Interaction between professional caregivers and persons with dementia-An expanded approach

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Quality of Life and Dementia

Project Design and Method

Results

Conclusions and Future Perspectives
A Central Category

Quality of life …

- is an essential ethical category in the care of persons with dementia
- is of special importance in the advanced stages of dementia
- contributes to the improvement of living conditions if considered to be the foundation and standard of every encounter and interaction with persons with dementia
Influencing Factor: Caregiver

- Especially in the advanced stages of the disease persons with dementia (PwD) are no longer able to verbally communicate about their personal wishes and needs.
- Caregivers have to interpret their non-verbal signs to react in an adequate way and therefore determine their behavior with PwD.
- If this is not achieved successfully/adequately, feelings of fear, anger or insecurity may arise in PwD, which in consequence enforces dementia specific behavior.

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Vicious circle of negative reinforcement

- Negative attitude
- Inadequate behavior: paternalism
- Persons with dementia
- Dementia specific behavior
- Insecurity
  - Fear
  - Anger

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More than Know-How

Qualification
Knowledge
Experience
Personality
Fears

Attitude

Caregiver
Person with Dementia

Black Box?
### Examples of current studies

<table>
<thead>
<tr>
<th>Author, journal</th>
<th>Research goal</th>
<th>Design, method measurement</th>
<th>Population, sample size, setting</th>
<th>Main results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isaksson et al. 2011 Aging &amp; Mental Health Schweeden</td>
<td>Evaluation of care situations, characteristics of the residents and the care management against violent behavior</td>
<td>Qualitative-quantitative structured interviews</td>
<td>135 management situations 40 nursing homes</td>
<td>Physical aggressions are mostly handled with distraction, medication and isolation. The team often discusses residents showing aggressive behavior</td>
</tr>
<tr>
<td>Ko et al. 2012 Journal of Elder Abuse &amp; Neglect Japan</td>
<td>Evaluation of the caregivers’ experience with aggressive behavior</td>
<td>Quantitative Cross-sectional study Questionnaire</td>
<td>212 (of 242) caregivers, questionnaire evaluation of 170 persons: 120 graduated caregivers, and 50 care assistants in 7 nursing homes</td>
<td>66.2% of the caregivers feel helpless when encountering aggressive behavior. Calling someone for help is the most frequent measure.</td>
</tr>
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<td>Morgan et al. 2012 Journal of American Medical Directors Association Kanada</td>
<td>Examination of caregivers’ perspective of events with aggressive behavior by residents</td>
<td>Quantitative Cross- sectional study Diaries of aggressive incidents</td>
<td>83 (of 679) Care assistants report 409 aggressive incidents. 11 rural nursing homes (8 with special facilities for dementia, 3 without</td>
<td>Care assistants report that they are only able to control or modify the reasons in 3% of the aggressive incidents and they are not optimistic that they will be able to prevent them in the future.</td>
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- Insecurity, fear, helplessness are experiences, which have - amongst others - a negative (psychological) influence on one’s own control- and self-efficacy beliefs
- These experiences can determine the individual reaction to persons with dementia in difficult situations
Project:
Interaction-based approach to dementia
Research Questions

- Which subjective ideas, images or explanations of the phenomena «dementia» (subjective theories) do caregivers have?
- How do these subjective theories influence the actual interaction with PwD?
- Is it possible to identify behaviors and social interaction processes, which are based on those subjective theories, and trigger or influence dementia specific behavior?
- How are quality of life and patterns of action of PwD dependent on different types of interaction?
“An attitude is a emotion-based idea, which activates a class of actions in a special class of social situations. It helps the individual to adapt, to preserve his/her self, to realize their own values and to understand his/her environment” (Triandis, 1975, p.35)

Three-component structure of attitude

- Affective components
- Cognitive components
- Behavior components

Observables:
- Measurable: questionnaire (DAS)
- Observable: video recording
**Study Design**

- **Step 1:** Assessment of caregivers’ attitudes towards dementia:

  Dementia Attitude Scale (O’Conner & McFadden, 2010)
  20 Items on 7-steps Likert Scale (I agree: no not at all – yes, totally)

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<th>Item</th>
<th>Statement</th>
<th>Likert Scale</th>
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<tr>
<td>2</td>
<td>I fear people with ADRD.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>People with ADRD can be creative.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I feel confident near people with ADRD.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>It is comfortable for me touching people with ADRD.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>I don’t feel comfortable near people with ADRD.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Everyone with ADRD has different needs</td>
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Peng, Moor und Schelling, 2011
### Study Design

**Step 2: Interaction analysis (video-based)**

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<td>P+</td>
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*One caregiver with two different PwD → interaction independent of PwD (P+, P−)*
## Study Design

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*Two caregivers with different DAS results interact with the same PwD → influence of caregivers’ differing attitudes (positive vs. negative) on their interaction behavior (D1, D2)*
Sample

Step 1:
- 8 long-term care nursing homes in the canton Berne
- 170 questionnaires → return flow 97 questionnaires (57%)
- N=86 Caregivers (m=9, w=75)
- Mean age 42 years
- 65 Swiss, with medium 9 years of experience with PwD

Step 2:
- 8 caregivers from these nursing homes
- Selection by questionnaire results (extreme groups)
- Consent for the video recordings of the interaction between caregivers and PwD during lunch

Analyzing method: interactional sequencing method for social behavior (SASB; Tress and Hartkamp, 2002)
Results
Summary of results: Step 2

- N=8 caregivers, 20 minutes of video recording
- DAS categories: Lower DAS values indicate more negative attitudes (range 20-140)
- *p<.05

![Bar chart showing share of successful interactions](image)
Conclusion and Future Perspectives

Interaction was mostly determined by the caregivers and their respective attitudes
→ independent of the PwD

The results imply a significant relationship between caregivers’ subjective attitudes and the success of the interaction with persons with dementia
→ Person-centered approach with focus on the caregivers

Future perspective:
Training of competences based on experience is an essential factor in caregivers’ education going beyond the “simple” teaching of know-how in order to adapted and develop adequate attitudes…. And achieve behavioral competence in the care of persons with dementia.
→ New study focusing on experience-based, self-reflected learning in order to influence (negative) attitudes effectively and sustainably.
Thank you very much for your attention!

Muchos gracias por su atención!

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