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A Participatory Approach to Interacting and Working with Older People

White Paper

Maree Bernoth, April 2021

Associate Professor **Maree Bernoth** has 50 years of nursing experience, of which 35 were working with older people in residential aged care. This White Paper is based on Maree Bernoth's keynote address at Catholic Healthcare's Insight Exchange in Wagga Wagga on 15 April 2021.

Health professionals and others can achieve powerful results by encouraging effective participation of older people in decision-making about their care.

When we understand and appreciate that people do not lose their status as they age and everyone has something to bring to a discussion, we can positively impact many aspects of an older person's life – not only their mental health and wellness, but their ability to maintain independence with everyday living.[1]

By working together and respecting the need for older people to be an integral participant in decision-making, we can achieve with better outcomes. One evidence-based approach to achieving this uses the principles of Transactional Analysis.

Transactional Analysis was developed by psychiatrist Eric Berne and made famous in his book *Games People Play* and in the book *I'm OK – You're OK* by Thomas Harris. It is a respectful way of communicating and a powerful enabler of a participatory approach to care. The aim is to engage the older person with respect and not to infantilise them by slipping into a paternal mindset and telling them what to do and making decisions for them.

Berne describes interactions between two or more people as transactions. According to the website ericberne.com, *Games People Play* offers an easily understood definition:

> "A unit of social intercourse is called a transaction. If two or more people encounter each other… sooner or later one of them will speak, or give some other indication of acknowledging the presence of others. This is called *transactional stimulus*. The other person will then say or do something which is related to the stimulus, and that is called the *transactional response*."[2]

Our communication style can cause the receiver to take on a particular ego state. If I speak to you in a way you feel is infantilising, you fall into the child ego state and may feel resentful and angry. If I interact with you as an adult, the outcome is very different and the way you feel after the interaction is that of a valued, respected partner in the interaction.

Berne's theory was that each person's personality is comprised of three distinct parts or ego states: parent, adult and child. Put simply, we can describe the states as follows:

Parent: Thinking and responding, often unconsciously, in a paternal or maternal way. Copied from how adults behaved towards us when we were children.

Adult: Thinking and responding like a rational grown-up in a conscious and logical manner.

Child: Thinking and responding, often unconsciously, in a disempowered way, for example, in response to a parent stimulus.

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A research paper released by the Royal Commission into Aged Care Quality and Safety in December 2020 reported that residents' major concerns were "feeling forced to be dependent on staff, being treated like a child and being shouted at by staff", all of which indicate emotional abuse resulting from a culture of infantalisation.[3]

In the context of aged care, we often get the best results when all parties engage with each other in a rational, respectful and empowering manner. I have used the transactional analysis approach in my clinical work as a registered nurse in aged care for many years, both in the way I work with older people and with colleagues.

One example was when I was asked to bring two disparate groups of employees together at a new facility. My approach was to identify each group's strengths, discuss, contribute and share ideas, which brought the groups together, and develop a mutual respect.

The nurses adopted the approach and implemented it with residents, whom they engaged with as respected, autonomous people. The lived philosophy was that the nurses collaborated with the older people rather than dictating care. They recognised what each person brought to the partnership and always strived to ask: "What can I learn from you about what you need from me and what support can I provide you with?"

CHANGING ATTITUDES

The first step on the road to a participatory approach to aged care is for people to change how they think about older people. We need to banish the perception that older people are dependent, frail and unable to contribute – that they have to be passive recipients of care dished out by healthcare professionals who know everything and dictate what happens.

Older people are autonomous. They have personhood, and this includes people with cognitive impairment. People with dementia are adults with adult feelings and are often more sensitive to the types of communication. They may not remember your name but they will remember how you make them feel. All older people have a right to be respected. We can show them this respect by using adult-to-adult communication and an "I'm OK, you're OK" mindset.

We also need to understand the unintended consequences of the language we use. When we call an older person 'love' or 'deary', we are doing them a disservice and taking away their personhood. We are categorising them as a child. The solution is to see older people as individuals. People have a name, and their name gives them their identity.

Older people may have multiple chronic conditions. They may be struggling with many challenges. But they are still a person, and they have a right to say how they live their life, including the care they receive.

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Person-centred care is about working with older people rather than caring for them. The term, "caring for", can be well-intentioned but potentially disempowering.

THE PARENT MINDSET

There is potential for people who work with older people to slip into a "parent" mindset, especially if their organisation doesn't promote the older person or the resident as an individual. We learn about caring from our parents. When we were children, we were cared for by parents. Parents can be very loving and we can have warm memories of how our parent cared for us. So if we want to care for this older person and we have not been taught otherwise, then we might not think it is necessary to ask them what they need because we know what is best, just as our parents knew what was best for us.

There are many traps. *Allow* is a word to look out for. *Allow* can be said and *allow* can be inferred. Well-meaning carers can prevent people from living a full life for fear of them hurting themselves; for example, not "allowing" them to stand up or walk on their own.

I have heard people yelling across a room at an older person to sit down for fear that they will fall. Safety concerns may drive the carer, but what harm does it do to an 80-year-old to be spoken to like that? Even academic literature uses this type of terminology. That parent voice happens so often.

TASMANIA CASE STUDY

I did some encouraging work with a service in Tasmania a few years ago that had moved away from assessing older people in the traditional way. They educated their employees to focus on what older people wanted.

The employees would make a point of asking the older person what they miss doing, what they would like to be able to do. They found a lot of unexpected answers that could be addressed.

For example, one older person who was receiving cleaning services, shopping services and social activities from the Hobart District Nursing Service, said she missed driving her car. They asked why she could not drive the car, she said she had stopped driving because she could not turn her neck to reverse. The solution was to bring a physiotherapist in to do an assessment. She was given an exercise program and received weekly visits.

The outcome was that she could drive to the shops and do her own shopping. She could drive to social events and to meet friends. Her neighbour saw her driving and asked if she could go with her. The two of them no longer needed social support and shopping services. They certainly continued receiving help with their housework but the need to be driven to appointments no longer existed.

A review of the program shows several benefits can be achieved when older people are encouraged to give input about their care. It found that the approach enhanced functional capacity and facilitated mental health and wellness, including social connections with the community.[1]

ORGANISATIONAL CULTURE

It is important for organisations to think about how they engage with older people – are they inviting them to participate or are they putting people in a demeaning stranglehold? Transactional analysis can transform this. But change can be difficult. It needs leadership to succeed and must

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include the whole organisation. If only some people use it and others do not, you are setting up conflict.

When implementing a new approach, we need to take a mutual-respect, change-management approach. They may have entrenched ways of communicating with older people. For managers and senior people, it is not useful to tell carers they are wrong. We don't want to be patronising ourselves. The solution is to work with employees in a collegial way to change the way they interact with older people. Leading by example, demonstrating to the team how we expect them to interact with clients and residents and develop a culture of respect for everyone.

We use the adult-to-adult communication style with employees, who can then use the same means of communication with residents and clients.

THE GOAL

The aim is an environment of mutual respect based on the principles of transactional analysis in which every interaction is respectful – with the organisation, employees, residents and families.

It's crucial to build partnerships with older people and their families. Understanding and respecting each other's strengths and working with them will deliver superior outcomes.

Pilot: New approach to nurse training

Aged care is not always a primary interest of nursing students, who are often attracted to exciting fields such as emergency care and hi-tech areas of medicine. One way to engage students and help them gain a respect for aged care is to offer them real-world exposure and include older people in teaching.

In 2015, I was part of a group that set up a pilot project in Dubbo in partnership with Catholic Healthcare's Holy Spirit Residential Aged Care Home. Firstly, we taught the students in tutorial rooms. They then spent time at Holy Spirit, where they gained practical knowledge from the team and residents. They also had an opportunity to ask questions about the nuances of care and explore how and why the real-world experience differs from what they learned in textbooks.

The collaboration between the students, residents and the care team made the learning more meaningful. It brought together the theoretical and the real, with everyone benefiting.

The students benefited because linking theory with practice. The residents benefited because their self-esteem was enhanced by contributing to student learning and the team got a boost from the acknowledgement of their skills and an appreciation of the difference they were making to the residents' lives and teaching students. It enhanced both learning and clinical practice.

At the root of it all is an appreciation that older people are not an inanimate object to be cared for. They are a valuable part of the community who can contribute to learning and good practice in aged care.

OPTEACH Project

The OPTEACH training initiative stands for Older People Training Educating Aged Care & Health. It gives older people an opportunity to share their stories and encourage consumer-directed care. It is suitable for educating health professionals, volunteers, community groups, older people and carers.

Older people come into the classroom and share their stories, feelings and insights with the students. There's no prescribed script. They come in as themselves. There is serendipity in the learning because the participants, students and teacher are never quite sure what will happen. Each interaction offers a unique learning opportunity, but it is down to the lecturer's skill to articulate learnings.

Learning occurs during the interaction with, the older person sharing their story, explaining to the student what it's like to be an older person and what has happened to them during their ageing journey. Afterwards, there is classroom discussion about what everyone learned from the interaction.

An essential part of the learning experience is that the older people give the students feedback about their communication style: What worked, what was positive and what what could be improved from their perspective.

Benefits for Educators:

- Engage learners in ageing
- Learn from those with the experience
- Stories are powerful
- Capture real-life experiences and then relating them to the theory

Benefits for Aged Care Providers

- Relating learning to resident needs
- Update care plans in the learning environment
- Cost-effective and powerful learning
- Education that immediately changes practice
- Builds a person-centred culture

Benefits for Students

- Captures their heart through real-life stories
- Makes learning meaningful
- Relates what they do in the classroom with residents' needs
- Teaches about the person behind the wrinkles
- Shares knowledge about life and living

Benefits for older people

- A chance to guide the next generation
- A way to contribute in a meaningful way
- An opportunity to build relationships that can make a difference

To further support this collaborative learning approach and the inclusion of older people in teaching aged care, we wrote a text that includes real stories of older people engaging with students and providing rich learning experiences. The stories capture the hearts of the students, enhancing engagement with the material and the comprehension of concepts necessary for them to work effectively with older people. The text also gives the student access to videos of their stories.

A WORD OF CAUTION

One challenge is that nurses trained in transactional analysis may end up working at an organisation that does not embrace participatory care.

Some graduates have gone on to work in aged care and have used the approach and have had terrific outcomes. Others may go into a different type of organisation and find the environment is not conducive to a participatory approach and leave. Choosing a great Aged Care Provider with the right values and culture is key.

Suggested Reading

Bernoth, M., & Winkler, D. (2017). *Healthy Ageing and Aged Care*. Oxford University Press.

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1. Bernoth M, Burmeister OK, Morrison M et al; The Impact of a Participatory Care Model on Work Satisfaction of Care Workers and the Functionality, Connectedness, and Mental Health of Community-Dwelling Older People, Issues in Mental Health Nursing; 2016. DOI: 10.3109/01612840.2016.1149260
2. Berne, E. Games People Play. Grove Press, Inc., New York, 1964. Page 29
3. Royal Commission into Aged Care Quality and Safety. Experimental estimates of the prevalence of elder abuse in Australian Aged Care Facilities. Commonwealth of Australia, 2020.

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