

Impact Objectives

- Construct a depopulated area model of communication about dementia care
- Communicate better methods of dealing with conflict situations between patient and caregivers

The importance of communication in dementia care

Associate Professor Mio Ito talks about her collaborative project with Dr Chiho Shimada and Dr Ryo Hirayama that seeks to improve the communication with, and care of, dementia patients



Associate Professor Mio Ito, Dr Chiho Shimada, Dr Ryo Hirayama

Can you share the inspiration for this research?

By repeating observational surveys for a period of six years, I was able to devise a concept that helped people with dementia overcome their anxieties and frustrations. The actions I developed came about as a result of my working in the field, but when I attempted to encourage other facilities to implement the methods I had developed it was difficult. This is not because of individual staff members, but rather the organisational issues of any given group. I had an opportunity to visit facilities and hospitals in other countries, such as the UK, US, France, Thailand and Norway, where I realised that despite cultural differences, the problems with the relationship between care staff and people with dementia are the same. Consequently, I had discussions with other researchers and our international collaborations began.

Generally, what type of research is underway within the Graduate School of Health Sciences at Gunma University in Japan?

The School of Health Sciences is divided into three fields: nursing, laboratory science and rehabilitation science, each of which is engaged in research. Put simply, the research projects that are conducted there are generally on the subject of care and education, with specific reference to nursing. The whole faculty performs a lot of qualitative research, such as interviews, surveys and observations.

What methods are you using in the depopulated area model you are constructing?

I find observation surveys most useful in my research. With participatory observation, you put yourself in the world of care, which allows you to closely observe the entire environment surrounding the research subject. Long-term observations allow me to see what causes the older adults to be frustrated and how often they have angry outbursts. This enables care professionals to understand, verbalise and share the measures necessary to keep patients safe and restful. Many institutions and hospitals experience similar events, so when somebody hears of a report and tells me about it, I find it motivational. However, according to the Japanese medical ethics review, it is difficult to implement observational surveys in places where many people with dementia live because the consent of all the residents and staff must

be obtained. More recently, we have been conducting a before and after comparative survey focusing on the staff, using educational training as an intervention.

Your research is a collaborative effort. Can you talk about the roles of your collaborators and the importance of their involvement in the research?

All three of us have different specialisms. Shimada works in social welfare, Hirayama works in sociology and I work in nursing science. However, through the conversations we have had together and discussions on the lives of people with dementia and older adults, we have realised that there is a commonality that extends beyond the medical world. In Japan, there is a strong opinion that it should be possible to receive treatment for dementia, as long as there is a treatment method available.

The situation in Japan is quite complex, but Shimada's work on mitori care (which is end of life care) is in line with dementia care, leading to proactive care proposals, and Hirayama has expertise in gender studies. Together, the three of us have helped each other arrive at issues from different perspectives and I believe our different fields of expertise complement the others. ●

Improving dementia care throughout Japan

A highly collaborative project has been established by a researcher based at Gunma University in Japan with a view to helping alleviate the behavioural and psychological symptoms of dementia, ultimately improving care and communication for dementia patients in depopulated areas across Japan

Relatively speaking, Japan is a small country, but there are still remote villages, mountainous areas and islands where the population includes people who are extremely old. Owing to the remoteness of these places, there are very few long-term care insurance services and medical institutions meaning that the residents often have no choice but to support each other. While this is information that shows humanity in a particularly positive light, there are problems with such an arrangement, particularly for people with dementia.

Caring for dementia patients requires specialised knowledge which is often not found within the depopulated areas in Japan. It is with this in mind that Associate Professor Mio Ito has joined forces with Dr Chiho Shimada and Dr Ryo Hirayama to improve care and communication for persons with dementia in depopulated areas. Ito worked on dementia care research for 20 years at the Tokyo Metropolitan Institute of Gerontology in Japan, where she was able to conduct observations that led to her developing the concept of a disagreement behavioural message for people with dementia.

This concept essentially holds that when a person with dementia is dissatisfied with a request, you should wait a while without

forcing them. By changing the method of doing things both parties will calm down and the result will be better for all concerned. 'Over time, I came to understand how people with dementia could become anxious and frustrated, of how the behavioural and psychological symptoms of dementia (BPSD) burdens both the person and the caregiver,' explains Ito. 'If some form of BPSD continues, the caregiver gets stressed out and the response tends to be forced, leading to a vicious cycle that benefits nobody.'

BETTER WAYS OF COMMUNICATING

In Japan, it is not uncommon for care professionals to experience rejection when a person with dementia expresses displeasure

at being asked to do something. A lack of understanding on the part of the person with dementia can often be confused for a symptom of progressing dementia, so the care professional will simply force the patient to do what they were asked to. 'However, there is a better way of dealing with situations that can cause distress for the person with dementia, and our research is designed to communicate these methods to caregivers,' observes Ito.

Examples of communication and care that can be beneficial to dementia patients include talking with a smiling face while keeping eye contact. This is an example of what Ito calls 'educated behaviour' and when cognitive function is significantly ►



Thousands of origami cranes mean peace in the world



deteriorated, talking while keeping eye contact can be very effective. ‘Maintaining eye contact reinforces the idea that the caregiver is paying attention to the patient but it also helps the patient pay attention too,’ she highlights. ‘As a caregiver, it is also important to speak

between dementia care and end of life care. ‘In Japan, when an older adult does not want to eat their meals, the caregivers try their best to intervene, or tube feeding such as gastrostomy may be considered,’ comments Shimada. ‘However, if it only causes pain to

practice the recommendations in roleplay scenarios,’ she says. ‘At a later date, we will conduct an interview survey with the participating local residents to find out the progress and whether improvements need to be made.’ Ito’s significant experience in nursing care, coupled with the complementary expertise of both Hirayama and Shimada, will help improve dementia care throughout depopulated areas in Japan and beyond. ●

‘This work seeks to clarify structural influences on interactions - how care workers can, and do, deal with older adults with dementia is affected by structural factors such as workplace policy and cultural norms around social relationships’

slowly whilst maintaining eye contact and show an exaggerated smile when talking to demonstrate you are a good person.’

COMPLEMENTARY EXPERTISE

While Ito’s research focuses on the interactions between care workers and persons with dementia, Hirayama’s work has a sociological slant. ‘This work seeks to clarify structural influences on interactions - how care workers can, and do, deal with older adults with is affected by structural factors such as workplace policy and cultural norms around social relationships,’ explains Hirayama. ‘For example, with limited discretion given at the workplace, care workers are likely to do their job just as instructed; they will not be motivated to figure out on their own how to best satisfy a patient’s needs on the basis of their close observation about the patient’s behaviour.’ In addition, the ‘appropriate’ manner of showing one’s affection and respect to older adults is culturally defined, which shapes the way care workers relate and react to their patients.

Shimada’s specialism is psychology, but she also has expertise in end of life care, which is currently the final stage of dementia care. Irrespective of whether an individual has been diagnosed with dementia, there is generally a decline in cognitive function at the end of a person’s life, so there are many commonalities

the person or if it will not improve their lives at all, then the choice to refrain from doing it is also important.’ With this in mind, Shimada is engaged in researching ways to provide medical care to patients who are approaching the end of their life, and information to family members and care professionals involved in end of life care.

Together, the collaborators each bring perspectives that benefit the others and will help the project achieve its aims of educating care professionals and the families of those with dementia.

EDUCATIONAL MATERIALS

Ultimately, the team wants to deliver basic information on dementia care in the remote areas of Japan. However, the generations they are targeting are not the most proficient when it comes to accessing information online and there is a limit to what the team can do in the course of the training they offer. Because of this, they are researching current efforts that are being made by the government in these depopulated areas with a view to creating educational materials that provide basic information on dementia care.

Ito says that the educational materials developed will be sent to the municipalities that indicated their intention to utilise them. ‘We hope to encourage local residents to

Project Insights

FUNDING

Grants-in-Aid for Scientific Research (C), (KAKENHI 19K02181) from the Ministry of Health, Labor, and Welfare of Japan

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BIO

Associate Professor Mio Ito is based within the Geriatric Nursing department at Gunma University. She worked on dementia care research for 20 years at Tokyo Metropolitan Institute of Gerontology, and has recently moved to Gunma University. Ito has a particular interest in how behavioural and psychological symptoms of dementia can be reduced by good communication and care.

