

“Elderspeak” a term originally coined by Kemper (1994) is an undesirable yet common speech modification directed at older adults. Also known in the literature as patronizing speech (Ryan, Giles, Bartolucci, & Henwood, 1986), or secondary baby talk (Caporael, 1981) elderspeak consists of several characteristic psycholinguistic features including the use of childish terms (e.g. good girl), over inclusive pronoun modifications (e.g. it’s time for *our* bath), the use of terms of endearment in place of formal names (e.g. sweetie), tag questions which provide the illusion of choice while guiding to a listener to a particular response (e.g. You don’t really want to do that, *do you?*), a higher pitch and slow singsong tone of voice, as well as several other speech adjustments (for a review, see Ryan, Hummert, & Boich 1995). The primary goal of the present study was to examine if nursing home staff can successfully reduce their use of the elderspeak following a brief in-service training, and if so, explore if this reduction will contribute to the residents’ quality of life.

According to the Communication Predicament Model of Aging (Ryan, et al., 1986), elderspeak is problematic because it reinforces stereotypes of aging and reduces opportunities for older adults to engage in more meaningful communication, undermining their well-being and self-concept (Ryan et al., 1995). As O’Connor and Rigby (1996) found, a negative view of elderspeak, along with high reported frequency of receiving it, was predictive of low self-esteem in older adults. Additionally, research suggests older adults react negatively to elderspeak (Gould & Dixon, 1997), and it may actually impair communication with others (1999).

When considering that elderspeak is believed to reinforce negative stereotypes of aging and deprive older adults of meaningful interactions, impair communication, and is

generally regarded negatively by older adults, reducing staff members' use of elderspeak has considerable merit.

An intervention to reduce elderspeak has previously been evaluated in nursing home settings. In two separate studies, Williams et al. (2003; 2005) conducted an elderspeak intervention developed according to the Communication Predicament Model of Aging (Ryan et al., 1986). The results of these studies are very encouraging as following the in-service, significant reductions were observed in staff members' use of terms of endearment, inappropriate collective pronouns, and shortened sentence length. While both of these studies demonstrated an educational intervention can successfully reduce staff members' use of elderspeak, neither study addressed the impact their intervention had on the nursing home residents (McGilton, Irwin-Robinson, Boscart, & Spanjevic, 2006). Examining resident outcomes following an elderspeak training would provide a greater understanding of the success and significance the intervention, as well as empirical examination of the tenants of the CPA model.

The current study sought to evaluate if a brief communication training can reduce staff member use of elderspeak. Specifically, the present study sought to develop a training program that demanded less staff time yet was effective in increasing awareness of elderspeak, and in prompting trained nursing home staff to reduce their use of elderspeak. Williams (2001) suggested that in order to improve the intervention for future use, the intervention could be modified in an effort to cut down session length. The other objective of the current study was to evaluate whether the training program conferred any benefits to nursing home resident outcomes, specifically in terms of improved communication satisfaction, self-esteem, and well-being.

## *Procedure*

*Pre- training stage.* Informed consent was obtained from participating staff ( $N = 25$ ) as well as all participating nursing home residents ( $N = 68$ ) residing in the trained unit and in a comparison unit. After receiving an explanation of the study and providing consent, residents in both the intervention and control units completed a demographics sheet asking them their age and gender, a short mental status exam, along with baseline outcome measures of communication satisfaction, self-esteem, and well-being. All questionnaires were read to the participating residents. Trained research assistants, blind to the study hypotheses, conducted the pre-training field observations to code staff/resident interaction for elderspeak a week prior to the start of the in-service training.

*Post- training stage.* After staff members completed the in-service training, nursing home residents completed the measures of self-esteem, well-being and communication satisfaction within three weeks of the conclusion of the training, and again at a three month follow up to assess for change over time. Research assistants began the first post-training field observation of elderspeak three weeks following the training, and performed field observations again at a three month follow-up. After completion of data collection, all participants were fully debriefed to the research hypotheses and the nature of the coding.

## Results/Discussion

Consistent with previous research (Williams et al. 2003; 2005), results of the present study indicated that through a brief educational intervention, it is possible to successfully reduce nursing home staff use of elderspeak. After attending the in-service training, nursing home staff members were better able to identify the core features of

elderspeak in video vignettes, endorsed a strong commitment to changing their communication behaviors, and reduce their use of elderspeak when communicating with residents in the common areas of the nursing home environment. This was reflected in the significant reductions found in the proportion of interactions coded for the global presence of elderspeak and several psycholinguistic features.

As neither of the previous two elderspeak intervention studies directly examined the residents' perspective, a chief goal of the training program was to address the impact of the intervention on nursing home resident outcomes, specifically communication satisfaction, self-esteem, and well-being. Results from the MANOVA and subsequent follow-up tests indicated that residents residing in the trained staff unit had a significant increase in their communication satisfaction as well as a small but significant increase in their self-esteem. These changes were in correspondence with staff reductions in their use of elderspeak, and were observed three weeks after conclusion of the training, and persisted at the three-month post assessment. Conversely, there were no significant changes on these dependent variables for residents in the untrained staff unit. No significant changes for either group were observed on the measure of well-being.