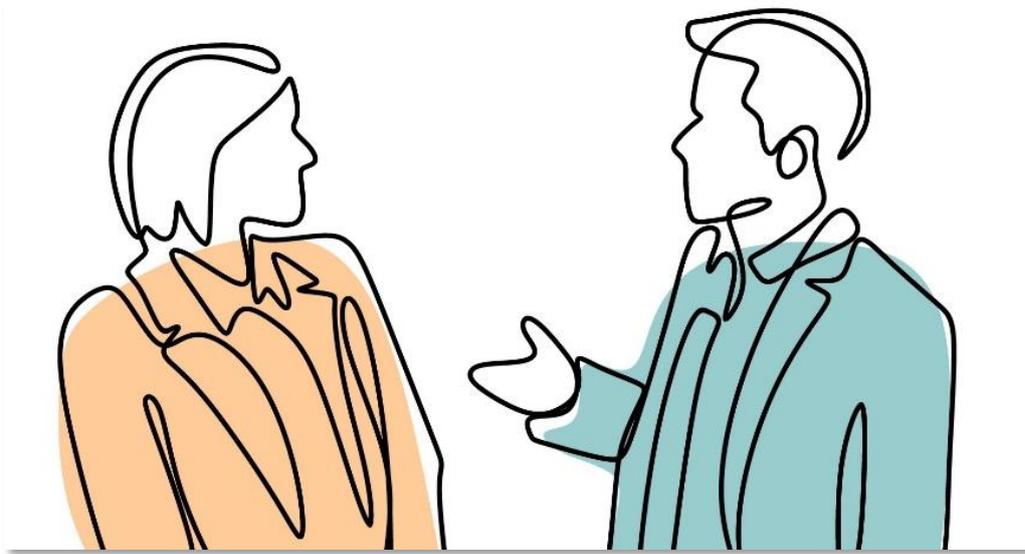


# Knowing What To Say And How To Say It

## Project summary with graphs



### Overview

A fascinating project recently got underway looking at whether or not people find it easy to talk about health-related issues, in particular deafness and dementia.

Called '**Knowing what to say and how to say it**', the project explored how people talk about issues relating to their own or someone else's hearing or memory.

It involved a questionnaire circulated to local people in the Stirling area. Members of Forth Valley U3A and other organisations completed it.

The aim was to learn if people feel at ease or reluctant to raise and discuss these subjects. For instance, how do they go about starting such a conversation? And what are the implications for the way agencies and organisations offer support and help?

The project was a joint endeavour by two Stirling-based groups, [Our Connected Neighbourhoods](#) (OCN) and [Ideas for Ears](#) (IFE). OCN works to improve experiences of people with dementia, while IFE does the same for people with hearing loss.

The collaboration recognised that deafness and dementia have similarities in the way the conditions can cause or increase loneliness and disconnection from other people.

The project team included: Sally Shaw of Ideas for Ears, Richard Kilborn of Our Connected Neighbourhoods and Petra Soltesz, a final year student of University of Stirling.

### **Some notable findings:**

1. Respondents were more comfortable talking about concerns relating to hearing than with memory.
2. Respondents preferred the idea of talking to a healthcare professional – but wanted that person to be a specialist, especially for memory concerns. They least liked the idea of talking about their issues with colleagues or of asking for assistance from, say, shop assistants or other service providers
3. Although most respondents said they found it easy to articulate their thoughts or feelings and to read the body language of loved ones, a sizeable number said they did not.
4. One of the most commonly used descriptors for people who have memory issues was ‘forgetful’, and for people having hearing issues, it was ‘hearing loss’. The most disliked descriptors were ‘muddled thinking’, ‘wandering mind’, ‘selective hearing’ and ‘dodgy hearing’.
5. Most respondents said that if they noticed signs of worsening hearing or memory in someone they knew well, they would be likely to raise the issue with that person. They were more likely to do this with hearing than memory. ‘Not wanting to cause upset or offence’ and ‘fear of a negative reaction’ were the reasons most likely to prevent issues being raised.

### **Conclusions from these findings**

- There is more sensitivity around memory issues than hearing issues.
- Concerns might not be raised because the individual with whom they could potentially raise them is judged not to have sufficient knowledge, expertise or understanding.
- We cannot assume people will disclose their difficulties and ask for help, even though many service providers and workplaces have this expectation.
- We cannot assume that those struggling will be able to explain why they are struggling, even though this is often expected of them. Nor can we assume that a person’s signs of discomfort will necessarily be spotted.
- There could be a mismatch between the way the general public speaks about hearing and memory and the way in which support agencies and other organisations speak or write about them.
- There seems to be a real willingness for people to support others, but also a lack of confidence in being able to broach conversations about hearing or memory without causing upset.

## **Summary findings**

### **About the respondents**

There were 60 respondents. Two thirds were female, one third male. There was a good age range but the majority (58%) were aged 65 plus. Just over a third (37%) were aged 25 to 64, and 8% were aged 18 to 24.

More than half of respondents had hearing loss. Of these, 40% had some hearing loss and 15% had significant hearing loss and 2% were profoundly deaf). One third (33%) had good hearing. 10% didn't answer.

Just under half of respondents had memory loss (47%), with 30% saying they had moderate memory and 17% saying they had poor memory. 42% said they had good memory and 12% didn't answer.

A large number of respondents (62%) had a close family member or friend who had some degree of hearing loss. A further 12% 'possibly' did.

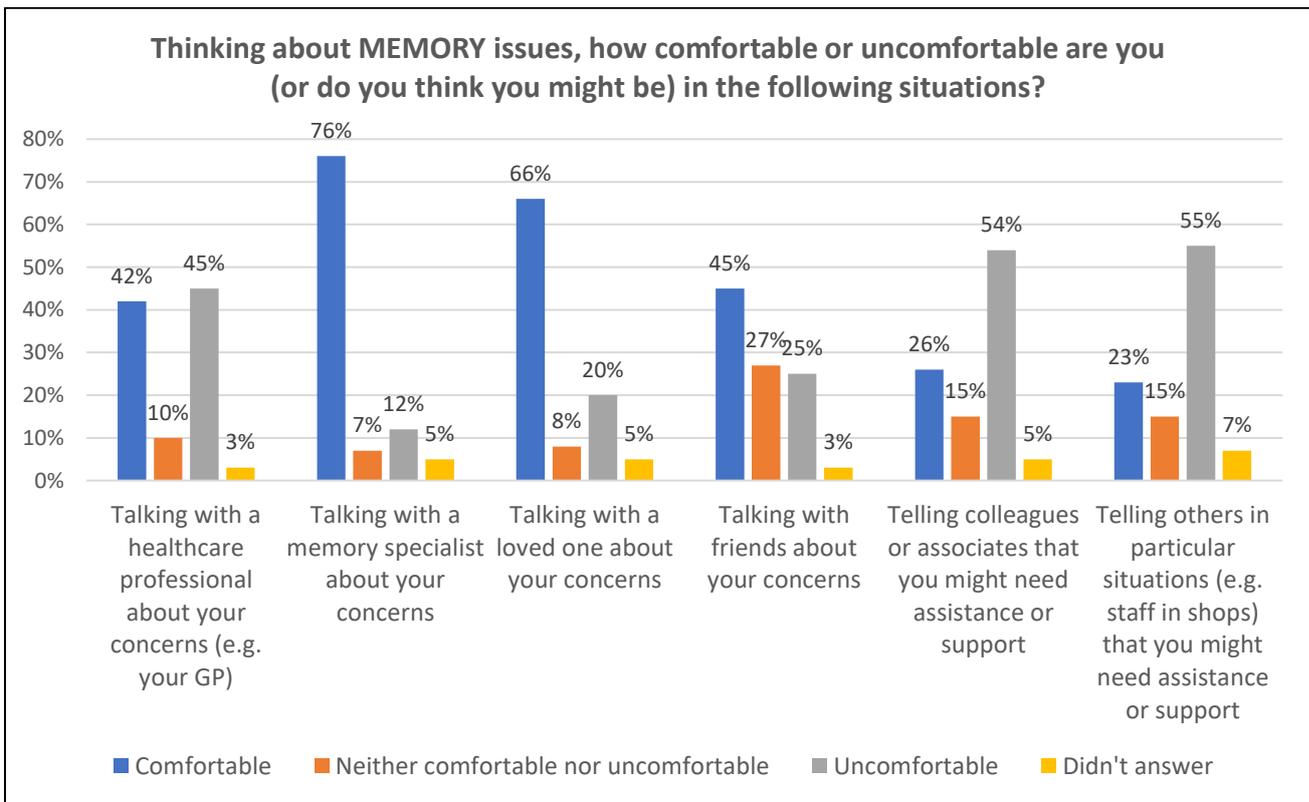
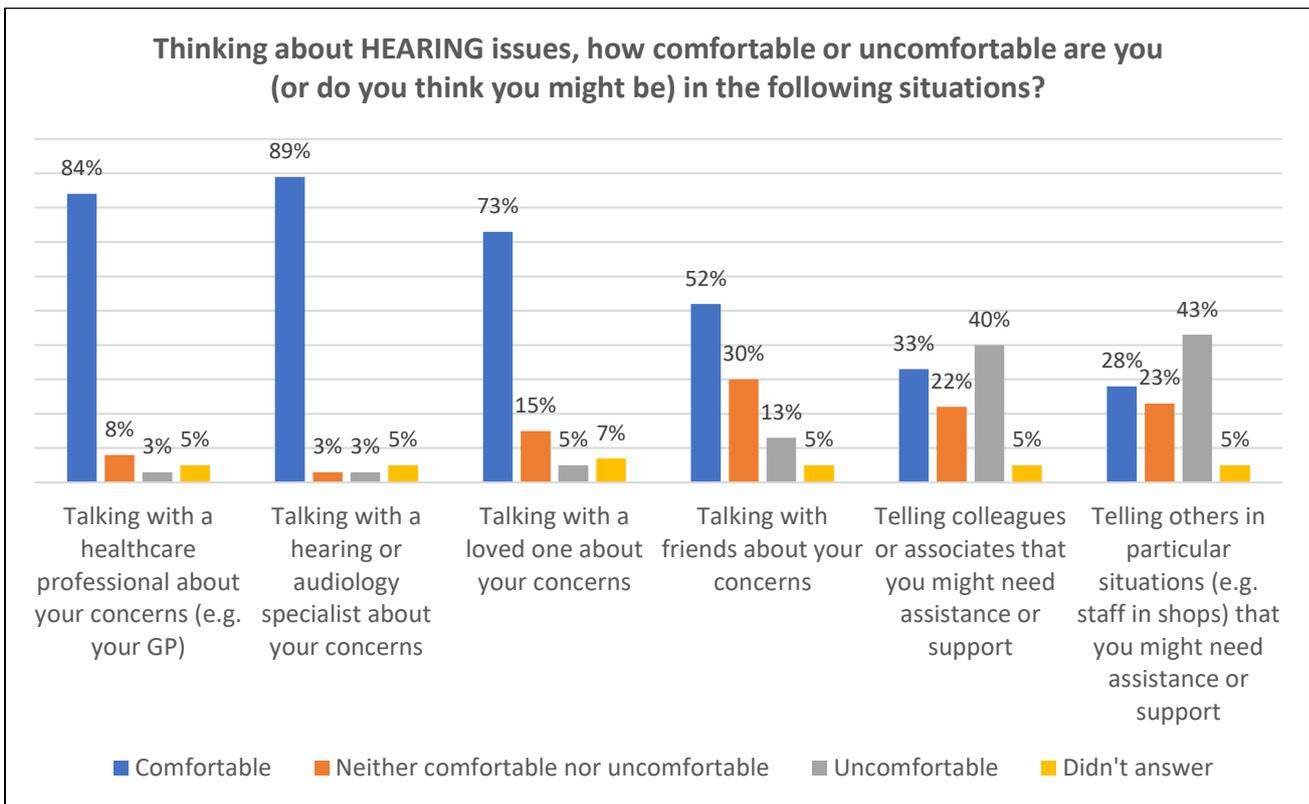
Many respondents (more than one third) also had a close family member or friend who had memory loss, with a further 25% who 'possibly' did.

### **Disclosing difficulties and asking for help**

When asked how comfortable they were (or thought they would be) in talking to others about difficulties with their hearing and/or memory, two clear trends emerged.

First, levels of comfort seemed much higher when talking about concerns with hearing than when talking about concerns with memory.

Second, respondents were most comfortable talking over their concerns with a specialist and least comfortable asking a lay person (e.g. staff in a shop) for assistance or support. A significant number of respondents said they would feel uncomfortable asking for help from colleagues or co-workers, whilst a sizeable number said they would not be comfortable disclosing their concerns to friends.

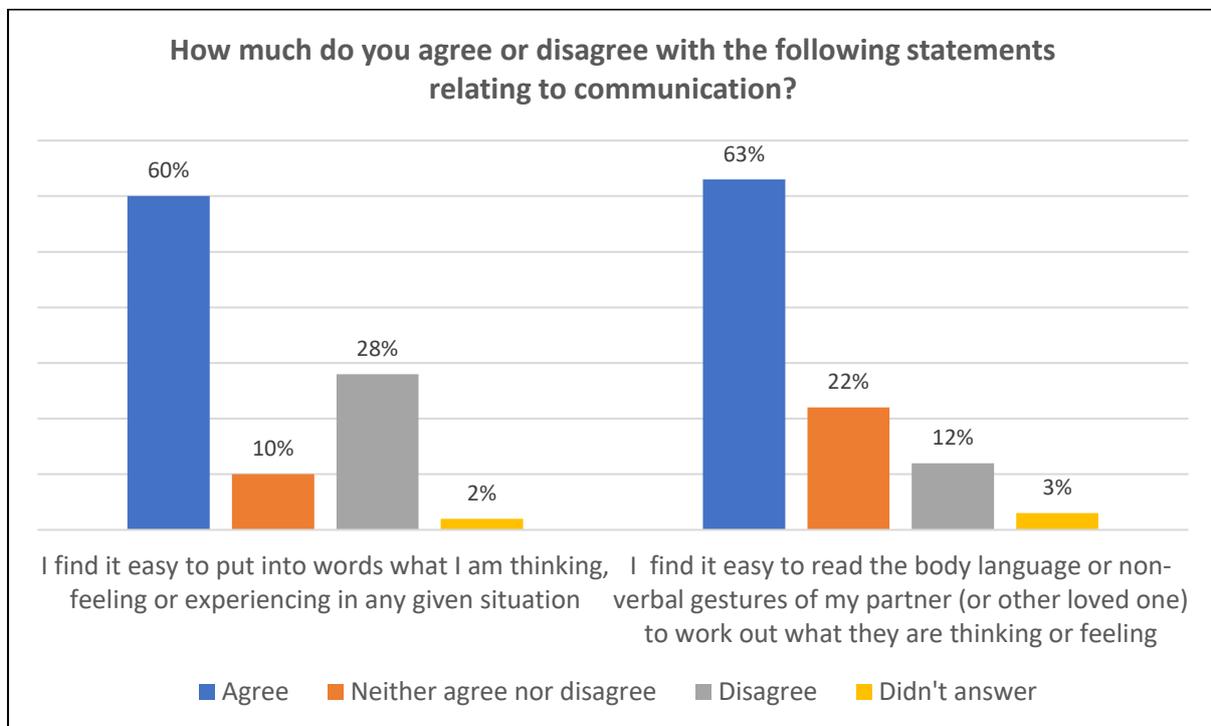


## Skills in communicating

While the questionnaire was mainly concerned with how people verbally articulate concerns relating to hearing and memory, it also explored respondents' views on their general ability to express themselves and to understand non-verbal communication.

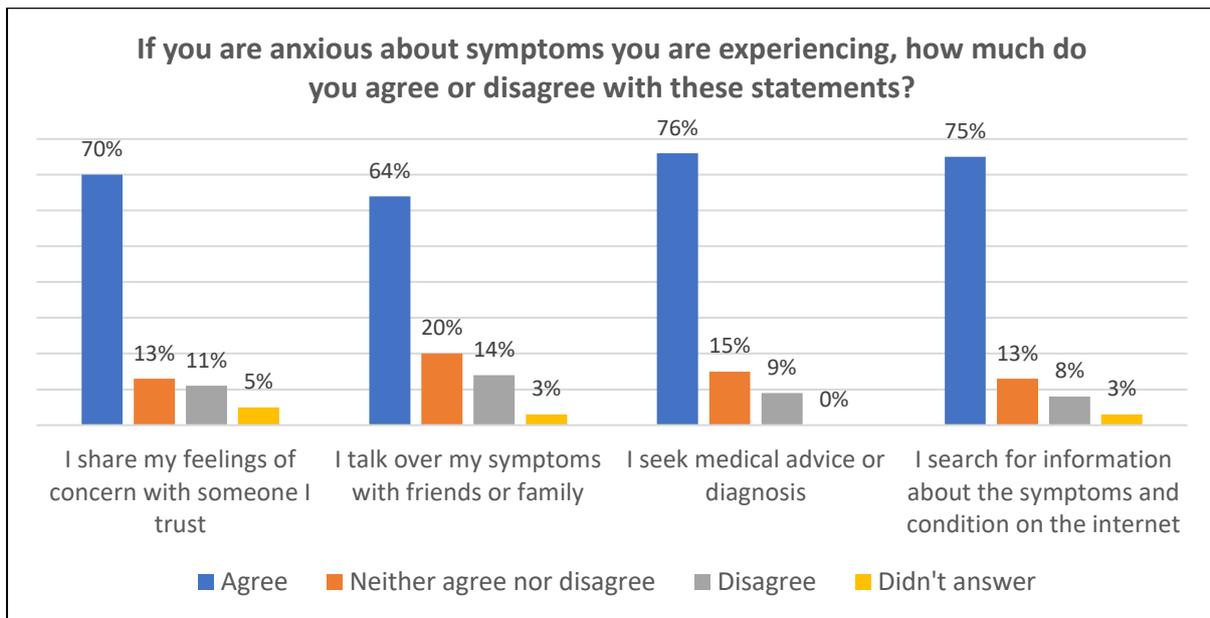
For most respondents, this seemed like something they can manage adequately, with 60% agreeing that they 'find it easy to put into words what they are thinking, feeling or experiencing' and '63% saying they find it easy to read the body language or non-verbal gestures of a loved one.

However, for a significant portion of respondents, it is not easy. More than a quarter (28%) said they did not find it easy to put things into words, and 12% didn't find it easy to read the non-verbal cues given by loved ones.



## Comfort level in talking about health concerns

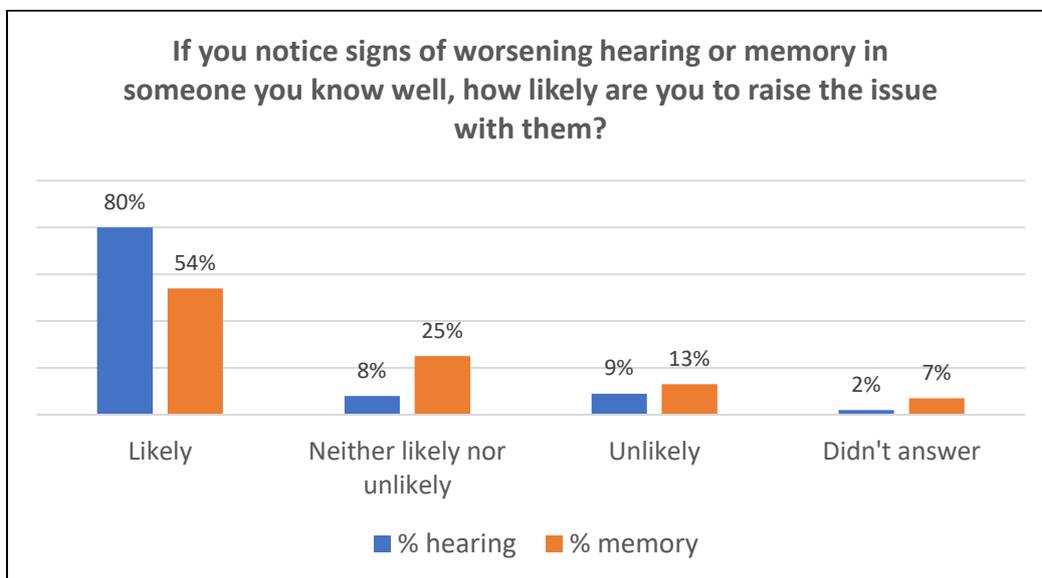
Most respondents (70%) agreed that they were likely to share feelings of concern about a health condition with someone they trusted. A few more (76%) said they would seek a medical diagnosis. About the same number (75%) said they would be happy to search for information online.



### Likelihood of raising issues of worsening hearing or memory

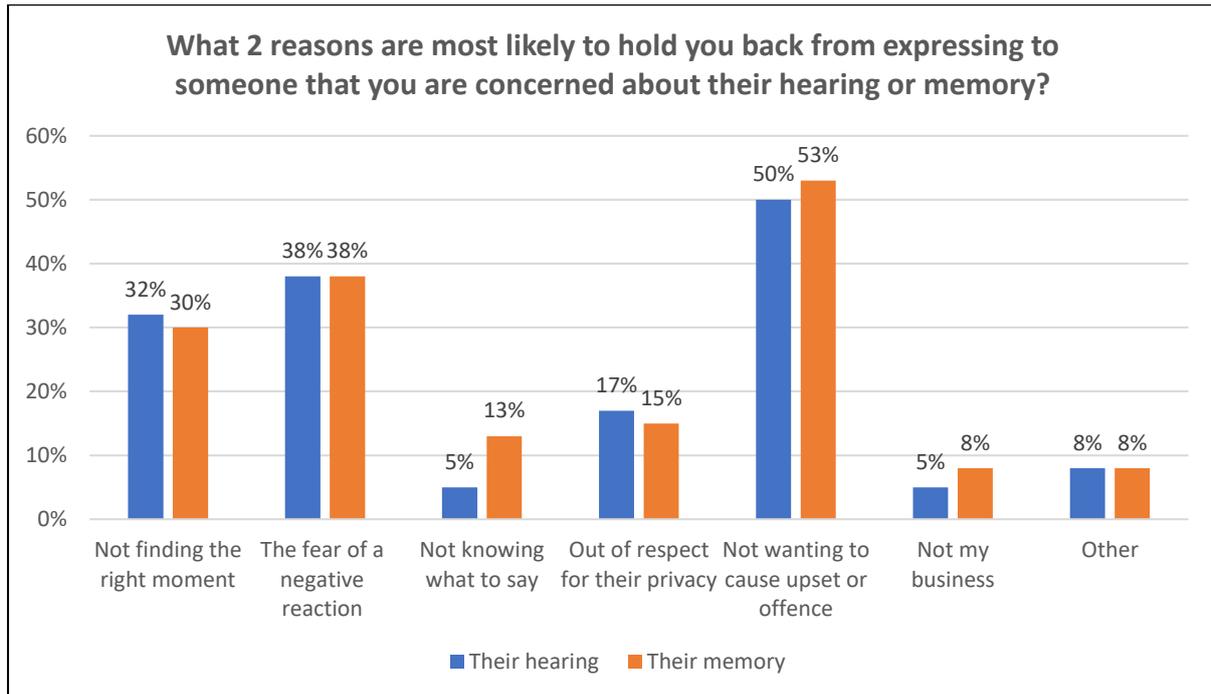
Respondents were asked how likely it was that they would raise the issue if they noticed signs of worsening hearing or memory in someone they knew well.

A big majority (80%) said it was likely they would raise the issue of worsening hearing. Fewer, but still more than half (54%), said they would raise the issue of worsening memory.



### What prevents issues being raised

Participants said that 'not wanting to cause upset or offence' was the most likely reason for not raising concerns about someone's worsening hearing or memory. Around half of participants said this, with more than a third saying they were held back by 'the fear of a negative reaction'.



### Words that are used or disliked

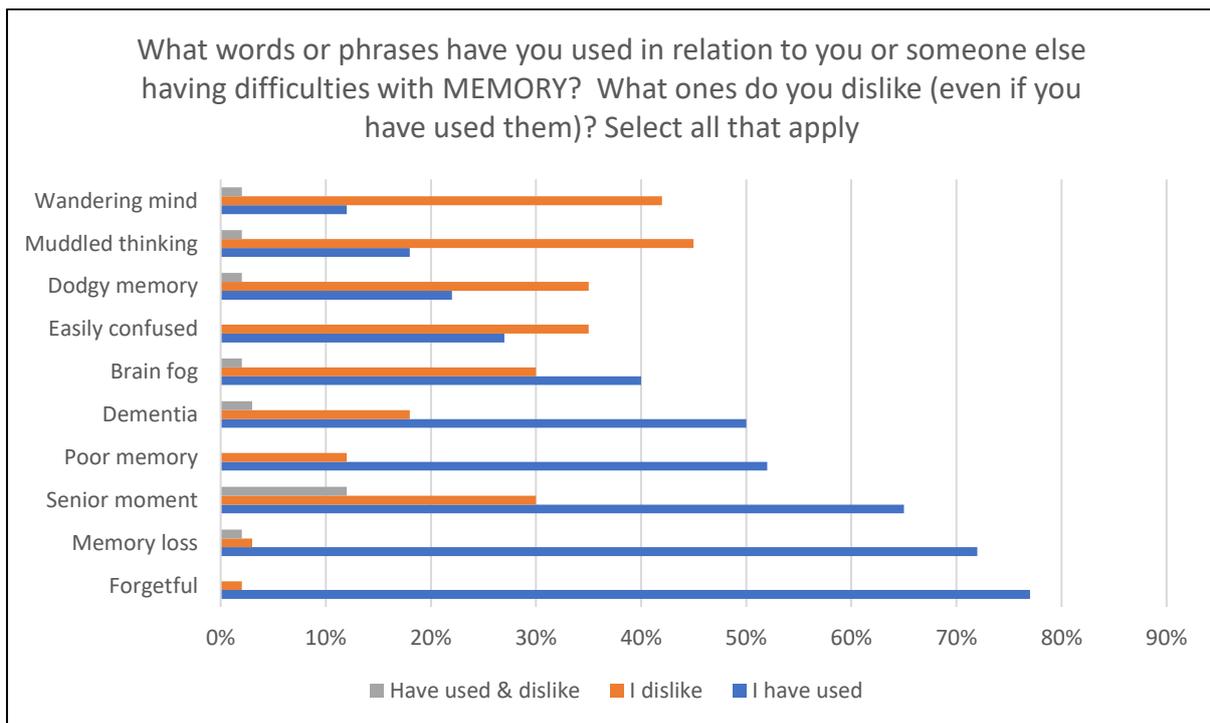
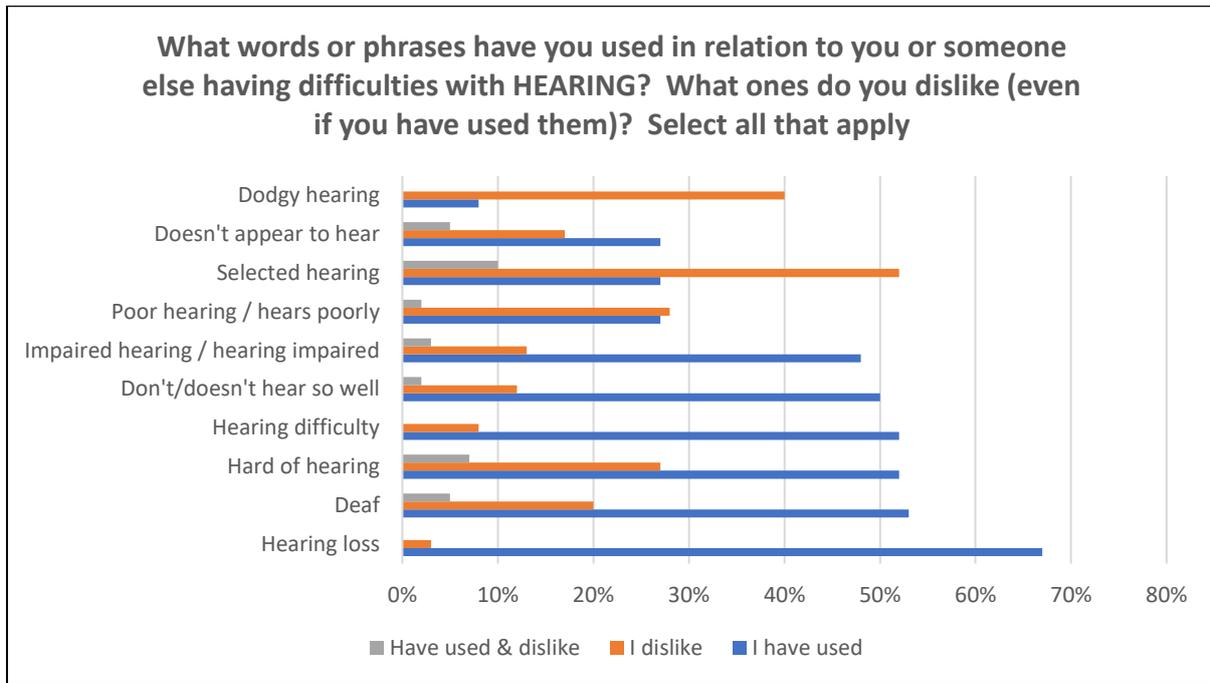
'Forgetful' was the most common way that people described issues with memory, with more than three quarters (77%) saying they had used it. Other commonly used phrases were 'memory loss' (72%) and 'senior moment' (65%), though the latter was also disliked by a substantial number (30%).

Most disliked, though, was 'muddled thinking' (45%) followed by 'wandering mind' (42%). Further behind were 'dodgy memory' and 'easily confused' both disliked by 35%.

Dementia, the word often used by healthcare services and support agencies, was used by half of respondents (50%) and was disliked by nearly a fifth (18%).

For issues relating to hearing, the descriptor most commonly used by respondents was 'hearing loss', with two thirds (67%) saying they used this phrase. The next most commonly used descriptors were 'deaf' (53%) and 'hard of hearing' and 'hearing difficulty', both used by 52%.

Most disliked were 'selective hearing' (52%) and 'dodgy hearing' (40%). There was also a notable level of dislike for 'deaf' (20%) and 'hard of hearing' (27%), both regularly used by healthcare services and support agencies.



**Find out more**

You can read a discussion of the project at: [www.ideasforears.org.uk/knowning-what-to-say](http://www.ideasforears.org.uk/knowning-what-to-say)