Remember the old saying? “Sticks and stones may break my bones, but names will never hurt me”. This chant is often used as a response to undesirable name calling and spiteful comments. As health care and social services professionals, we know that emotional pain and suffering is often attributed to communications which are perceived as being malicious, condescending or unpleasant.

Savvy professionals are mindful of generational differences that influence communications. For example, sensory changes, functional limitations, coping strategies and personality type can all have an adverse affect. In addition, we understand that words, tone of voice, and nonverbal communications all have the power to ‘wound with words’. There is an abundance of literature that indicates older adults are exposed to communication styles that include words and/or behaviors that are less than helpful and may even be harmful.

To be generationally savvy in your communications, it can be equally important to know what not to say as knowing what to say. Many communications techniques, whether consciously used or not, are potentially hurtful and are often considered demeaning and disrespectful by older generations. Likewise, addressing an older adult with an exaggerated term such as “young lady” or “young man” tends to place unnecessary and often inappropriate emphasis on age. For example, the term young man is often received as old man.

Health care and social services professionals understand that elderspeak, and possibly other styles of communication, includes use of words and gestures that:

- are “based on stereotypes that older adults are less competent, so younger communication partners simplify their communication.

Potentially hurtful communication styles include:

- **Condescending** – using words and comments that come across as lofty, arrogant, disdainful.¹
- **Elderspeak** – using terms of endearment and coming on too strong, often in an attempt to be overly friendly (e.g., honey, sweetie, pops).
- **Exaggeration** – yelling or mouthing words assuming all older adults are hearing impaired or deaf.
- **Patronizing** – using simplified grammar and exaggerated expressions.
- **Talk Around** – failing to talk to and acknowledge the presence of an older person as though he or she is invisible (e.g., has she been taking her medicine?)
• attempts to clarify communication and alter the emotional tone of messages when communicating with older adults.
• may have serious health and wellness consequences for older adults, even though well-intended.²

It is essential to consider how older adults feel as a result of communications. Communication styles, regardless of intent, often come across as belittling, demeaning, disrespectful, make people feel less competent, and provoke anger.³ In addition, older adults exposed to inappropriate communications styles may resist health care interventions and feel less trusting of the service provider.⁴

Professionals who interact with older adults have the opportunity to be generationally savvy in their communications and to create awareness and help their colleagues when styles may be inappropriate. In addition to potentially hurting the recipient of your words, you may also be hurting your reputation as studies show that users of non-generationally savvy communication styles are considered “less competent” practitioners.⁵

Suggestions to enhance communication:
• Talk to people in a professional manner and use proper and preferred names (e.g., Mrs. Jones, Nancy).
• Remember to use “you” instead of “we” when addressing a person (e.g., How are you feeling?)
• Don’t try to prompt agreement (e.g. You’d rather go with someone, wouldn’t you?)
• Talk to the patient/client instead of directing comments to a family member, friend or other.

Recommended Resources - Evelyn’s Picks


References