

Relationship Skills Building with Older Adults

By: [Cheryl McNeill, MSN, RN](#); [Mona Shattell, PhD, RN](#); [Eileen Rossen, PhD, RN](#); and [Robin Bartlett, PhD, RN, BC](#)

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Abstract:

Relationship skills building is the focus of an innovative clinical experience with older adults for junior level nursing students in a psychiatric mental health course. The clinical experience is designed to help students apply, integrate, and validate previously learned therapeutic communication skills and experience discovery of self and others. This article describes a clinical experience that introduces students to older adults, who will make up the majority of health care recipients in the students' future careers, and helps students explore the nurse's role in mental health care for older adults.

Not only did students engaged in the clinical experience learn to develop a relationship with the older adults, but they learned much more—they learned to appreciate the value of life, the importance of listening, and the rich and varied life stories of older adults.

Article:

Often, undergraduate nursing students are instructed on a right way to ask questions and phrase statements, and the students then practice, analyze, and re-analyze these statements. However, until a relationship with the patient is developed, these skills may not be of much use. Deliberate opportunities are needed in clinical experiences to develop relationships that value listening, trust, respect, empathy, and caring. Effective communication, especially with older adult patients, requires patience, sensitivity, use of respectful and appropriate language, and attentive listening (Williams, Kemper, & Hummert, 2004). Clinical experiences constructed to provide relationship building outcomes are imperative. This article describes a clinical experience planned specifically for relationship skills building. The experience also introduces students to an older adult population, which will comprise the majority of health care recipients in the students' careers. In addition, the experience helps students explore the nurse's role in mental health care for older adults.

The Clinical Experience

This clinical experience is designed to help nursing students appraise nurse-resident relationships, with emphasis on the uniqueness of each individual in the relationship and the individual's life-story. This experience allows students a clinical opportunity to assimilate mental health theories from the course's didactic component. Students are equipped with concepts regarding the mental health assessment of, communication with, and nursing interventions for older adults with impaired cognition. In the clinical experience, students are assigned four visits to a continual care community. Three of the visits are 1-hour sessions with a resident, focusing on student learning about the "process of shared humanness through caring communication" (Arnold & Boggs, 1995, p. 76). Building a relationship and developing trust and

respect are emphasized. Discovering the value of listening, being present, connecting, recognizing the worth of another individual (both in the present context and past experiences), and developing self-awareness are also emphasized.

During clinical orientation, various resources are provided to prepare and support students in their visits with older adults. A video is presented, followed by a discussion that connects the concepts in relationship building. Three handouts offer reminders of the objectives and guidelines for the clinical experience, suggestions for approaching and communicating with older adults, and a preprinted form to be used weekly to remind the resident of the student's coming visit. The agency staff provides a social history of the assigned resident. Students are not given access to residents' medical charts, which helps keep the focus on relationship building rather than shifting it to a medical experience. During the visit, if the resident has toileting or other personal care needs, students are directed to inform the staff. Thus, students are better able to focus on and achieve their goals. The staff have been cooperative in maintaining this role differential.

To further enhance students' awareness of the therapeutic value of personal contact, during a fourth visit to the continual care community, they observe a TimeSlips session, in which older adults with diminished cognitive abilities interact with one another. TimeSlips is an innovative storytelling method, guided by a trained facilitator, which celebrates the creativity of people with dementia (TimeSlips, 2006). As Basting (2001) observed, human connections occur among residents struggling with diminished cognition. In the TimeSlips session, students observe older adults' interactions with each other and with the facilitator, conversations about shared memories, and expressions of an array of emotions including humor, happiness, anger, and frustration.

After each visit, students write a reflection about their clinical experience. Reflection guidelines are provided to help the student reflect on attitudes, feelings, myths, and values, including areas of professional and personal growth. Some of the prompt questions provided to students include:

- * What are your thoughts and feelings regarding this clinical experience?
- * Were there any personal and/or societal myths you encountered during this clinical experience?
- * Did you identify any personal values as a result of this clinical experience?
- * What did you learn about yourself?
- * What did you learn about human nature and/or mental health and mental illness?
- * What did you learn that you did not expect to learn?
- * What would you do differently in the future based on what you learned from this clinical experience?

With the use of the guidelines, students explore their own values, beliefs, and feelings about older adults and about building relationships with them. They reflect on both the positive and negative aspects of the experiences. In particular, they reflect on the importance of connecting, conversing, listening, and being present. The clinical instructor responds to the reflections in a way that provides support, encouragement, and guidance in further developing students' view of the situation, examining assumptions and extending the student's awareness of his or her learning needs.

Responses to the Clinical Experience

The staff responsible for coordinating this experience at the continuing care community stated that this was one of the most enjoyable student clinical experiences of which they had been a part. They spoke about how much the residents appreciated and felt special because of the one-on-one time with students. The staff found that clients who had been more demanding were more satisfied and calmer during and after the students' visits. Also, thank you cards were often left for students by family members expressing appreciation for students' time and interest in their loved ones. Students' reflections described the smiles and welcoming touch of the hand of their resident. Some students reported that although they sometimes walked into a tense atmosphere, during their interaction and visit, they would begin to recognize how their presence provided a calming and secure environment for the resident. With the paper reminder of each upcoming student visit, some residents could welcome students by name on subsequent visits and express their gratitude that the students had come back to visit them. Even during visits in which a resident might become more agitated, the students experienced opportunities to try different interventions until one worked and brought about a change in behavior.

Students' reflections suggested that the goals for the experience were attained. The experience shattered students' preconceived notions about older adults and students' beliefs that they "could never work with the elderly." Students also were able to analyze the clinical experience regarding the mental health issues of this population that they had learned about in class.

Weekly student reflections showed that students realized many of their beliefs about older adults were untrue. Before this clinical experience, they had thought older adults would be "hard to develop a relationship with" and they would "not open up." They thought "it would be sad and de-pressing" and the older adults would be "mean and grouchy." They thought the nursing home would "smell bad, and everything would be sad." After just one visit, students learned that these stereotypes were misconceived. They were surprised at the sense of humor, positive attitude, openness, and talkativeness of the residents.

Students learned about communication principles, therapeutic relationships, and mental health issues for older adults. They also learned the importance of patience and were surprised to find that they could exhibit this. They learned how to assess for dementia and how to communicate with someone with memory impairment. They practiced various communication skills and identified issues and stages in a relationship (orientation, working, termination).

They found that they could "learn a lot from those older than me," and they learned the importance of verbal interactions. Finally, they learned about appreciation for life and were humbled and honored by the residents' positive attitudes. One student wrote in her reflection that she had learned from her resident and that the resident's thoughts and attitude toward life had influenced her own life during a time when her mother was diagnosed with breast cancer. The student wrote:

Every single time that I have been with her [the resident], she has taught me to be thankful for all of my blessings, and I guess this week I really needed that. I know that my communication with her is the one that is supposed to be therapeutic, but she really helped me gain a positive view on things that I'm struggling with.

Comments from students about the clinical experience were all positive. Between visits during the semester, students said they could hardly wait to go back. They often stayed longer than the required hour, and some made additional visits (more than the four required); most expressed sadness at the end of the clinical experience. Students said the clinical experience was "an incredible learning experience," "my favorite of all our clinical activities," and "thoroughly enjoyable."

Discussion

Not only did students engaged in the clinical experience learn to develop a relationship with older adult clients, but they learned much more—to appreciate the value of life, the importance of listening, and the rich and varied life stories of older adults. Some students noted a new appreciation for older adults, and several said that on the basis of this experience, they would like to work with older adults when they become nurses.

Students rarely have an opportunity to develop relationships with clients in acute care mental health settings due to the short hospital stays of these clients. Also, students in mental health care often express frustration at never seeing the fruits of their labor, as can be seen in medical-surgical settings. One major benefit of this clinical experience is that students saw firsthand the curative value of a relationship. Their ongoing relationship with an older adult provided a different view of mental health nursing, and the relationship provided a sense of connection and a venue for caring.

Conclusion

We will continue this clinical experience in the future because students in the initial groups met the goal of relationship building with older adults. However, we envision some revisions to the program. Scheduling student visits sometimes has been difficult because of the continual care facilities' competing activities for their residents. Some students complained that their clients were bathed during their visit or taken to another location, interfering with the student's visit. With subsequent clinical groups, we will provide more flexibility in scheduling and continue open communication with staff to accommodate the activities of residents and staff and the students' schedules. This will also provide an opportunity for students to communicate with staff, examine their learning needs and the situation, and offer solutions that meet the needs of both. The staff had commented on students' collaborative communication with them, offering alternative plans that were feasible for all. We will continue to collaborate with nursing home staff about this clinical experience.

The clinical experience has been successful in teaching students about trust, respect, relationships, and the value of older adults. In the future, we plan to extend this student-older adult relationship building experience beyond the psychiatric and mental health course; we envision the clinical experience starting early in the nursing program and continuing throughout the senior year. With the focus changing, based on each course's clinical objectives, students can even maintain contact with their resident from course to course, continuing to develop the relationship.

Students participating in the clinical experience learned many things, including admiration for older adults. They realized that aging and dying are a part of life and through reflection, some discovered a greater capacity to care for people. Students saw the experience as an opportunity and "wished other students could have had the same experience."

References

- Arnold, E.C., & Boggs, K.U. (1995). *Interpersonal relationships: Professional communication skills for nurses*. (2nd ed.). St. Louis: Elsevier Saunders.
- Basting, A.D. (2001). "God is a talking horse": Dementia and the performance of self. *TDR: The Drama Review*, 45(3), 78-94.
- TimeSlips: Creative storytelling project. (2006). Retrieved March 27, 2006, from <http://www.timeslips.org>
- Williams, K., Kemper, S., & Hummert, M.L. (2004). Enhancing communication with older adults: Overcoming elderspeak. *Journal of Gerontological Nursing*, 30(10), 17-25.