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Communication in Dementia Care Results of a Systematic Review

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Background

People with dementia represent a group of individuals increasingly profiting from palliative care services. Communication is the key to good end-of-life care. Caring for and caring about people with dementia requires specific communication skills in all possible settings.

Aims

What is good communication with people with dementia? What is a successful communication skills training? What should researchers keep in mind in this field? With the results of this systematic review we try to give answers on different levels:

- 1) for individual health care professionals and family carers
- 2) for organisations that care for people with dementia
- 3) for researchers in the dementia and palliative care field.

Results

Participants

Most communication skills training interventions included clinical nursing assistants and licensed practical nurses. Only two studies used a multi professional intervention design where paraprofessional staff, such as housekeepers or occupational therapists, were also allowed to participate. We found no intervention tailored at doctors.

Types of communication skills training and settings

We identified different intervention types in institutional care settings and in home care settings. The difference concerned setting and participants, for instance a intervention to train professional carers to then train the family carers of people with dementia.

Training methods and organizational features

Face-to-face interventions were either in-service training in small groups or hands-on training conducted in community dwelling settings. Half of the studies additionally implemented a staff motivational system using consistent feedback or different gratifications.

Content of communication skills training

Eight different fields of content presented within the communication skills interventions were identified. The conveyed contents were divided into categories. Main training content for good quality communication is summarized below:

Emotional and nonverbal skills

- Make eye contact, recognize micro-behavior as communication attempt, view challenging behavior as communication of unmet needs, notice and validate the person's affects and emotions, use emotional tone, no high pitched voice.

Verbal skills

- Announce single activities, stay on topic, no multiple instructions, delay physical help after verbal prompt, no rational discussions, no elder speak, address the person with their names, make positive and biographical statements.

Attitudes

- Calm approach, increase pleasant events, see with the eyes of a person with dementia, take time, avoid over-nurturing and infantilizing.

Usage of tools

- Make and use memory books, memory aids, memory cards or charts and behavioral diaries.

Simple things to know when communicating with people with dementia

Individual Experiences

- Collect and reflect successful and ineffective personal communication strategies, share experiences with each other, work out what works individually.

Behavioral Management

- ABC problem solving approach:
 - a...avoid confrontation
 - b...be practical,
 - c...clarify emotions.

Theoretical knowledge

- Know about dementia and symptoms, changes in communication with older people in general (hearing and visual impairment), communicative abilities and impairments of people with dementia, the nature of behavioral symptoms, challenging situations and communication breakdowns.
- Correct misconceptions about communication with people with dementia.
- Know about techniques to maximize communication potentials, such as the basal stimulation, the validation approach[©] and the person-centered care approach.

Implications on an organisational level

Communication skills training must not be conceived as single dose interventions but should be followed by refresher or periodic "booster" sessions to assist staff to continue to implement new skills. Written or oral feedback, ongoing support, self monitoring and gratification seem to be an advantage for sustainability of trained skills. Interventions for multi-professional participants and doctors might be promising future projects.

Implications for research

There is a need for more communication skills training studies in European countries. Researchers should aim at keeping rigid quality standards, using validated communication outcome measurements and living up to the best RCTs and qualitative methods available. Especially in hospitals, in day care units and in palliative care settings training trials are required. It is not solely about proving effectiveness any longer, but about finding creative ways to change the communicative culture of places where people with dementia live, love, communicate and die.

For further information on the review process itself or any other questions or requests please do not hesitate to contact: eva.eggenberger@aau.at

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