

Communication with People with Dementia in End of Life Care: The Relevance of Gender-related Issues



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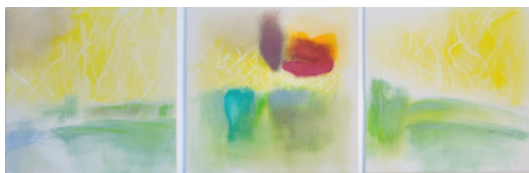
BACKGROUND

Communication with people with dementia is a challenging adventure, especially in late stage dementia and at the end of life. Person-centred approaches as Validation or Basale Stimulation help to come into contact with and relate to people with dementia. Dying trajectories are characterised by lingering ways of moving away and coming back to life again. "Death comes and leaves again" (Kojer, Sramek 2007). These particular circumstances in living with men and women with dementia as well as their special needs have to be taken into account in accompanying them in their last phase of life. Aiming at person-centred care, questions of gender related issues have to be taken into account.

AIMS AND QUESTIONS

It is a central aim of the project "Communication with people with dementia in geriatrics" to formulate gender sensitive approaches that support person-centred communication. The main questions are:

- ◆ What are the core themes that have to be taken into account when talking about gender sensitive communication?
- ◆ What does gender sensitive communication mean in end of life care?
- ◆ How can gender sensitive communication be supported?



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RESULTS

- ◆ Analysis first uncovers that only few research projects focus on gender-relevant issues concerning communication with persons with dementia.
- ◆ Gender aspects covered by literature mainly encompass the prevalence of the disease (e.g. Musicco 2009), symptoms associated with dementia, care giver burden and, surprisingly, some articles that discuss the gender-role of male care givers (e.g. Baker et al 2010).
- ◆ Concentrating on experiences of sexualised violence against women throughout their biography, Böhmer (2001) formulates approaches for a female-oriented care in old age. Drawing parallels between dementia and the posttraumatic stress disorder she highlights the importance of attentive diagnosis and care.
- ◆ Taken care giver burden into account, different studies show distinct coping strategies and social integration between male and female care givers (e.g. Bédard et al 2005). Challenging behaviour like anger, the devaluation of the care work and failure of social support seem to distress women more than men.
- ◆ Another central finding shows the relational effect of gender. Lindsay and Skea (1997) found in a long term care institution for people with dementia, that male residents more often looked for interaction with care persons, irrespective of their gender. Female residents did not contact male care persons. Female and male care personnel more often contacted male residents. In general female care persons more often contacted residents, irrespective of their gender. These results give first insights into the "doing gender" effect in dementia care.

METHODS

A literature analysis with the leading question of the impact of gender related issues in the care for and communication with people with dementia was carried out. Relevant articles and books were identified by searching the databases Pubmed (2005-2010) Web of Science, Gerolit and additional traditional sources of literature that had already been discovered throughout earlier queries.

CONCLUSIONS

Connecting insights of end of life care for people with dementia and gender relevant aspects that have already been subject to research, the following factors can be acknowledged to play an important role for gender sensitive communication in end of life care for people with dementia.

- ◆ Gendered life stories have to be integrated into care giving for people with dementia. Especially in end of life care, when verbal communication loses relevance, other ways of contacts gain importance. Bodywork, breathing, communication with hands and emotional empathy can lead to touching experiences (Kojer, Sramek 2007). Knowing about gendered ways of emotionality, coping strategies and gendered roles in contemporary history help understanding and communication.
- ◆ Results connected with caregiver burden indicate that the experience of men and women caregivers may be different despite seemingly identical circumstances. This highlights the need for interventions geared to the specific needs of female and male caregivers. Discussing gender relations, gender roles and gender constructs Kreutzner (2006) emphasizes equity aspects of care work in western societies.
- ◆ Circumstances (e.g. gender competence) and structures (e.g. organisational processes) that support gender sensitive communication have to be identified and established (Heimerl et al 2009; Reitingger, Lehner 2009). Further research has to be conducted focussing on the gender role of the person with dementia in interaction with her/his care givers and gender sensitive professional support.

*"Death comes and
leaves again"
(Kojer, Sramek 2007)*



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