Communication with Cognitively Impaired Patients

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Objectives

By the end of this educational encounter the clinician will be able to:

1. Identify measures to assist in communicating with cognitively impaired patients
2. Recognize barriers to effectively communicate with cognitively impaired patients
3. Recognize three kinds of communication

Purpose

The purpose of this course is to assist the nurse or clinician in the enhancement of communication skills that will be useful in working with cognitively impaired patients.

Introduction

Communication has been defined as “the transmission of information, thoughts, and feelings so that they are satisfactorily received or understood”. So one may infer from this statement that in order for communication to be present, there has to be a message sent and that message must be understood; this can present a challenge for both the client (who may have a cognitive deficit) and the clinician who is trying to care for the client.

We communicate with patients multiple times a day every day that we care for them. It is vitally important that we be able to convey our messages to them and that they are able to understand the messages that we are trying to deliver to them even though they may have difficulties with their cognitive abilities.

Types of Communication

Communication is simply the sending of a message from one person to another. There are many types and ways of communicating.

Communication can be:

- Written,
- Oral
- Sent with body signs (body language)

Some examples of written communication are letters, email, newspapers, and magazines.

Some examples of spoken, or oral, communication are:

- talking,
- singing
- TV and radio broadcasts

Body language is the nonverbal sending of messages. This form of communication may be conscious or unconscious. Patients who have tightly knitted brows, gritted teeth and a sorrowful expression may be sending you the non-verbal message that they are in pain. Patients who grunt, or hit tables and chairs may be trying to gain your attention. Non-verbal communication may or may not be congruent. In other words, the signals that a person's body is sending may or may not agree with what they are saying. A skilled clinician will always assess both the verbal and non-verbal communication of a client.

Clinicians who care for patients send messages through body language as well. Clinicians who stand while talking with a client or have their arms crossed over their chests convey the message that they are closed to communication, while sitting at the client's eye level with arms at sides conveys that they are prepared and ready to listen to the client.

Just because our client has cognitive impairments or deficits does not excuse us from trying to attempt to communicate with them. Through attempts at communication we look after not only their physical needs, but also their psychosocial, spiritual, and emotional needs as well. The challenge is upon us the caregiver to find ways of communicating our message to the cognitively impaired client and having it understood.

Communication is not one sided. Communication implies the exchange of messages between two or more persons; therefore we must be able to understand the messages that our patients are trying to send to us even though they are not able to speak. We must take the time and make the effort to be a good receiver of the messages that our patients need for us to understand

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It takes a conscious effort to develop the skills necessary to send and receive effective messages of cognitively impaired or ill patients or patients that are confused, not alert, or sleepy. Developing these special skills does not come automatically it takes practice.

WHAT IS A COGNITIVE IMPAIRMENT?

A cognitive impairment is any deficit in mental functioning that makes it difficult for the impaired person to send, receive, or interpret messages or communications. The client may be unable to think, speak, understand, or remember. This kind of deficit can be temporary and last for moments to days or months or it may be permanent. The cause of the impairment can vary from individual to individual and be a result of stroke, dementia, or other physical problems within the brain. It can also be the result of medications that cause the client to be drowsy, sleepy, or less alert than normal.

Persons who have difficulty with communication come in all ages, shapes, and sizes. Communication deficits are not limited to babies, young children, or elderly persons so it is important that we refrain from making stereotypes about the types of individuals that experience communication deficits. Sometimes it may be necessary for you to include the parents of a young child or family members of an elderly person when trying to communicate with the client.

Some other people who may <u>not</u> be able to communicate include those who have:

Alzheimer's disease and other forms of dementia. Many people with Alzheimer's disease and other kinds of dementia have trouble sending and receiving a message.

had a stroke or CVA. People that have had a stroke may have trouble thinking. Some may know what they want to say, but they just cannot find the word that will send a message to other people. This is called *expressive aphasia*. They may also have trouble understanding a message from other people. This is called *receptive aphasia*.

- *Alzheimer's disease and other forms of dementia*. Many people with Alzheimer's disease and other kinds of dementia have trouble sending and receiving a message

- *a brain injury*. People that have had an accident with a head or brain *injury may have trouble both sending and getting a message. They may* also be disoriented and even in a coma.

- *a developmental problem*. This kind of problem is found in about 1 in 10 families in our country. A developmental problem can happen before a person is born, when they are born or while they are growing up as a

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young child. Some of these people are not able to talk or understand what a person is saying to them.

- *severe sleepiness*. It is difficult to communicate with people that are very sleepy and lethargic. We often see these kinds of patients in our hospitals and nursing homes.

- *a mental illness*. People with a severe mental illness may be unable to communicate because of their illness or as a side effect of the medication that they are taking.

- *a coma state*. You should always speak to a person in a coma in the same way that you would speak to them when they are awake, however, they may not understand what you are saying and they will not be able to tell you what they want or need.

- *Other persons who may be cognitively impaired* or be unable to communicate include: patients experiencing effects of diabetes such as hyper or hypoglycemia may be temporarily cognitively impaired. The same thing goes for patients who have just had surgery and are awakening from anesthesia. Patients who have been injured and have facial or jaw injuries may not have any cognitive impairment, but may still be unable to communicate.

HOW TO COMMUNICATE WITH PATIENTS AND RESIDENTS THAT HAVE COGNITIVE PROBLEMS

When communicating with patients that have cognitive impairments you should choose simple language and speak slowly and distinctly; avoid using medical jargon if they don't understand these words. Words like ambulation, void, or NPO will add to the client's confusion and frustration when trying to communicate so always remain calm and be reassuring.

Some of the other things that you should do to help when you communicate with a person who is cognitively impaired are:

- include the family and friends in the communication when a client or resident is not able to understand what you are trying to say;

- ask the family and friends how the person can be helped to communicate with you;

- speak in a plain way, using words that are simple. For example, instead of asking if the person is hungry, ask, "Would you like to eat some eggs?";

- talk to patients and residents in a place that is quiet and that does NOT have a lot of distractions. Turn off the radio and TV while you are talking to

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the person, after you ask them for permission.

- make sure that the person can see you. Turn on the lights if the room is too dark;
- keep the message as short and simple as you can. Many people do best with short talks rather than long ones with a lot of information at one time. It is better to talk for a couple of short sessions, rather than one or two long ones;
- discuss one thing at a time;
- draw pictures or write things down for the person if this helps them understand what you are trying to say;
- repeat the message as often as needed;
- ask one question at a time and listen to or observe for the answer;
- let the client draw a picture or write things down for you if this makes it easier for them to tell you what they want or need;
- ask "yes" or "no" questions. For example, if you want to know if a client wants to eat fruit, ask "do you want an apple or a pear?", instead of "do you want to eat a piece of fruit?";
- use real objects whenever you can. For example, show the person the real object, like an apple, if you are asking the client if they would like to eat it.
- speak slowly and in a clear way; if you tend to speak fast, you may need to slow your speech and speak clearly. But do not slow your speech so much that it sounds distorted. This can cause further problems.
- talk with a low pitch, not with a high pitched voice;
- face the person that you are talking to;
- make eye contact with the person, this helps the older person see and pay attention to you. Make sure that the lighting is helping and not interfering with the person's vision. While bright light often helps, it also can create glare that interferes with vision.
- listen to the person; if the older person is having difficulty thinking of a particular word, you can ask for other information about the missing word. For example, if the person is saying that he played bingo last night, but all that is coming out is "I went to play; oh, I can't remember the word, the name of the game." You might ask how to play the game, where it is played, or offer a few choices. Do not continuously complete the other

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person's thoughts or sentences; always give opportunities for the person to express him or herself before interrupting.

- look at the person's face. Is the person trying to tell you something? Do they look like they are in pain? Are they holding a part of their body, like their hand or their head? Do they look sad? Do they look angry?;

- give the person their eyeglasses and hearing aid, if they wear them; not all communication problems can be solved completely. Therefore, you and the older person may have to accept that communication is different now. For example, poor hearing may make it impossible to carry on a conversation unless the room is quiet and the person is wearing a hearing aid. That does not mean that you have to give up conversation. It just means that you have to make sure that the older person brings to the conversation not only his or her natural wit and special ways of expression, but also hearing aids.

- Use gestures when appropriate. Point to objects or demonstrate an action, such as brushing your teeth.

  Always show respect and caring

  Do not argue over the correct answer. Relatives are often confused. He may call you his mother and mean his wife. Also remember he may be speaking his reality. If he says it is winter even though it is the middle of July, it may feel like, look like, and be what “winter” is for him.

- communicate with touch and a calm voice when you want to tell a person that you care and they can not understand the spoken word.

SUMMARY
Communication is a very important part of client care. You must use the special skills described in this class when your client has a cognitive impairment so that messages can be sent and received.

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References

Gerteis M, Edgman-Levitan S, Daley J, et al. (eds).*Through the Client's Eyes: Understanding and Promoting Client-Centered Care*. 2013; San Francisco: Jossey-Bass.

Hall GR. "Alzheimer's Disease and Chronic Dementing Illnesses". (1996). University of Iowa Gerontological Nursing Interventions Research Center. http://www.guideline.gov

National Institute of Health. (2017). "Managing the Symptoms of Cognitive Impairment". http://grants.nih.gov/grants/guide/pa-files/PA-97-050.html

United States Department of Health and Human Services, Public Health Service: National Institutes of Health, National Institute on Aging. (2017). Alzheimer's Disease. Alzheimer's Disease Fact Sheet. http://www.alzheimers.org

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