Effective communication with people who have dementia


Summary
This article explores the skills needed for effective communication with people who have dementia. It describes the factors that influence the communication process and the effect this may have on the nurse-patient therapeutic relationship. Cognitive impairment in people with dementia may limit their ability to communicate effectively. This may, in turn, affect the nurse’s ability to identify patients’ needs. Communication is central to providing good dementia care. The article examines some of the challenges nurses may face when caring for this patient group and suggests some strategies to overcome any barriers, enhance quality of care and improve patient outcomes.

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Introduction
At the heart of nursing is a relationship with another human being, no matter how transient or protracted the encounter (Kitson 2004). The nurse needs good communication skills to be able to engage with patients and promote a therapeutic relationship. Morris and Morris (2010) argued that this is a complex dynamic as the quality of the nurse-patient relationship is significantly influenced by each party’s ability to communicate. Communication is essential to everyday life and is at the core of professional practice. The way in which people communicate is unique and influences the quality of the relationships with those with whom they interact.

Communication involves the reciprocal process in which messages are sent and received between two or more people (Balzer Riley 2004). Communication is a fundamental requirement for all human beings. It gives substance to individuals’ lives, is essential for survival and growth, and enhances a sense of belonging.

Aims and intended learning outcomes
The aim of this article is to explore the skills needed for effective therapeutic communication with people who have dementia. The article describes the process of communication and highlights some of the barriers that may affect the nurse-patient relationship. After reading this article and completing the time out activities you should be able to:

- Demonstrate appropriate communication skills with patients who have dementia, recognising the effects of your own values on such interactions.
- Discuss the factors that may influence the communication process.
- Recognise the role of effective communication in promoting therapeutic relationships with patients.
- Describe barriers to effective communication with people who have dementia.
- Use appropriate strategies to engage with patients and improve quality of care.
People learn how to communicate through life experiences and interaction with their social environment. Individuals acquire a unique lexicon that they use to interact with others. The act of communicating and expressing oneself is affected by the person’s ability and may therefore be compromised by a disability.

People communicate their needs, wishes and feelings as a means of maintaining quality of life and preserving a sense of identity. However, when this ability is compromised, for example by dementia, it is important for the nurse to demonstrate sensitivity and encourage the person to communicate in whichever way suits him or her best. The way in which individuals communicate reflects who they are. Communication will also be influenced by the context in which the person interacts.

The process of communication can be complex in a care setting, especially when the nurse is interacting with a person who has dementia. Poor communication can compromise care, which can lead to undue anxiety and frustration on the part of the patient. It is vital that nurses appreciate the importance of being skilled communicators to enable them to connect and engage with patients on a therapeutic level. Effective communication allows the nurse to build a good and trusting relationship with the patient.

Northouse and Northouse (1998) stated that human communication has several identifiable properties. These properties represent the fundamental assumptions upon which theories of human communication are constructed. These assumptions are that:

- Communication is a process. The communication process is like a river: active, continuous and flowing, never the same from one minute to the next. If one tries to understand a river by analysing a bucket of water taken from it, then the river is not being studied as a whole. The same is true of communication. Individual sentences, words or gestures make sense only when they are viewed as part of the ongoing stream of events. Communication must be viewed as an ongoing dynamic process.
- Communication is a transaction. During an interaction, both individuals are influenced by each other through what they say and do. Communication is thus a process by which meaning is assigned and conveyed in an attempt to create shared understanding. This process requires a vast repertoire of skills in intrapersonal and interpersonal processing, listening, observing, speaking, questioning, analysing and evaluating. It is through communication that collaboration and co-operation occur.
- Communication is ever-changing and context-specific. Different words are used in different situations. The way in which a person communicates is adapted to suit the other individual involved in the interaction and the environment in which the conversation takes place. Manning (1992) explained how a person’s daily encounters are dictated by the social rules operating in a given environment, therefore influencing how he or she speaks.
- Communication is multidimensional. A spoken sentence may reflect more than a simple exchange of a message. It will reflect the relationship between the individuals who are interacting.

Basic components of communication

At a basic level, communication is an activity of daily living. During this activity a sender transmits a message through an appropriate
Channel to a receiver. The sender is responsible for the content and accuracy of the message. The sender will know that the message has been delivered accurately when the desired response is evident from the receiver, in other words the sender gets feedback. Where there is no feedback, the sender may presume that communication has failed. The sender must carefully consider the recipient when formulating the message. The person who formulates the message is known as the encoder. The person who receives the message and interprets it is known as the decoder (Arnold and Boggs 2007).

Figure 1 shows that for communication to be effective it is assumed that the sender is clear about the purpose of the message, what it is supposed to achieve and has carefully considered the recipient when encoding the message. It is also assumed that the listener is a willing participant in the interaction.

The basic requirements for effective communication are:

- **Content** – refers to the topic or message to be sent.
- **Structure** – how the sender puts words together to make up the message.
- **Word structure** – based on English grammar to make sure the message is constructed accurately.
- **Appropriate language** – needs to be understood by both the sender and receiver.

**Modes of communication**

Verbal communication is the use of words to express oneself, and is regarded as the key component in delivering a message (McCabe and Timmins 2006). Words are symbols that are used to convey a message. Communication allows individuals to share their perceptions of the world and express their feelings. The choice of words is influenced by the person’s sociocultural background and the environment in which the interaction takes place. For accuracy of the message, the receiver needs to share a similar lexicon of words. This promotes mutual understanding and allows the communication process to flow. It is vital to make sure the receiver understands the message by evaluating any feedback.

Research suggests that the majority of communication is non-verbal. According to Argyle (1988), only 7% of the message is communicated verbally by the words used during an interaction while the remaining 93% is communicated non-verbally. Of the non-verbal communication, 38% involves the use of vocal tones and 55% is attributed to body language.

Non-verbal communication plays a central role in human social interaction. It is culture-specific and contextually bound. What is accepted in a given sociocultural context might be inappropriate in another. When communicating with a patient from a different culture, it is necessary to be aware of and acknowledge the unique way in which non-verbal communication can have different connotations. Expressions of pain or discomfort such as crying are specific to various cultures; some cultures may value a more...
stoic attitude while others may encourage a more emotive state (Helman 2007). Non-verbal communication conveys powerful messages (Argyle 1994) and should be given special attention in all professional interactions. It should complement and reinforce verbal communication. Non-verbal communication includes facial expressions, eye contact, posture, appearance, gestures, and personal space and bodily contact. Most of these factors help to regulate how the communication process evolves. For example, eye contact and close proximity may indicate interest, concern and warmth.

Egan (2002) suggested using the acronym SOLER when engaging in non-verbal communication:

- S – sit facing the patient Squarely.
- O – maintain an Open posture.
- L – Lean slightly forward.
- E – establish and maintain Eye contact.
- R – adopt a Relaxed posture.

This technique can be useful when communicating with people who have dementia. However, it may not be suitable for those with late-stage dementia who may be experiencing psychotic symptoms.

Paralinguistic features of communication refer to the individual way of speaking or the individual characteristics of a person’s voice. These include (McCabe and Timmins 2006):

- Volume – soft or loud. A change of volume can express how the person is feeling. Volume can be changed to suit different situations.
- Intonation and pitch – range of frequencies (low to high) used to suit meaning.
- Rate of speech – slow or fast delivery can be used to express different emotions and attitudes.
- Tone of voice – combination of volume, intonation and rate of speech to convey different messages.
- Conversational cues such as ‘mmm’, ‘hmm’, ‘I see’, ‘right’, ‘really’ – these indicate the degree of interest of the listener and whether or not they are agreeing. These are known as social reinforcers.
- Choice of words and how these are emphasised – this may indicate the degree of interest.

The paralinguistic features expressed by the sender and the receiver influence the flow of the conversation (Northouse and Northouse 1998). Nurses need to have an understanding of how these features may affect the meaning of a sentence.

The importance of skilled communication

It is vital that nurses are good communicators, allowing them to be more sensitive to patients’ needs and therefore engage them on a therapeutic level. According to McCabe and Timmins (2006), the term ‘therapeutic’ relates to the art of healing, the effective treatment of medical disorders, the eradication of ill health and the improvement of general wellbeing. Establishing a therapeutic relationship with patients will enable them to feel comfortable enough to express their needs. It is only through good communication and the development of the therapeutic relationship that nurses can truly identify and meet the unique needs of the people they are caring for. However, there are many factors that influence this process, known as barriers or filters (Nelson 2010).

Communicating with people who have dementia

Research suggests that simply defining dementia in terms of organic brain disease and linking the process with ageing may not be as straightforward as was once thought. Stokes and Holden (1990) adopted the view that dementia was not a disease in its own right but a collection of signs and symptoms requiring further investigation. The Mental Health Foundation (2009) defined dementia as a decline in mental ability, affecting memory, thinking, problem solving, concentration and perception. Neurofibrillary tangles and senile plaques found in the most common form of dementia, Alzheimer’s disease, are thought to be the main...
Neuropathological causes of the condition (Adams 1997). Neurofibrillary tangles are dense bundles of abnormal fibres found in the cytoplasm of neurones and plaques are altered axons and dendrites of neurones (McKeith and Fairbairn 2001). Neurofibrillary tangles and senile plaques have also been found to occur independently in the brain of people with dementia (Gilleard 2000). These abnormal changes in the brain tissue result in memory loss, which is the most common feature of dementia (Morris and Morris 2010). However, the exact aetiology of the disease remains unknown.

Walsh (2006) stated that dementia is a term used to describe a group of brain disorders that have a profound effect on an individual’s life. Whatever its form, dementia will usually affect memory and orientation to time, place and person. A gradual decrease in cognitive ability means that the ability to think and communicate gradually decline and the person finds it difficult to process new information. Dementia is progressive, with symptoms gradually worsening. It affects each person in a unique way.

An early sign that a person’s ability to communicate is compromised by dementia is that he or she cannot find the right words, particularly names of objects. The person may substitute an incorrect word or may not find any word at all. This gradually progresses to forgetting names of friends and family and confusion over family relationships. Often the individual will not recognise their loved ones, which can be distressing. The declining communicative abilities of a person with dementia create many barriers that can present unique challenges for nurses and may compromise quality of care (Miller 2002). It can lead to frustration for both the nurse and patient and may result in avoidance of interactions.

Killick and Allan (2001) noted that every person with dementia is unique and that their behaviour cannot be attributed solely to this condition. Communication deficits and other cognitive impairments associated with dementia mean that the patient may be unable to initiate a conversation. The responsibility to help the patient communicate lies with the nurse. Knowledge of how dementia affects communication will assist this process. Person-centred care is value-driven, meaning that it relates to the values of the individual caring for the person, and focuses on promoting empowerment, wellbeing and independence (Kirkwood 2001). It enables the nurse to identify the remaining communication ability rather than focusing on communication deficit, thus encouraging interaction centred on the person’s ability. Effective communication improves the quality of life of people with dementia (Killick and Allan 2001). It is essential that the nurse makes an effort to listen and understand the patient.

Miller (2002) stated that nurses interact significantly less with patients whose communication has been compromised compared with patients who are lucid, and they may find it difficult to work with people with dementia. It is vital that the nurse has a thorough understanding of how the progression of dementia and other age-related changes can influence communication and use the appropriate strategies to intervene effectively to provide individualised care.

Engaging with patients who have dementia may be mutually satisfying or frustrating when difficulties are encountered. Killick and Allan (2001) gave a moving account of their frustration at being unable to engage with people with dementia, and how they altered their perceptions and attitudes to connect with this patient group in a more meaningful way. The gradual reduction in cognitive and expressive ability in people with dementia results in a reduction of their ability to communicate.
dementia places demands on nurses. If not equipped with the necessary skills, engaging with patients can be uncomfortable. It may lead to misunderstandings and patients’ needs not being fully met. Perrin’s (1997) study found that people with dementia were significantly deprived of human contact and much contact was superficial or brief. This can lead to a growing sense of deprivation, isolation and detachment. The problem of social isolation among those with dementia is significant and has been well documented (DH 2009, Alzheimer’s Society 2010). Nurses often make quick value judgements about the person with dementia rather than exploring the reasons why the person is socially isolated.

Case study

Anne is a 73-year-old woman whose communication has progressively deteriorated as a consequence of her dementia. She has become quite distressed and disorientated in recent months. She retired at the age of 65 years, having worked as a post mistress. She found retirement hard to cope with and has experienced periodic bouts of depression. This was exacerbated in her early seventies after her husband Harry died. After this event, she became increasingly confused and was eventually diagnosed with dementia. She has recently been admitted to hospital for assessment. She has difficulty in communicating and her needs and nurses have made limited effort in engaging with her. Anne is feeling isolated and detached from staff and other patients on the unit. She needs to be thoroughly assessed and treated with sensitivity. Strategies to aid effective communication with patients such as Anne are outlined in Box 1.

Communication strategies

Kitwood (2001) stressed the importance of listening to the person with dementia as well as family members and carers. Additional advice on communication from the perspective of a person with dementia can be found at http://tiny.cc/alzcomm. Advice included: ‘give us time to speak’, ‘don’t rush us into something...

**BOX 1**

<table>
<thead>
<tr>
<th>Strategies to promote effective communication with a person who has dementia</th>
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<tbody>
<tr>
<td>➤ Approach the patient from the front.</td>
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<tr>
<td>➤ Make sure you face the patient when speaking to him or her.</td>
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<td>➤ Give the person some cues – a touch of the arm or hand, or use the person’s name before you start a conversation.</td>
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<tr>
<td>➤ Ensure the environment is quiet and free from distractions.</td>
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<tr>
<td>➤ Use simple language and speak slowly.</td>
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<td>➤ Use short and simple sentences.</td>
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<td>➤ Speak to the patient as an adult and do not speak in the person’s presence as if he or she is not there.</td>
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<td>➤ Give the individual time to process the information and to respond.</td>
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<td>➤ Try to let the patient complete his or her thoughts, to struggle with words.</td>
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<td>➤ Avoid being too quick to guess what the person is trying to express.</td>
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<td>➤ Repeat sentences using a steady voice.</td>
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<td>➤ Encourage the individual to write down the word he or she is trying to express and read it aloud.</td>
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<tr>
<td>➤ It might be helpful to use a pictogram grid that uses pictorial drawings. The patient may find it useful to fill in answers to requests such as ‘I need’ or ‘I want’ by merely pointing to the appropriate picture.</td>
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<tr>
<td>➤ Use appropriate facial expressions even though it may feel a bit exaggerated – for example, smiling when discussing happy events.</td>
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<td>➤ Do not correct the patient if he or she makes mistakes.</td>
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<tr>
<td>➤ Do not pressure the person to respond.</td>
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<tr>
<td>➤ Encourage the individual to use any mode of communication that he or she feels comfortable with, for example using gestures or writing things down.</td>
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<tr>
<td>➤ Use touch to aid concentration, to establish another avenue of communication and to offer reassurance and encouragement.</td>
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<tr>
<td>➤ Avoid contradicting and arguing with the patient.</td>
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Sugden-Best 2002, Alzheimer’s Society 2010)
learning zone older people

because we can’t think or speak fast enough to let you know whether we agree and ‘avoid background noise if you can’.

Talking mats (www.talkingmats.com) can be used to improve the effectiveness of communication with people who have dementia. They are a low-technology communication aid developed at the University of Stirling to help people with communication difficulties express their views. It uses a simple system of picture symbols and a textured mat that allows people to indicate their feelings about various choices within a topic by placing the relevant image below a visual scale. Murphy et al (2007) found that people with dementia show improvements in the effectiveness of their communication when using talking mats. This is particularly significant in those with moderate and late-stage dementia.

Conclusion

Nurses caring for people with dementia need to demonstrate an understanding of the difference that effective communication can make to patients’ wellbeing and quality of life. Nurses need to be skilled communicators to be able to connect and engage with patients. The ability to adapt the communication process to suit the needs of people with dementia or to adopt some of the strategies in this article, is key to successfully engaging with patients and improving their outcomes.

References


