

Original article

Nurses' Experiences in Effective Communication with Dementia

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Abstract

Effective communication is important for understanding a patient's needs. There were yet, a few studies that explored experiences communicating effectively with older people with dementia in an Asian context. This qualitative study explored nurses' experiences of effective communication for older people with dementia. The criterion sampling method was used to select seven nurses with more than five years of experience in dementia clinic. The nurses who assented to participate in this study were included. A semi-structured in-depth interview was chosen for collecting the data. The findings from content analysis found the main categories of nurses' experiences in effective communication were: using techniques, considering individual differences, nurses' politeness, and creating familiarity. This information is beneficial knowledge for nurses to create a practice guideline for effective communication with Thai older people with dementia.

Keywords: Dementia, Effective communication, Older adult, Nursing experiences

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Introduction

There are currently 55 million people living with dementia worldwide, with an additional 10 million diagnosed each year (World Health Organization, 2020). Dementia is estimated as 7.5 percent of older people over 60 years in Thailand (Phenwan, Tawanwongsri, Saengow, & Koomhin, 2020). Dementia is a group of symptoms caused by brain degradation that goes beyond normal aging and interferes with patients' daily lives (World Health Organization, 2020). Mostly, dementia symptoms are gradually progressive and irreversible from the early stage until the end stage of dementia. There were dramatic impacts on physical, psychological, economic, and social problems. Nursing care for older people with dementia aims mainly to improve the quality of life through the long-term care journey. Communication was the key to have success in the nursing care process (Afriyie, 2020). Most dementia patients showed problems regarding understanding and verbal expression, repetition, reading, and writing (Banovic, Zunic, & Sinanovic, 2018). Ineffective communication between nurses and older people with dementia affects patient-centered care processes, such as lack of consensus between nurses and patients, and misunderstanding of nurses' true meaning of messages sent by patients' verbal or non-verbal communication (Wang, Hsieh, & Wang CJ, 2013).

Methods

This narrative research was guided by an interpretive paradigm. This information, from the nurses' perspective, was collected through semi-structured in-depth interviews with seven nurses who have experience in dementia clinics. The informants were selected using criterion sampling that were; having experiences in dementia clinic for more than five years and experiences in communicating with dementia people. The interpretation of content analysis was conducted to explore the experiences of nurses in effective communication with older people with

Communication is the process of a message or information being exchanged from a sender to a receiver (Lunenborg, 2010). Exchanging information, thoughts, and sentiments via verbal or nonverbal expressions to successfully achieve a desired or planned consequence for the sender has been described as effective communication (Afriyie, 2020). Effective communication of nurses in healthcare settings does not only benefit patients, such as adherence, satisfaction, and safety, it also benefits healthcare providers in the aspect of their job satisfaction and health (Bello, 2017).

The researchers realize the importance of effective communication between nurses and older people with dementia for the successful practice of nursing processes. Thus, understanding older people with dementia through nurses' experiences of effectively communicating with dementia people might be a benefit for improving the quality of nursing care and older people with dementia's quality of life. The existing knowledge of effective communication between nurses and older people with dementia in eastern countries may be different from western countries. This knowledge can be the knowledge base for improving communication between nurses and older Thai people with dementia. The aim of this study was to explore the nurses' experiences effective communication with Thai older people with dementia.

dementia by considering in logical chain of evidence, grounded in the data and the essence of the finding so that the knowledge can be practical for nurses and caregivers. Even though the researcher has experience in communicating with dementia, the researcher needs to open-mind to new knowledge without interview prejudice or conclusion prejudice. The interview started after the researcher explained the purpose of the study and the informants signed the consent form. The collecting data ended after the data had been saturated. All nurses completed the interview one or two times

(Hennink, Kaiser, & Marconi, 2017) in-between time 45 to 60 minutes in the private room at dementia clinic. The main questions were guided by the objective of the study and the definition of effective communication developed by the researchers. The six main questions were verified by three experts who have experience in qualitative studies and in older people's areas. The researchers prepared themselves to be familiar with the questions before the interview process. Data collection was conducted between September and November 2021.

The qualitative data were analyzed using a content analysis approach to explore the nurses' experiences of effective communication with older people with dementia. All data from interviews and observations were included for interpretation. The four main steps (Bengtsson, 2016) used to analyze the data were: 1) the de-contextualization to familiarize, and read through the transcribed text to obtain the sense of the whole, 2) the re-contextualization to check that all aspects of the content have been covered related to the purpose, 3) categorization to create categories and condense the extended meaning, and 4) compilation to consider the

Results

The content analysis found that the nurses' experiences of effective communication with older people with dementia consisted of four main categories:

Using techniques

The informants mentioned several techniques for communicating with older people with dementia, such as 1) using helper tools to try to understand older people with dementia, 2) attempting to attract and attention dementia, 3) engaging dementia in activities by doing it together, using tricks,

A helper tool: The informants explained how to understand and how to evaluate the stage of dementia by using the available tools around them. For example, paper rolls or stethoscopes for older people with dementia having hearing problems;

data and the purpose of the study before writing the conclusion.

The study's credibility was established by applying the standards suggested by Lincoln and Guba Lincoln, & Guba (1985). Members checked the data following the interview and the conclusion of the findings to validate the researcher's interpretation, which increased credibility. In this study, three researchers and one external reviewer verified the research findings for validity. This research proposal, questions, information sheet, and consent form were approved by an Institutional Review Board at Songkhla's hospital (2021-Nrt-J3-1037). All informants received information about this study, including the aim of this study, the collection data method, and the right to refuse or withdraw at any time without consequences. In-depth interviews were conducted at the private room in dementia clinic when the informants had available time and after the explanation of the proposal information and signing of the consent form. The confidentiality of the nurses' identities was protected, and each data set was assigned a code number and kept the information in the researcher's private storage.

using techniques, considering individual differences, nurses' politeness, and creating familiarity.

explaining, and no ordering, 4) decreasing aggressive emotions and behavior with a stop conversation, distraction, or taking a break and relieving their emotions, and 5) understanding dementia people by guessing, or asking relatives:

nurses informants told that the older people with hearing problem could hear better if nurses used paper rolls or stethoscopes as a medium for making the low-frequency sound to communicate with them. The big-sized letters for the older people with

dementia having eyesight problems; nurses informants mentioned that they sometimes used big-sized letters if they want to evaluate brain function in language domain by their understanding after reading. The pictures were for the older people with dementia having memory problem, nurses informants use wall pictures to tell the story and communicate with them.

"Sometimes there is a picture or sign on the wall as an option to choose

Naturally uses attraction and attention: The informants mentioned applying attraction and attention techniques to try to understand the meaning of the messages. For older people with dementia with attention deficits, informants tried to find an easier story to converse. The informants suggested that show interested and active listening were features of conversation so that the older with dementia can understand and pay attention.

Doing it together, using tricks, explaining: According to the informants, encouraging older people with dementia to comply with the request was preferable to ordering them to do. The informants said that explaining the reason why you're asking older dementia to do something and invite them to join in activities by doing it together rather than letting him or her do it alone. The nurses admitted that they had to role-play to get older people with dementia to follow or accomplish something.

Cooling down, and distraction: The informants gave the information that when the older people behave aggressively or show dissatisfied expressions, the informants dealt with the behavior problem by stopping the conversation immediately and letting the older people keep calm and relax until the older people with dementia feel better, at which point they could start a new conversation again. In the case of showing dissatisfaction, sadness, or irritating behavior during communication, nurses used the method to continue the conversation by changing the subject and finding another

during we speak so that he understands what I am saying, otherwise he might not understand." (Nurse 2)

"The equipment used for writing large letters or using a roll of paper. But you have to assess which ear can hear or which ear can't hear, then put it to that hearing ear and speak through the paper roll, or use a medical stethoscope, bring the round side to speak, and let the patient listen." (Nurse3)

"Nurses should have a stable posture to be a resting place for him. Not too sweet, but he must have attention and focus. Active listening, focus, and eye contact. Listen to him until he finishes speaking. Show interest, understanding, and perception of their message. He will perceive it through his senses. He could feel like helping him by trying to understand him. He will feel relaxed, not tense. Focusing on his face and eyes must be on the same level and show interest. (Nurse1)

"For example, if you want her to draw a picture and she doesn't draw, don't force her until she relaxes, and then ask, "I want to draw this one." Let's draw first. Who will draw first? Do it like playing together and talking until she is comfortable, but we won't order her to do it. Who should take it first? Auntie? let her participate in decision-making so she would be more cooperative. Respectfulness for older people is being the culture of the Thai people. Children would not be able to order adults. (Nurse7)

topic to talk about or changing the speaker to talk with, to reduce such behavior.

"I had an experience with whom a high social position, I didn't build a relationship before evaluating him. He didn't cooperate. He got angry and walked away. Then let him sit and calm down. Don't talk at that time, no matter what we say. It was all negative. I had to let him sit and calm down before observing until he cooled down, then apologize and said that our intentions were clear. In that case, I did something wrong, I didn't let him to understand at the first time. (Nurse4)

Guessing or asking relatives: The informants mentioned that sometimes the older people with dementia couldn't find words to respond. Nurses might repeat the answer, or guess the words by their gestures or responses, such as speaking sentences and leaving space for his/her words to fill in. If nurses could not find the words, they would ask their relatives.

Considering individual differences

The nurses can make effective communication by considering individual differences of patients, thus they do need to have the ability to assess older people with dementia. The informants said that assessing before and during communication can help communicate more effectively. The informants agreed on the assessment of brain degeneration each time. The stage of dementia assessed before the conversation can help nurses find an appropriate conversational style. To comprehend the differences in the physical, psychological, and social status of dementia patients as their age and background. Informants commented that if the older people had uncontrollable emotional behavior, they could not communicate effectively with them. Older people must be consulted by a doctor before using psychiatric medicine to control their symptoms. For social status, the informants told their experiences of how they dealt differently with older people with

Nurses' Politeness

Nurses need to grasp the nature of older Thai people, according to the informants,

Honor and respectful behavior:

The words to use with the older people with dementia must be soft, sweet, and respectful. Inattentive use of words can lead older people to feel low self-esteem. For example, when adding or subtracting numbers, which were used to evaluate brain conditions, older people might think that this is for kids.

"Most of the time at home, he was often ordered and blamed by relatives. Why did you do that? Why did you do this? If we

"The perception and communication of older people with dementia are impaired, so by their abilities of thinking and reasoning, we have to translate what they communicate. If it's not clear, we repeat it after his talk by writing it down and asking him again. Another way is to ask relatives what he said. Because most of the relatives might know very well the meaning of what the patient's actions or words mean". (Nurse3)

dementia who had different backgrounds (educated, social level).

"Depends on each person; some people can make a conversation by only talking. It's not the same as some people need to do both (verbal and non-verbal). We must evaluate before asking. If you don't understand, use gestures. You have to look at the stage of dementia as well." (Nurse6)

"In the case of villagers, we have to assess. Some people have eyesight problems, and they don't cooperate. Older people with deafness can't hear our voices. We may ask relatives first. If a patient is unable to read, we should know whether they are uneducated or not. We must have a past history also. (Nurse 4)

"Some of them had been teachers, engineers, or used to hold high positions. If he tells him to do something, he will get angry. What kind of role-playing do we have to do? Do we have to play as a student? Let's try it out. (Nurse2)

because nurses' demeanor is vital during conversations with older people with dementia.

did the same, he would feel a loss of dignity. He should have been an adult and was a person of honor. Thus, we need to show respect to him." (Nurse2)

"Try to avoid saying that it is a brain test. It is an honor to say that this is a brain function test that was verified by expert." (Nurse3)

"You have to talk to him nicely, don't make him feel low self-esteem or loss of ability." (Nurse4)

Familiarity: The language used in the family, or dialects is normally used in communication between nurses and older people with dementia. Based on observations and listening during the interview, all nurses communicated with older people with dementia by dialects or local language.

Patient and calm manner: The informants told that repeating the sentences during conversation can confirm whether the older person can understand. We must understand the patient correctly and what they want to communicate. The answers by older people with dementia should be repeated so be patient and calm.

Empathy: The informants referred to the characteristics of caring, smiling, and proper touching with showing both eye contact and interaction that were used to have effective communication. In addition, the informants' consensus was that the way to have successful communication with older people with dementia was to use words to express appreciation for what the older people have accomplished in life.

"We show understanding and empathy. We can feel his feelings, with tears

Use suitable messages: According to the data, using the right tone can help nurses communicate effectively with older people with dementia. The tone of discourse might go wrong if it is too loud or too light. Facial expressions and gestures may appear antagonistic in the presence of loud noises. Soft tones and a caring demeanor express compassion and care even if there was speaking with a loud sound. The informants emphasized that both verbal and nonverbal communication could be useful for older people with dementia. If the older person's language skill is not an issue. In dementia communication, a combination of spoken, and body language were much effective.

"The tone must be soft and we must treat him like a loving child." "Some people use too much loud noise because their ears can't hear. But the use of loud voices

"Sometimes we have to use words like familiar with her, and then she will talk with us as friend her. Emphasize admiration that she had the potential to be successful before, such as if she had sold delicious desserts before. She would tell us all about it, and then we used our method to extract the necessary information". (Nurse4)

"We should talk with older people with dementia with a soft tone of voice and tell them that we understand. Treat him like he is a child, giving love, kindness, patience, and calm. " "It takes gentle words to tell the older people to follow."(Nurse7)

in his eyes. Older people will be fascinated by listening with friendliness, making eye contact, smiling, and nodding. I showed recognition of his response, which showed that I was always with him". (Nurse2)

"Most older people feel uncomfortable when they visit a hospital. We should treat her as if she were our relative, teasing her, touching her hands, asking simple questions, paying attention, and caring for them". (Nurse 5)

sometimes makes them seem unfriendly, so must be careful." (Nurse3)

"Teaching how to button a shirt requires speaking and acting. Just as with drawing a picture, you have to talk and make gestures. "Speaking language is best if the older people understand and have no language problems." Some people have to use both. We have to evaluate first. If he/she cannot understand well, we use gestures. It depends on the stage of dementia as well." (Nurse2)

Informants suggested that talking to older people with dementia should use language that is easy to understand and clear, especially when asking older people to answer.

"Ask a simple, short question for him to answer in a familiar way. Say it briefly and clearly. Don't talk too much; speak slowly". (Nurse 5)

Creating familiarity

The informants said that to be able to communicate effectively with older people with dementia, one had to start by building a good relationship between nurses and the older people with dementia. On the first visit, older people with dementia were unfamiliar and untrusting. The informants told that they needed to welcome them with attention, greeting, and a smile so that the older people with dementia feel comfortable. Then nurses could ask them about their problems and evaluate their mental status.

"You have to have a relationship with him first to make him feel relaxed. We

have to kindly talk to him for trusting us first. If it's an old patient and had been visited, it's not a problem at all because we have had a relationship. If it's the case of a new patient, you need to talk in general first to build a relationship". (Nurse3)

"When he/she was not familiar and had fearful expressions, I had to say hello, then ask how you are doing; how did you come here?; keep talking; let him be ready first. If we see that he has anxiety, we will greet, and talk about common things first, such as "long time I did not see you how are you?". (Nurse4)

Discussion

The study found nurses employed the following ways to communicate effectively: attraction and attention, doing it together, explanation, not ordering, using tricks, taking a break and distraction, guessing or asking relatives. According to the study of De Vries De Vries (2013), the techniques used to communicate with dementia patients included removing distractions, approaching slowly from the front, maintaining eye contact, using short, simple sentences, speaking slowly, asking only one question or giving only one instruction at a time, using closed-ended rather than open-ended questions, repeating messages with the same wording, avoiding interrupting, and approaching.

For considering individual differences, giving precedence to an individual's assessment before and during communication, and likewise, the summary results in general older people from the study by Jack, Ridley, and Turner (2021), mentioned the important changes in general older people that nurses should consider the individual's characteristics and cultural differences, as well as biological and social changes because those changes can affect communication during consultations. They also suggested that hearing, vision, and dementia problems have to be evaluated so that effective communication can be successful. In the study by De Vries De Vries (2013), the author mentioned the assessment of communication disabilities.

Also, nurses' politeness for communication with older people with dementia. The scoping review study of van Manen et al (2021) suggested the experiences of nurses, time and duration in communication, verbal and non-verbal communication, communication styles, and situations that are associated with communication with dementia. In our study, we found the manners of nurses, including showing honor and respect, familiarity, patience and calm, empathy, and the ability to use suitable messages were the characteristics of nurses for effective communication with dementia. The use of both verbal and non-verbal language styles should be considered, which is useful to choose depending on the individual and situation but needs to be a simple question.

In terms of familiarity, the findings demonstrated the effectiveness of interpersonal communication in the context of a positive relationship. The nurses can receive the necessary or comprehensive data from the older people with dementia if they have been trusted so that nurses can determine suitable care for them. The systematic review of Alsawy, Mansell, McEvoy, and Tai (2017) found that strong relationships can facilitate communication. Also, the study by Stanyon, Griffiths, Thomas, and Gordon (2016) emphasized the importance of staff's skills in building the relationship with older people with dementia to correctly respond and create proper care.

Conclusion

Respectfulness was required for communicating with older people, but nurses should find a way to avoid behavior problems by treating them like children in some situations and like adults in some situations. Nurses should understand the characteristics of persons with dementia and have knowledge of deteriorating dementia so that they can assess the stage of dementia, as well as psychological and physical issues. The familiarity or strong relationship between nurses and older people with dementia, as well as the appropriate characteristics of nurses, is critical for effective communication with older people with dementia and success in the nursing process, particularly in the patient assessment process, which has an impact on other steps of the nursing process. In addition, these findings can be the knowledge added in to the older adult

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curriculum of nursing students for dementia care.

The qualitative study is limited in generalizing to different areas. The findings might be limited by cultural and traditional factors in the area of study. Regarding the information from nurses who work in outpatient clinics, it might be different from other experiences of nurses who work in inpatients or intensive unit care. Thus, the recommendations for further studies are, as follows:

1) Further studies should be designed with a factor analysis or causal model to identify the related concept to the effective communication between nurses and older people with dementia.

2) The limitation of qualitative study cannot refer to another area that has a different culture, context, or ethnicity so testing the theory should be verified in several areas.

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