



HANDOUT-ABLE: Solutions If Patients Avoid Asking For Assistance (Introduction/Discussion)

When it is indicated to ask for assistance or any sort of help, some patients – in the face of changing independence – may avoid this task. This may be due to a variety of factors. However, this poses a significant issue in facilities or in homes, as needs go unmet if they are not communicated. The concept of avoiding asking for help is an issue that is not always discussed in long-term care facilities, rehab hospitals and assisted living facilities. However, it is a meaningful topic to keep in mind as we provide services to patients in speech pathology.

Barriers to the pragmatic delivery of communication can be diverse.

It is important for us to identify and address these areas in our scope of practice, and – if indicated, make appropriate referrals for consideration of other services (PCP, psychiatrists, psychologists, counselors or others).

When patients open up about feeling a barrier to asking for assistance, some examples of statements include:

- “I don’t want to bother anyone.”
- “I know everyone is so busy.”
- “There are others that have greater needs.”
- “I don’t want anyone to get mad at me for asking.”
- “I used to be so independent.”
- “I don’t like having to ask for help; it is embarrassing.”
- “I don’t know how to ask for help -- I am so used to doing things on my own.”
- “Staff are used to me doing it on my own, so they don’t check on me anyway.”
- “I don’t feel comfortable admitting that I cannot do it by myself.”
- “I know everyone is busy enough already.”
- “I don’t want anyone to think I am asking too much.”
- “They are always in a rush.”
- “I don’t want them to feel like I need them to do everything for me – or that they have to serve me.”

Sometimes, patients believe a myth -- at one end of the extreme -- that if they start asking for help, they will be viewed in the eyes of caregivers as “asking too often.” Along this line, patients may fear that their requests will not be valued. So, as a result, the other end of the extreme is focused upon: not asking at all. Caregivers in this case do not have awareness -- that they are unaware -- of patients’ physical, practical or emotional needs being unspoken. The patient may continue to struggle with speaking up vs. not speaking up. And, all the while --the physical or other need goes unaddressed.

Patients value personal autonomy. Also, some patients may come from family cultures and life experiences that have resulted in the development of independence to an extent that they now struggle with asking for help. Independence is something that they have taken pride in, and it is part of their identity. For some in this situation, acknowledging that assistance is needed -- on any level-- may feel like “defeat.” Some patients may feel that if they ask for help, they may feel like they are living under the control of others. Creative solutions are needed to navigate this transitioning time, all the while holding in the highest regard that the caregiver employ language/behavior that results in the patient experiencing self-dignity.

It is vital to identify -- when this phenomenon occurs -- to assure patients that there is hope, and that others can feel this way, too. It is beneficial to validate the patient’s feelings in the moment on the struggle -- and at the same time, acknowledge that their needs are important, too.

And, to do this, it requires time. We need to sometimes allow unstructured time for patients to speak on what matters to them, during visits. If we structure therapy agenda minutes fully -- and don’t allow patients time to speak on what is on their minds, we may miss out on an opportunity to have patients open up about this topic, or other important ones.

This resource provides potential solutions, discussions and topics to explore when patients do not initiate needs in facilities, or in any setting, due to the above avoidance in initiating communication of needs. We can assist patients in enriching their skill set so they can feel more comfortable in self-advocating – with the help of some additional pragmatic tools that they may not currently have at their disposal, from a patient focus and a caregiver focus.

It is important to note that medical conditions may be a factor in the occurrence of patients avoiding initiating needs, and it is within the scope of practice for speech pathologists to assist patients with cognitive and communication difficulties with the foundational communication skills that are necessary in order to have basic needs and wants expressed in an effective manner, without barriers.

As flexible clinicians, we can identify solutions in our time of addressing other goals -- so to navigate this important issue. Content in the next page allows for meaningful conversations to occur in treatment on this deficit area.



HANDOUT-ABLE: Solutions If Patients Avoid Asking For Assistance (Outline of Resource)

There are three main components to this resource:

■ HANDOUT-ABLE: Solutions If Patients Avoid Asking for Assistance (Patient-Focused Form)

Sections:

- *Important information for patients to know*
- *Examples of phrases to use when asking for help*
- *Relationship-building words for facilitating your needs*

Directions: discuss the different sections with the patient to spur conversation -- and let the flow of the pragmatic intervention evolve from:

- *important information to know;*
- *to example phrases at a patient's disposal for use with direct-care caregivers to initiate needs; and,*
- *possible words to utilize with staff at facilities to fortify connections (that will encourage the process of requesting assistance in the future).*

■ HANDOUT-ABLE: Solutions If Residents Avoid Asking for Assistance (Direct Caregiver-Focused Form, pages 1 and 2)

Sections:

- *Important information for caregivers to know about residents*
- *Examples of phrases to use that encourage residents to communicate a need*
- *Examples of response phrases when residents ask for help*
- *Relationship-building words for facilitating resident needs*

Directions: discuss the different sections with direct caregivers – taking care to inform them that specific residents are at-risk for not initiating physical, emotional and/or social needs, and also discuss the sections, with the topics to include:

- *the information to consider about residents who may demonstrate difficulties speaking up about their needs;*
- *phrases to utilize with residents who are having pragmatic difficulties or other communication difficulties that prevent the initiations;*
- *examples of response phrases when initiations do occur; and,*
- *(with the goal of increasing the likelihood of initiations in the future) concrete methods to incorporate valued resident terms in action and in phrases to facilitate relationship-building.*

■ HANDOUT-ABLE: Solutions If Patients Avoid Asking for Assistance (References)

**HANDOUT-ABLE: Solutions If Patients Avoid Asking For Assistance (Patient-Focused Form)**Important information for you to know:

- Asking for help doesn't take away your autonomy.
- Needing just some assistance -- so you can be independent with the rest -- can be an effective way to keep you functioning at your highest level possible.
- Connecting with caregivers and letting them know your desire to be as independent as possible -- as you may ask for some help here and there -- will best facilitate your autonomy.
- You do have a right to not ask for help. You do have a right to ask for 100% help for a task. And, you have the right to ask for just the "right fit" amount of help you need to be successful, which may be the most effective solution. You have that freedom.
- Your condition that impacts your ability to do tasks at 100% capacity is not your fault. Asking for help because of your condition's impact is absolutely warranted. There is no stigma or shame in that. We do not judge you because you need help.
- You and your family have a right to always be cared for with kindness and compassion. This is of fundamental importance. If this does not happen, this needs to be reported. It benefits everyone if you do not let this concern stop you from asking for the help you need. Let management address this if it occurs; this is their job.
- Making connections with the social worker, ombudsman and an administrator, whose job is to advocate for you -- is important.
- There are a lot of factors that go into your care. It just isn't about the physical, the social or the emotional. Your care involves a lot of areas, and you have a right to advocate for all of what you need. This allows for the totality your health needs to be tended to.
- Caregivers are hired here in this facility to serve all aspects of your professional care.
- Staff desire for you to speak up to what you need, so it can be provided.
- It is a challenge for staff to anticipate what you need 100%; it is most helpful when you can speak up and say what services you need.
- Being assertive is not being "bossy" or "pushy." Stating clearly that you desire services allows awareness, and that helps everyone.

Examples of phrases to use when asking for help:

- "I care very much about being as independent as possible. To do this, will you help me with *[insert certain task]*?"
- "I used to be able to do *[insert certain task]*, but now I have a little trouble -- and I am working on getting independent again. As I do, will you assist me please?"
- "I am having some difficulty doing *[insert certain task]*. I know I used to be able to do it. And, I just need a little help to finish doing it myself -- will you help me please?"
- "I was told you are here to help if I ask. This is a little hard for me to ask, but I just have a simple request. Could you *[insert certain task]*?"
- "It might be surprising, but I need some help in this one area, please.
- "Understand that it is hard for me to ask, OK? Could you please *[insert certain task]*?"
- "I want to do this myself, I just need a little bit of assistance. Could you please *[insert certain task]*?"
- "I used to think that people would get upset if I asked, but I need to ask. I need you to please help me *[insert certain task]*?"
- Your own phrase: " _____ "

Relationship-building words for facilitating your needs:

(Specific words are reflected upon from individuals in your position when high quality of care is achieved. Idea: Use these words with caregivers who "hit the mark" in expectations in positive feedback, to reinforce desired outcomes. Then, there may be more ease in asking for future help.)

- **"Respect"** ("Thank you for providing me with **respect** today. I appreciate you.")
- **"Dignity"** ("The way you did *[insert certain task]* helped me experience a lot of **dignity**.")
- **"Sensitive"** ("Thank you for being **sensitive** to my needs today.")
- **"Understanding"** ("You are a very **understanding** worker, I see that.")
- **"Gentle"** ("Thank you for listening to me when I asked for you to be **gentle**.")
- **"Kind"** ("You are **kind** to take the extra time today, thank you.")
- **"Welcome"** ("Your care is very **welcoming**.")
- **"Friendly"** ("You are always **friendly**; thanks for taking the time.")
- **"Comfort"** ("That is **comforting**; yes.")
- **"Smile"** ("You are showing me your **smile**; I like that.")
- **"Compassion"** ("That was very **compassionate** -- your taking the time to do that.")
- **"Communication"** ("**Communicating** about that is helpful. Yes, let's do that.")

**HANDOUT-ABLE: Solutions If Residents Avoid Asking For Assistance (Direct Caregiver-Focused Form, page 1)**Important information for caregivers to know about residents:

- Caregiving is hard and there are many factors to juggle as we provide direct services to patients. One major area to consider is residents who are more on the silent side -- and do not initiate that they need assistance.
- Some residents may feel that asking for help takes away from their autonomy. Some residents may feel that asking for help may be looked down upon.
- Letting patients know that you will provide minimal assistance for them to be able to benefit from functioning as independently as possible will let patients know that you reinforce the importance of their autonomy and self-sufficiency.
- For patients that require reminding, speaking to residents in a non-pressure manner that the desire is for them to be as independent as possible is helpful. And in the next breath, state that they may need to ask for some help here and there -- to this end. And that it is expected at times for residents.
- Quickly addressing needs that are initiated/asked for by residents validate their right to ask for help, and have needs addressed by staff (which is what we all desire).
- Lots of factors impact a patient's difficulty in perform a task independently, and it is important to know that some patients may feel some shame or stigma due to that. Reassuring them that we are here to help can be very beneficial. And that there is no shame or stigma.
- Residents and their loved ones have a right to always be cared for with kindness and compassion. This is of fundamental importance. We need to remember that some residents fear this may not occur if they speak up and ask for things, so we need to be mindful of our non-verbal communication, tone of voice, etc. This way, we can always make sure the message the patient receives is that of dignity and respect.
- Sending information to the social worker, ombudsman, floor nurse or administrator will be important if the patient asks for something you are unable to provide. Effectively informing residents that you are passing it on will let residents know that you heard their request.
- There are a lot of factors that go into a resident's care. It just isn't about the physical, the social or the emotional. Their care involves a plethora of components. Residents have a right to advocate for all of what they need, and for some patients, they may have internal or external barriers for letting staff know they require a service. Please be on high alert -- and on the lookout for unmet needs in residents.
- Reminding residents that we as caregivers were hired for the purpose -- and are here in this facility to -- serve them. When we do this, we let them feel less apprehensive to ask for what they need.
- If a resident tends to not speak up, and on the rare occasion that they do, reinforce this emerging skill, and let them know you are proud of them for communicating what they need. Try to address the need as efficiently as possible, please. This will encourage repeats.
- It is a challenge for staff to anticipate what residents need 100% of the time. Advocate for those who have difficulty/are apprehensive in doing so. For some patients, realize this is a severe challenge and adjust your care as necessary.
- Know that sometimes, residents in different settings may be reluctant to speak up as confidently as in other settings.
- Value assertiveness. When we let someone know that what they say is important, we are letting them know that they are important, too.

Examples of phrases to use that encourage residents to communicate a need

- "I see you doing so much for yourself. I would like to let you know that we are here for you, too. (pause and wait)"
- "Please know that all you need to do is ask, and we do everything within our power -- we do the 'tiny needed' help - and you do the rest."
- "I see you trying. Is there something I could do, even just a little help, to help you be more successful on your own?"
- "We value you speaking up to let us know that you need something. Just let us know, we are right here."
- "When residents let us know they have a need, it takes courage. We desire you to advocate for yourself, it is safe."

Examples of response phrases when residents ask for help:

- "Absolutely. That is important to take care of."
- "You are taking care of yourself when you ask for what you need. Great job."
- "I am glad you are letting us know when you need something. That is what we are here for."
- "Yes, I will help you. I also see you doing all you can on your own, that is great that you are being as independent as you possibly can."
- "Asking for help is a way to perform self-care. Great job."
- "I know you ask only when you need just enough assistance to do the rest on your own. I am proud of you for doing all you can."
- "We all need a little help sometimes. No one is in this world alone -- we all need each other. I know I get help from others, all the time."
- "Right away. Yes, it is important to take care of this. I am glad that you let me know you needed help."
- "I am glad you are not letting anything stand in the way of letting us know what you need, even if it is just for a little bit of help. It is important that you fill us in. Absolutely; I will take care of it."

**HANDOUT-ABLE: Solutions If Residents Avoid Asking For Assistance (Direct Caregiver-Focused Form, page 2)**Relationship-building words for facilitating resident needs:

(Research has shown the listed words below are the highest-ranked terms describing high-level quality care from a resident perspective. Idea: perform tasks that demonstrate these concepts (examples below). Idea: use these words in your interactions with residents (examples below). As a result, it will encourage the setting of the stage for more ease for residents to ask for future help.

- **“Respect”** TASK: Always ask for permission before moving the resident’s items, and knock before entering a room. Validate the resident’s perspective and be considerate of their history and preferences as you navigate assisting.
PHRASE: “I can **respect** that. It is absolutely a reasonable thing to request as a basic right.”
- **“Dignity”** TASK: Consider the resident’s mindset in terms of maintaining privacy with changing clothes and in toileting. Use questions to relay your desire to understand how to best preserve the patient’s definition of etiquette.
PHRASE: “I want to understand what your guidelines are for feeling like you are treated with **dignity**. Care to share?”
- **“Sensitive”** TASK: Be responsive as well as perceptive in communications, especially on topics that are more on the delicate side.
PHRASE: “With permission, may I please pass that onto the administrator because it is **sensitive** in nature?”
- **“Understanding”** TASK: Be compassionate, empathetic and kind. Demonstrate discernment, which requires observation of all factors.
PHRASE: “I can **understand** why you would feel that way. I have been in a similar situation. Can you tell me more?”
- **“Gentle”** TASK: Being laid-back/careful in physically moving the resident – also, being mild in vocal tone can be helpful.
PHRASE: “Yes, that is true. (pause) (pause) (pause) (pause) “I am going to move your leg here, real **gentle**, OK?”
- **“Kind”** TASK: Being gracious and friendly, tolerant and thoughtful in all contact with the resident helps. Cordialness is key.
PHRASE: “Your **kindness** is contagious; I have to ask: ‘What would you prefer? I am sure you have an awesome idea!’”
- **“Welcome”** TASK: Greet the resident happily, and perform actions which result in the patient feeling accepted, and validate what they communicate.
PHRASE: Good morning, Mrs. [insert name]! (pause) **“Welcome to the dining room – you have arrived! You made it!”**
- **“Friendly”** TASK: Have a helpful spirit in all of the activities that are conducted -- and be attentive to the needs of the resident.
PHRASE: “Yes of course I will be happy to bring you a drink! If you could please tell me – do you like juice or water? Our **friendly** dietary staff has lots of juice options, such as orange, apple, cranberry, and I think prune juice.”
- **“Comfort”** TASK: Perform tasks in a familiar way, and focus on satisfaction, relief and the enjoyment of the resident.
PHRASE: “Mr. [insert name], let’s roll to the left, like before. It should feel soft and light -- will be **comfortable**, OK?”
- **“Smile”** TASK: Practice smiling when greeting the resident at the start and end of the shifts. Utilize intentional performance of a half-smile posture, when indicated and as appropriate. Try to think about smiling when talking, because it brings about a change in tone. It is about the patient’s experience and perception of non-verbal communication.
PHRASE: “I want to say hello to you today, Mrs. [insert name], I will **smile** back -- because I see your **smile**, too!”
- **“Compassion”** TASK: Demonstrate a softhearted-ness when possible, and tenderness for perspectives that the resident experiences.
PHRASE: “I totally feel for you; I have **compassion** for what you and your family are going through. It isn’t easy.”
- **“Communication”** TASK: Commit to improving connecting with residents – and prioritizing conversations (in listening and speaking).
PHRASE: “I value our **communication**. How can I work on our back-and-forth so to try to help obtain what you want?”

Reflective Thoughts: _____

Applications: _____



HANDOUT-ABLE: Solutions If Patients Avoid Asking For Assistance (References)

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