Person-Centred Language

An overview of the power of words in long-term care homes
Person-Centred Language

Person-centred language (PCL) refers to using language that puts people first rather than the disease, symptoms or conditions that they may have. In long-term care (LTC) this means focusing on the strengths and abilities residents have, rather than their disabilities. By using person-centred language, we honour, respect and dignify people in our society by being thoughtful and building up strengths and abilities.

This summary provides a brief overview of PCL but to empower yourself with information and practical strategies to adopt and use person-centred language when working with residents in LTC, it is strongly recommended that you complete the 45-minute Person-Centred Language e-course. The e-course can be found at: https://clri-ltc.ca/orientation/

What We Say and How We Say It Matters

The language we use reflects our mindset about the world. Our mindset in turn affects both our verbal and our non-verbal communication. Understanding how language impacts people’s thoughts, feelings and actions can lead to providing better care for residents. Language can reinforce negative stigma in LTC, for example describing someone with dementia as “senile” is negative and makes it seem like the person being described is just their disease.

Using more positive language helps to see the person first, and acknowledge their disease second. Consider the following two words, “institution” and “home”. When we hear the word “institution”, we may think of a restricted or locked place. When we hear the word “home” it may bring to mind belonging, community, sharing, or people. Where would you rather live? Making changes to words like this can have a big impact on the experiences of those living and working in LTC.

The following table outlines some examples of common language used and examples of options for alternative language that is person-centred.

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<thead>
<tr>
<th>Common Words Used</th>
<th>PCL Language Option</th>
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<tr>
<td>Institution or facility</td>
<td>Long-term care home</td>
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<td>Unit or wing</td>
<td>Neighbourhood</td>
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<tr>
<td>Patient or client</td>
<td>Resident</td>
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<td>Feeding</td>
<td>Support at mealtime</td>
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<tr>
<td>Toileting</td>
<td>Support in the washroom</td>
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<tr>
<td>Aggressive or difficult</td>
<td>Responsive behaviours or personal expressions</td>
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<td>Cleaned</td>
<td>Support with bathing</td>
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Resident Responsive Behaviours and Personal Expressions

Changing attitude and reducing stigma is more than just changing the words we speak; we need to think of the underlying behaviours and beliefs behind words. Terms like “responsive behaviours” or “personal expressions” are examples of language that can be used to encourage team members to look for meaning behind the behaviour a resident is showing. These can describe actions, words or gestures that might be used to communicate something.

People living with dementia or other health conditions prefer the terms “responsive behaviours” or “personal expressions” to describe how their words and actions are a form of meaningful communication, often of unmet needs. These behaviours/expressions are the result of changes in the brain that may be affecting mood, judgment and memory. Reframing these behaviours to be a form of communication of an unmet need helps to prompt discovery for the reason behind someone’s behaviour. For example, someone collecting and hiding food might mean that the person is hungry, not a ‘hoarder’. Similarly, if someone is resisting a bath, it might just be that they are feeling cold. If a resident is moaning, perhaps they are in pain. If someone is crying, it might mean that they are lonely. Responsive behaviours/personal expressions can be verbal (e.g., crying, grunting, yelling, humming, asking questions, cursing) or physical (e.g., banging, kicking, collecting, fidgeting, grabbing, spitting pacing). Rather than labeling residents, try to understand what they may be trying to communicate as they might be reacting to an unmet need.

People communicate in all different ways. We share our needs and emotions in different ways through words, postures, facial expressions, tone, pacing and the volume of our voice. It’s often helpful to describe people’s responsive behaviours and personal expressions in detail as it may help others to understand the person more fully.
Commitment Statements for Using Person-Centred Language

The following four commitment statements will support you in providing person-centred care in long-term care

1. **See the person first.** Remember that everyone has different values, cultures, routines, preference and a unique life experience. Try to learn about the residents you are caring for by asking them (and their family) questions about themselves.

2. **Commit to building trusting relationships.** Include the resident and their care partner(s) in the conversations about their care. For example, before making a change to a resident’s care plan, involve them in the conversation.

3. **Consider all forms of communication.** Learn about resident health conditions to help you gain awareness about their forms of communication which may be verbal and non-verbal.

4. **Advocate for person-centred language.** Continue to think about PCL in your work and promote this work among your teammates and families involved in the care of those living in LTC.

Acknowledgement

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