MISSED OPPORTUNITIES FOR PERSON-CENTERED COMMUNICATION: IMPLICATIONS FOR STAFF-RESIDENT INTERACTIONS IN LONG-TERM CARE
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Brief Description of Research or Project: Communication between nursing home staff and residents with dementia have been characterized as task-oriented and patronizing. Yet, the gold standard is person-centered care, which involves caregivers incorporating a resident’s life history and preferences during interactions. This study examined the extent to which staff-resident communication is person-centered and the extent to which staff miss opportunities to communicate with residents in a person-centered manner. Findings revealed a communication sequence where person-centered utterances were followed by missed opportunities, suggesting that the positive impact of person-centered communication may be undermined when such communication is followed by missed opportunities. Why is this research important to profile at the Research Day 2014? Communication between long-term care staff and residents with dementia has been characterized as task-focused, overly directive, and/or patronizing. Long-term care settings can be contexts that emphasize dependency and threaten the identity of residents. Yet, leaders in the long-term care sector have acknowledged that dementia care must move beyond the completion of caregiving tasks and adopt a person-centered approach. This approach involves caregivers incorporating a resident’s life history and preferences during interactions and thus, requires the use of person-centered communication. Although the long-term care sector acknowledges the importance of person-centered care, little is known about the extent to which staff communication is indeed person-centered. Accordingly, the current study had two objectives. The first objective was to assess whether staff-resident interactions during routine caregiving tasks were person-centered. Assessing communication of staff-resident dyads (a) during routine care activities and (b) involving staff who are untrained in communication techniques provides a realistic account of whether person-centered communication is feasible given real-world constraints such as workload and time limits. The second objective was to assess the extent to which staff miss opportunities to use person-centered communication strategies. Assessing the instances in which missed opportunities occur identified contexts in which staff can use person-centered communication. In other words, missed opportunities can highlight the lack of person-centered care. Analyzing the contexts of the missed opportunities also provides insights into when and how to incorporate person-centered communication during routine care tasks. As long-term care settings shift toward a person-centered approach, the findings from this study indicate that social interaction between staff and residents with dementia has yet to fully reflect this change in ideology. Moreover, the findings inform the development of a communication intervention aimed at enhancing person-centered communication among staff, and
therefore has the potential to fit into the "innovations" section of this conference in the future.