactory 5 point	Grade
Increase own self-awareness of judgments and pre-conceived notions that may affect their advocacy for older adults.	Description adequate with superficial thought and preparation; does not address all aspects of the task	Description well developed assignment that fully addresses and develops all aspects of the task.	
Content Contribution	Information that is off-topic, incorrect, or irrelevant to discussion.	Factually correct, reflective, and substantive contribution.	
Clarity & Mechanics	Communicates in manner with some 2-3 errors clarity, spelling, grammatical, or mechanics errors.	Contributes valuable information with minor 1 clarity, spelling, grammatical, or mechanics errors.	

Comments:

Pre-Assessment POINTS: _____/15

Interview Evaluation-Reflective Activity

Objective	Unsatisfactory 0 points	Satisfactory 10 point	Grade
Evaluation therapeutic communication process with older adult	Description adequate with superficial thought and preparation; does not address all aspects of the task	Description well developed assignment that fully addresses and develops all aspects of the task.	
Content Contribution	Information that is off-topic, incorrect, or irrelevant to discussion.	Factually correct, reflective, and substantive contribution.	
Clarity & Mechanics	Communicates in manner with some 2-3 errors clarity, spelling, grammatical, or mechanics errors.	Contributes valuable information with minor 1 clarity, spelling, grammatical, or mechanics errors.	

Reflective POINTS: _____/30

Total Points: _____/45

Instructor Signature: _____

Date: _____

