

**COMMUNICATION TECHNIQUES USED BY MEDICAL  
AND SURGICAL NURSES TO COMMUNICATE WITH  
PATIENTS WITH ALZHEIMER'S**

**Honors Thesis**

**Presented in Partial Fulfillment of the Requirements  
For the Degree of Bachelor of Nursing**

In the College of Health and Human Services  
at Salem State University

By  
Chelsea D. Mathieu

Marion C. Frost, DNP, RN  
Faculty Advisor  
School of Nursing

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### **Abstract**

Through the process of a literature review and an online survey of medical and surgical nurses currently working in the hospital environment, this study investigates “Techniques Used by Medical and Surgical Nurses to Communicate with Patients with Alzheimer’s Disease.” The literature review covers current research explaining how Alzheimer’s disease affects a person’s ability to verbally communicate and ability to understand verbal communication. The research also covers the most effective communication techniques to utilize when communicating with a person with Alzheimer’s disease. Nurses in the medical and surgical fields have been given an online survey which includes demographic information, scenarios, and various communication techniques that could be implemented when talking to someone with Alzheimer’s disease. The information from the online survey has been analyzed for trends to show if nurses are using the proper techniques when communicating or if they are following the misconceptions. This study contributes to an area of research that is lacking information, as well as explores if medical and surgical nurses are communicating effectively with an every growing population of patients with Alzheimer’s disease.

Keywords: (Alzheimer’s disease, communication, nursing, geriatrics)

### **Acknowledgements**

I would like to thank my thesis advisor, Marion Frost DNP, RN, for all of her amazing guidance and advice. I would also like to thank Andrea Sue Blackler for introducing me to the field of Alzheimer's care and to an ever inspiring population of patients. I would also like to thank my parents, Steve and Heidi Mathieu, for all of their support throughout all of my academic endeavors.

## Table of Contents

### **Introduction**

Introduction.....	6
Purpose.....	6
Review of the Literature.....	6

### **Methods**

Methods.....	10
Sample.....	10
Instrument.....	10
Informed Consent.....	11

### **Statistical Analysis**

Statistical Analysis.....	11
Demographic.....	11
Results.....	12
Scenario Question One.....	12
Scenario Question Two.....	14
Scenario Question Three.....	15
Final Survey Question.....	16
Survey Open Response Question.....	17

### **Conclusion**

Conclusion.....	17
Implications for Nursing.....	20
Limitations.....	20

Further Research.....	21
<b>Reference</b>	
Reference.....	22
<b>Appendixes</b>	
Appendix A.....	24
Appendix B.....	28
Appendix C.....	29
Appendix D.....	30
Appendix E.....	32

## **Introduction**

Communication Techniques used by Medical and Surgical Nurses to Communicate with Patients with Alzheimer's disease

### **Purpose**

Alzheimer's disease (AD) is an ever growing problem in this country and around the world. The foremost cause of dementia in the elderly population is AD. As of 2010 there were 4.5 million Americans with a diagnosis of AD and by 2050 this statistic is predicted to surpass 13.2 million people (Egan, Bérudé, Racine, Leonard, & Rochon, 2010). With such significant growth happening within the next forty years, professionals in all aspects of healthcare, especially nurses, need to know how to handle not only the disease process but how to communicate with this unique population. The purpose of this thesis is to explore the current communication techniques being used by medical and surgical nurses with AD patients.

### **Review of Literature**

AD is diagnosed in the *Diagnostic and Statistical Manual of Mental Disorders IV* (American Psychological Association, 2000) as including numerous cognitive impairments (must include memory, but also includes aphasia, apraxia, agnosia, impaired executive functioning). This diagnosis also includes impairments in social functioning. Specific to communication one of the earliest symptoms of AD is the lack of ability to recall specific everyday words. This then leads to a decrease in the AD patient's receptive and expressive vocabulary, irrelevant speech, and decrease in general cognitive and motor functioning (Beach & Kramer, 1999). As the memory loss worsens it directly affects the AD patient's ability to comprehend spoken and written sentences (Small,

Kemper, & Lyons, 1997). All of these cognitive issues make caring for this ever growing population a difficult task.

Current courses of treatment for AD are varied based on the specific aspect of the disease that is trying to be combated but all treatments involve some form of necessary communication. This lack of communication or inability to communicate and understand communication causes a lot of tension, frustration and stress for caregivers as well as isolation and depression suffered by the AD patient (Egan et al., 2010; Tappen, Williams-Burgess, Edelstein, Touhy, & Fisherman, 1997; Wilson, Rochon, Mihailidis, & Leonard, 2012). Many caregivers who work with patients or family members with AD develop appropriate strategies of communication because they are with this person on a daily or semi-daily basis. Professionals in the hospital setting see patients for a short period of time which makes developing an appropriate response or type of communication for that individual patient very difficult. Nurses need to be taught the latest ways to properly communicate with AD patients so, that they can work and care for their patients effectively.

There are many skills that are used to make any form of communication effective which include eye contact, diminished background noise, diminished distractions, and use of gestures and facial expression (Beach & Kramer, 1999). Many healthcare professionals use these communication skills every day with every patient without putting much thought into the process. When talking to patients with AD as a caregiver, one needs to understand the specific needs of this population. Studies show that one of the main ways to help a patient with AD is to use a technique known as “therapeutic fibbing,” which consists of communicating with a patient on their level of reality (Beach

& Kramer, 1999). Many patients with AD revert back to childhood or to another time in their life which can cause issues, especially with loved ones who have passed away, yet the patient believes that their deceased loved one is coming to visit or pick them up. Professionals who work with patients with AD on a regular basis will use therapeutic fibbing to calm a patient down or to help them cope with problems throughout the day. Many times in the healthcare field therapeutic fibbing would be frowned upon and seen as lying to the patient, but in this case a patient with AD has no conception of time and even when corrected lacks the ability to retain that new knowledge.

An example of using therapeutic fibbing properly is as follows: A patient whose mother has passed away when they were a child states that their mother is on the way to pick them up so they must get ready to leave. As the patient's caregiver, it would be considered ethical and correct to tell this patient that their mother called and said that they could stay for dinner. In this situation, the AD patient is told a fib but it is done to prevent the patient any unnecessary upset and to relieve the caregiver any unnecessary behavioral issues that may arise.

Another communication technique used when talking to an AD patient includes the control of sentence length. When talking to an AD patient the language needs to be direct, task-oriented and constructed of short sentences (Small et al., 1997). Brief sentences are easier to understand regardless of context due to the lessening cognitive ability of these patients. Sentences should also be adjusted depending on the AD patient's memory ability because there are direct correlations between a decreasing memory and decreasing sentence comprehension (Small et al., 1997). Sentence repetition is another helpful skill when dealing with an AD patient regardless of whether the

sentence is restated directly or rephrased, both tactics have shown to increase comprehension and facilitated completion of tasks (Small et al., 1997). Other effective techniques include using the patient's name often, verbal cues and simplistic grammar (Wilson, Rochon, Mihailidis, & Leonard, 2013).

There are also many misconceptions about the proper way to talk to an AD patient. One major misconception regarding communicating with a person with AD is the need to speak slower. Many people believe that speech must be slowed to allow for word comprehension time, but research shows that there is no correlation between sentence speed and comprehension (Small et al., 1997). Speaking slower may even frustrate an AD patient because they will comprehend this as being talked down to or having things "dumbed down". Another misconception about AD patients is that they are unable to answer open-ended questions so many times these are avoided. This has been disproven and many times AD patients thrive on open-ended questions especially if they are directed towards personal information (Tappen et al., 1997; Wilson et al., 2013). Another incorrect way to communicate is by using either sarcasm and/or metaphors. Sarcasm comprehension has been shown to decrease in all elderly patients regardless of an AD diagnosis or not, so it should be avoided with any elderly patients. A decline in metaphor comprehension is AD specific because metaphors depend heavily on the context of their use; many AD patients lack the ability to understand things taken out of context and imaginative language (Maki, Yamaguchi, Koeda, & Yamaguchi, 2012). The literature was once based solely upon one's personal experiences with a person with AD but in recent years all ideas regarding AD have been sufficiently put to the test and research has developed more appropriate and useful ways to talk to the AD population.

## **Methods**

### **Sample**

Due to the current research showing no direct correlations between medical and surgical hospital nurses and the communication used with patients with AD, the use of a survey helped to begin research in this area. The sample inclusion criteria consisted of Registered Nurses, currently working in the medical or surgical areas of a hospital access to an e-mail address, access to the internet and affiliation with a Massachusetts State University. The participants were recruited through a third party staff member at the university.

### **Instrument**

To conduct this study, a survey (appendix 4) was created by the author. The survey was completed anonymously using Survey Monkey online survey company. The survey includes demographic information regarding level of education and years employed as a Registered Nurse. There are three mock scenario multiple choice questions, a select all of 22 different communication strategies, and an open response section. This survey was sent out via e-mail (appendix 2) to multiple Registered Nurses currently working in the medical and surgical areas of a hospital and a response was received from eight participants. The e-mail was sent out to Registered Nurses who met the qualifications from a third party staff member at the university. All of the Registered Nurses are affiliated with a Massachusetts State University.

**Informed Consent**

Participants were also required to read a form on consent (appendix 3) before continuing with the survey questions. By completing the Survey Monkey, the medical and surgical nurses granted their consent. Before conducting this research, ethical approval was received from Salem State University's Institutional Review Board (appendix 1).

**Statistical Analysis**

**Demographics**

The survey (appendix 4) included two demographic questions. The first question was regarding the years working as a professional nurse in the medical or surgical fields. The following table (Table 1) and graph (Figure 1) correspond to the first demographic question in the online survey. All participants had at least 4-5 years of experience and the majority of participants (62.5%) had over 20 years of experience as a medical or surgical nurse.

Years of Experience as a Medical or Surgical Nurse (Table 1)						
Years of Experience	<1	1-3	4-5	6-10	11-20	>20
Percentages	0%	0%	12.50%	0%	25%	62.50%

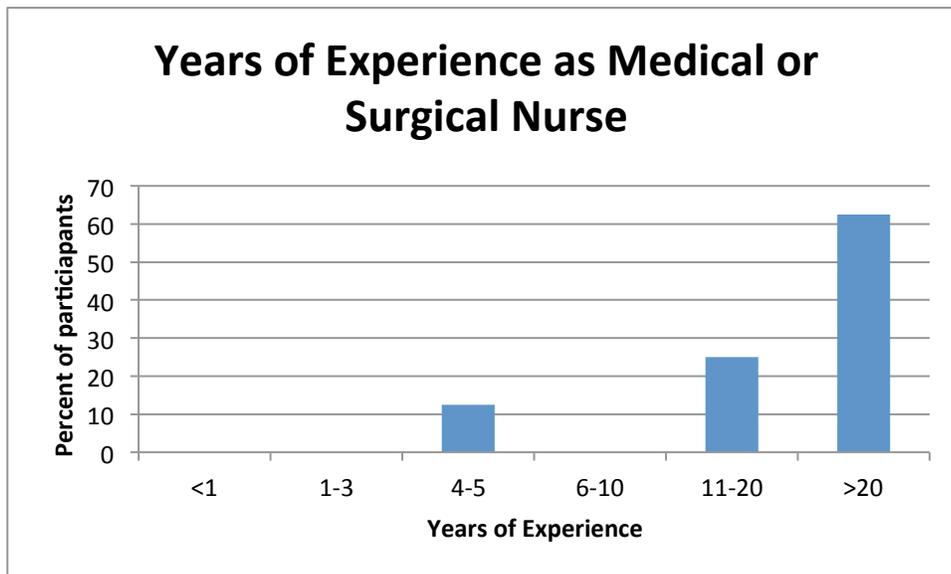


Figure 1

The second demographic question from the survey asked about educational levels. The options for educational level ranged from an RN diploma in Nursing to a Doctorate in Nursing with the option of other. Table 2 and Figure 2 show the results from the demographic question related to education level. All participants had an educational level of a Bachelor's Degree in Nursing or higher and no participants chose the option of "Other".

Education Level	RN Diploma in Nursing	Associate's Degree in Nursing	Bachelor's Degree in Nursing	Master's Degree in Nursing	Doctorate in Nursing	Other
Percentages	0	0	37.5	37.5	25	0

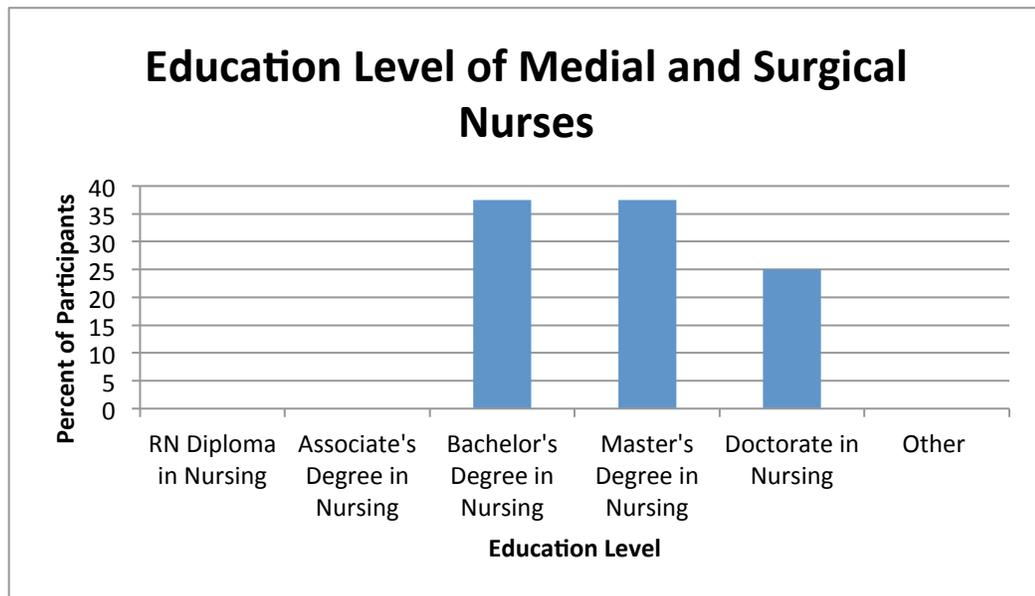


Figure 2

**Results**

**Scenario question one.**

The second portion of the survey consisted of three mock scenario multiple choice questions and one "check all that apply question with 22 options. The first mock scenario

included the following question: “You are taking care of Mrs. Chapman, as 85 year old patient diagnosed with Alzheimer’s disease; she is in recovery from a fracture repair. Mrs. Chapman is on bed rest for the time being but continues to stand up stating ‘I have a lot of work to do. I can’t just sit here all day.’ Which of the following statements would be your first choice to try and get Mrs. Chapman to stay in bed?” The answers (Table 3 and Figure 3) included four choices with two incorrect answers and two possible answers. None of the participants chose the incorrect answers. The majority of participants, 62.5%, chose to reorient Mrs. Chapman while 37.5% chose to use the therapeutic fibbing techniques when talking to Mrs. Chapman.

First Mock Scenario Multiple Choice Question (Table 3)	
Answer Choices	Percentages
A. “You don’t have any work to do, Mrs. Chapman, you need to lie down and stop getting up please.”	0%
B. Remind Mrs. Chapman of where she is, what has happened, and the importance of staying in bed.	62.5%
C. “Mrs. Chapman, I have already taken care of all of your work for the evening so you can rest and relax. Can I get you anything?”	37.5%
D. Help Mrs. Chapman back to bed and simply repeat that she needs to stay in bed until the doctor says otherwise.	0%

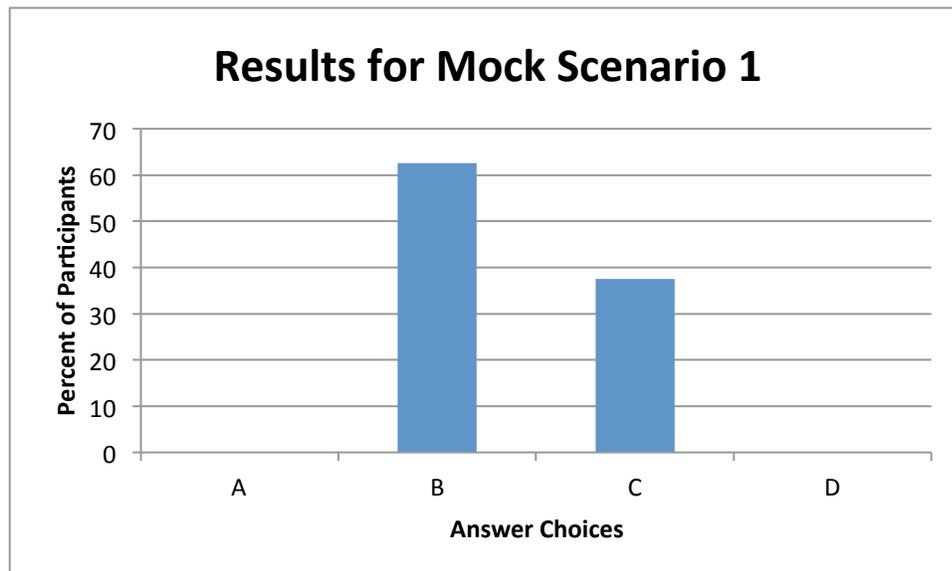


Figure 3

### Scenario question two.

The second multiple choice scenario question was as follows: “You are trying to get Mr. Jones to eat some of his meal so you can give his medications. Mr. Jones is 88 years old and has a diagnosis of Alzheimer’s disease. He will not eat because he says his mother is coming to pick him up so he does not need dinner. What is the most appropriate thing to say to Mr. Jones in order to get him to eat his meal?” The question (Table 4 and Figure 4) also has two incorrect answers which includes answer A and was chosen by 12.5% of the participants, as well as answer D, which none of the participants chose. This question also included another therapeutic fibbing answer (answer C) which 50% of the participants chose as the most appropriate thing to say to Mr. Jones. The remaining 37.5% of participant chose to reason and use logic with Mr. Jones by choosing answer B.

Second Mock Scenario Multiple Choice Question (Table 4)	
Answer Choices	Percentages
A. Explain to Mr. Jones that he is 88 years old and his mother has passed away.	12.5%
B. Tell Mr. Jones that he needs medication so her needs to eat his meal.	37.5%
C. Tell Mr. Jones that you talked to his mother on the phone and she said he was going to stay for dinner.	50%
D. Ask Mr. Jones what his favorite meal is and try to get the kitchen to send up a special meal for him.	0%

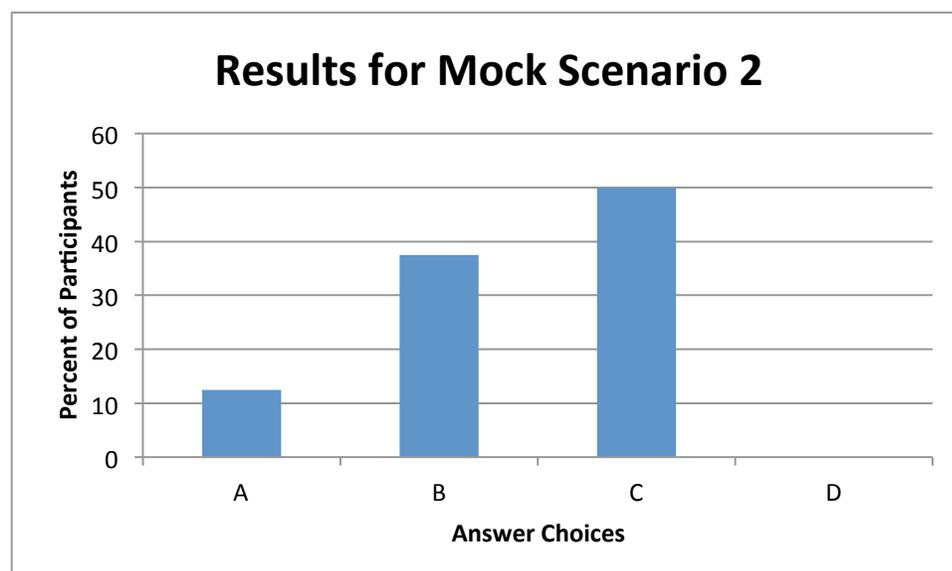


Figure 4

**Scenario question three.**

The final mock scenario question asked “Mrs. Rose is a 75 year old patient in the cardiac unit who is staying overnight for observation. She has a diagnosis of Alzheimer’s disease. Every few hours you are alarmed by screams coming from her room. After assessing her you find her to be in no physical pain, just frightened. Which of the following scenarios is the best way to uncover the reason behind her outbursts?” This question had no incorrect answers. The answers (Table 5 and Figure 5) B and D both used reassurance had 37.5%, and question A had 25%. None of the participants chose answer C. Answers B and C both used open-ended questions as opposed to the closed-ended question in answer A and the lack of questions in answer D.

Third Mock Scenario Multiple Choice Question (Table 5)	
Answer Choices	Percentages
A. Ask Mrs. Rose yes or no questions about what happened while she was sleeping.	25%
B. Talk to Mrs. Rose about objects in the room, along with things from her life in order to calm her down and see what is causing the outbursts.	37.5%
C. Ask Mrs. Rose what happened and offer her PRN medication to help her sleep.	0%
D. Tell Mrs. Rose that she is in a safe environment and there is no need to be frightened.	37.5%

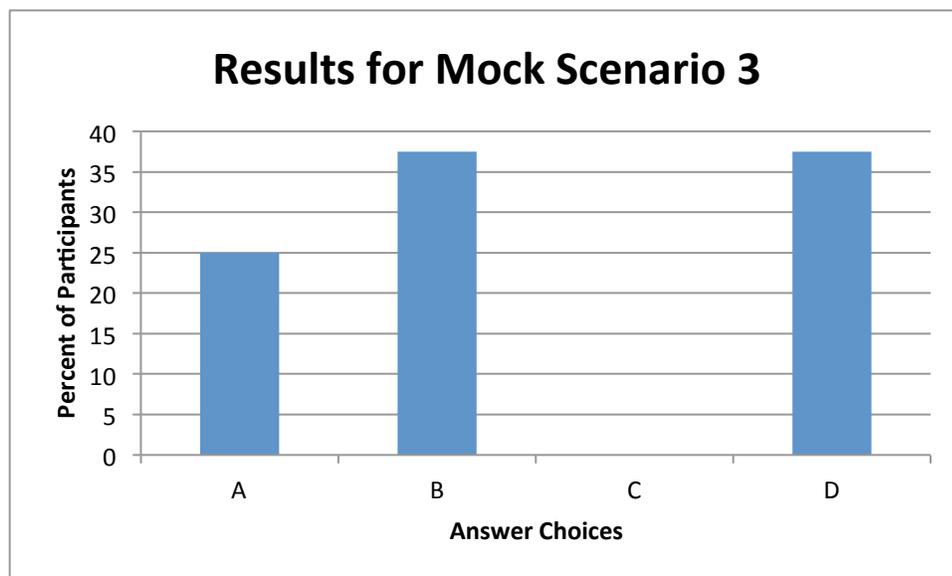


Figure 5

**Final survey question.**

The final question in the survey consisted of a “check all that apply” question. This included 22 different options of possible appropriate communication techniques that could be used when working with someone with AD. Some of the possible options are correct communication techniques and others are proven to be ineffective techniques. The options and results for this question are shown in Table 6 and Figure 6 (appendix 5). The majority of participants (87.5%) chose both using the patients name frequently and one-step instructions as effective communication techniques.

Appropriate Communication Techniques to Use with a Patient with AD (Table 6)	
Communication Techniques	Percentages
Open-Ended Questions	50%
Closed-Ended Questions	62.5%
Establish Common Interests	62.5%
Sharing Personal Details	0%
Specific Fact Recall	12.5%
Speaking as Equals	62.5%
Explanations using Metaphors	0%
Sarcasm	0%
Using their Name Frequently	87.5%
Phrase Repetition Verbatim	0%
Task-Focused Language	25%
Rephrasing	37.5%
Therapeutic Fibbing	37.5%
Verbal Cues	50%
One-Step Instructions	87.5%
Multiple Instructions	0%
Slower Speech	50%
Literal Speech	0%
Decreased Amount of Information	62.5%
Speaking Louder	0%
Allowing Extra Response Time	75%
Simplistic Grammar	50%

**Survey open response question.**

There was also an open-response question asking if there was any other types of communication that the participants would use that was not mentioned in the survey.

This question remained unanswered by all of the participants.

**Conclusion**

Upon completion of the analysis of data, it shows that there are some aspects of communicating with an AD patient that are very well known and other aspects that are not as well known to medical and surgical nurses. All of the nurses in the study had a Bachelor's degree in Nursing or a higher form of education. They also all had at least four years of experience working as a medical or surgical nurse. This demographic information shows that the participants surveyed were of higher educational levels and had also worked in the field for a substantial amount of time.

The results of the second question in the survey showed that the majority of participants chose to use the technique of therapeutic fibbing when communicating and reasoning with the patient in the scenario. This is a very acceptable response. Beach and Kramer (1999) showed that therapeutic fibbing is often used by caregivers to calm an AD patient down and to help step into their level of reality. In question one of the survey a similar question with very similar answers has shown very different results. For question one instead of using therapeutic fibbing, the medical and surgical nurses chose to respond to the patient by reorienting them to reality and trying to reason with them after the reorientation. Reorienting a patient with AD is not an incorrect response to the question because it is just not as effective as using therapeutic fibbing. If a person with AD believes that they are a child, it can be earth shattering to reorient that person to the fact

that they are an elderly patient under your care. Reorientations like this can cause many different types of behavioral issues and outbursts. One possible answer to the second question was to reorient the patient to the fact that his mother had in fact passed away. For an AD patient, this information was not held in their memory so it is as if they are hearing the news for the first time. Patients, in general will not be able to communicate effectively or complete even a simple task if they have just discovered that a loved one has passed away. In regards to the “check all that apply” question less than half of the participants chose therapeutic fibbing as a proper communication technique to use with an AD patient.

For the third question in the survey the participants were again given a scenario which in this case the answers corresponded to using open-ended or close-ended questions. Most of the participants chose to either reassure the AD patient without asking any questions or to use open-ended questions in order to reassure the AD patient. The most effective communication technique in this circumstance is to ask open-ended questions. Open-ended questions were once thought of being too difficult for AD patients to comprehend but AD patients can succeed at answering open-ended questions when directed towards them personally (Tappen et al., 1997; Wilson et al., 2013). Out of eight participants only three chose the correct answer, which was to allow their patient to answer an open-ended question. This was also shown in the “check all that apply” question in which more participants chose to ask closed-ended questions rather than open-ended questions.

The select all that apply also showed that the most agreed upon communication techniques to use with AD patients is using their name frequently, using one-step

instructions, and allowing for extra response time. All of these are very effective techniques to use with AD patients. The medical and surgical nurses also chose speaking as equals, task-focused language, rephrasing, therapeutic fibbing, verbal cues, decreased information, simplistic grammar and establishing common interests as effective communication techniques. Both the options of specific fact recall and slower speech were also chosen as appropriate communication techniques to be used with AD patients but both have been proven otherwise. Specific fact recall is very difficult for an AD patient because as part of the disease process these patients have memory impairment causing aphasia, and agnosia which happens very early on in the diagnosis (American Psychological Association, 2000). Asking an AD patient for specific fact recall is setting them up for failure, leading to behavior issues and ineffective communication. Slower speech was also an answer chosen by the medical and surgical nurses which is also an ineffective communication technique. Slower speech has been revealed to be a misconception in regards to AD patients. AD patients do not need slower speech as long as the sentences being used are simple sentences (Small et al., 1997).

The "check all that apply" question also had some answers which were not chosen by any of the medical or surgical nurses which included sharing personal details, metaphors, sarcasm, verbatim repetition, multiple instructions, speaking louder, and literal speech. AD patients in fact do need very literal speech, which none of the participants chose as an appropriate communication technique. AD patients many times have difficulty understanding a sentence out of context especially when the sentence uses any kind of creative, metaphoric or non-literal content (Maki et al., 2012). Literal speech is one of the few kinds of speech that are effective in communication and comprehension

for patients with AD. The results of this survey indicate that more education is needed and very necessary, for medical and surgical nurses to communicate more effectively with AD patients.

### **Implications for Nursing**

This research has shown that nurses in the medical or surgical areas of care need more training on the proper communication techniques to use with AD patients. AD is an ever growing disease with no cure and limited treatment options. These patient will and do appear in medical and surgical areas of the hospital which means that nurses need to be able to communicate effectively with this population. There is current and available research in the area of communicating with AD patients which needs to be reviewed or taught to all nurses regardless of their specific area. There are also a lot of misconceptions as far as what communication techniques are appropriate and effective to use with AD patients and those misconceptions need to be illuminated. When a nurse can effectively communicate with a patient then the patient can get proper care. AD patients are difficult to care for due to the strain they can unintentionally cause a caregiver, but this strain can be greatly lessened if the caregiver can effectively communicate.

### **Limitations**

There were a few limitations to this research study. One limitation was the small selection of medical and surgical nurses that were available to survey and the amount of return surveys that were collected after the initial e-mail was sent out to nurses who fit the criteria. There is also limited research in this area of proper communication techniques in regards to non-personal hospital care. Lastly, the author conducting this study is a novice researcher.

**Further Research**

Further research on this topic is necessary because there is a lack of literature on medical and surgical hospital nurses communication techniques with their AD patients. Much of the research has shifted toward medication therapies and a cure rather than communication therapies. Communication is a crucial aspect in caring for people with AD and is important for people to understand and use properly.

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doi:[http://dx.doi.org/10.1044/1092-4388\(2011/10-0206\)](http://dx.doi.org/10.1044/1092-4388(2011/10-0206))

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## Appendix A

### Institutional Review Board Application and Approval

<b>1. Principal Investigator</b>	
<b>Position</b>	Student
<b>First Name</b>	Chelsea
<b>Last Name</b>	Mathieu
<b>2. Faculty Sponsor</b>	
<b>Name</b>	Marion Frost
<b>Department</b>	School of Nursing
<b>3. Research Funding</b>	
<b>Is this research funded?</b>	No
<b>4. Project Title</b>	
<b>Title</b>	Techniques Used by Medical/Surgical Nurses to Communicate with Patients with Alzheimer's Disease
<b>5. Project Start/End Date</b>	
<b>Start Date</b>	10/01/2013
<b>End Date</b>	06/09/2014
<b>6. Participants</b>	
<b>Expected Number of Participants</b>	30
<b>7. Participant Vulnerability</b>	
<b>Are any participants children or minors under the age of 18?</b>	No

<b>Are any participants prisoners which are confined in a correctional or detention facility?</b>	No
<b>Is pregnancy required as a prerequisite for participation?</b>	No
<b>Are any participants cognitively/mentally disabled and/or presumed to not be legally competent?</b>	No
<b>Are any participants economically or educationally disadvantaged?</b>	No
<b>Are any participants vulnerable to coercion or undue influence?</b>	No
<b>8. Research Project Information</b>	
<b>Will your research involve the use of educational tests?</b>	No
<b>Will your research involve the use of survey procedures?</b>	Yes
<b>Will your research involve the use of interview procedures?</b>	No
<b>Will your research involve observation of public behavior in such a manner that human subjects cannot be identified directly?</b>	No
<b>Will your research be conducted in established or commonly accepted educational settings such as regular or special educational practices or research on effectiveness of or comparison among</b>	No

<b>instructional techniques, curricula, or classroom methods?</b>	
<b>Will your research involve the collection or study of publicly available data or documents?</b>	No
<b>Will your research involve the collection or study of secondary analysis recorded so that subjects cannot be identified directly?</b>	No
<b>Will participants be recorded on audio or video?</b>	No
<b>Will your research collaborate with or be conducted at a secondary organization such as a school or social agency?</b>	Yes
<b>Agreement with Secondary Organization</b>	<a href="#">Letter from Morrison.pdf</a>

## 9. Project Abstract

<b>Summarize the goals, purpose, and methodology of your research and hypothesis to be tested.</b>	Through a literature review and survey of medical and surgical nurses, this study will investigate "Techniques Used by Medical and Surgical Nurses to Communicate with Patients with Alzheimer's Disease." The literature review will cover research explaining how Alzheimer's disease affects a person's ability to communicate and ability to understand communication, as well as the most current effective communication techniques. The survey will be online and include some personal background information, scenarios, and various communication techniques that could be implemented when talking to someone with Alzheimer's disease. The information from the online survey will be analysed for trends and any misconceptions. This study will contribute to an area of research that is lacking information, as well as explore if medical and surgical nurses are communicating effectively with an ever growing population.
<b>State the procedures for participants. (i.e. what they will be asked to do)</b>	Participants will be asked to fill out an online survey. The survey will be anonymous and the website will be provided for the participants so they can take it at any convenient time. The survey will consist of the questions in the attached document.
<b>Upload copies of research protocols and/or data</b>	<a href="#">Survey.docx</a>

<b>collection instruments.</b>	
<b>Provide information on research participants, including how participants are chosen and the criteria for selection or exclusion.</b>	Participants will be medical and/or surgical nurses from a local hospital. They will be contacted with the help of the management staff and charge nurse at the hospital. The online survey will be sent to nurses who meet the criteria of having a nursing degree who are currently working in the medical or surgical department of the hospital. If a participant does not have access to a computer they will also be excluded from the study because the survey will only be available online.
<b>Provide information on how confidentiality and/or anonymity of research participants and their data will be ensured.</b>	The survey does not involve any identifying questions and the participants will be given the web address to the survey to do on their own time. The website does not involve a log in so all survey entries will remain completely anonymous.
<b>State nature and amount of potential risk involved in participation, and how risk will be minimized if necessary.</b>	The participants are in no risk by taking this online survey.
<b>Describe the potential benefit to the research participant and/or society of the proposed research, and how this outweighs the risks.</b>	There is no compensation or direct benefit for the participants. The overall benefit of the study it to see if medical and/or surgical nurses working in a hospital setting have the proper communication skills to deal with the large and growing population of patients who have Alzheimer's disease. This information can also help to evaluate if nurses are being taught the proper communication techniques to use when talking to a person with Alzheimer's disease.
<b>Describe how consent will be obtained or disclosure given.</b>	There is a consent form attached and it explains that participants will not have to give a signature to knowledge consent. Since the survey is online participants will be giving consent by continuing towards the survey and answering the questions. The consent form will need to be read first in order to reach the actual survey.
<b>Upload a copy of the informed consent form or disclosure statement.</b>	<a href="#">Consent.docx</a>

Title	Date	Status	
Techniques Used by Medical/Surgical Nurses to Communicate with Patients with Alzheimer's Disease	10/21/2013	Accepted	<a href="#">Review Application</a>

## Appendix B

### E-mail to Medical and Surgical Nurses

To whom it may concern,

Greetings,

I am a bachelorette nursing student at Salem State University asking for your assistance with my research project:

#### **Communication Techniques used by Medical and Surgical Nurses to Communicate with Patients with Alzheimer's disease.**

I am conducting an anonymous survey of Medical and Surgical nurses currently working in the field. This is a survey of communication techniques used by nurses to communicate with patients with Alzheimer's disease in the hospital setting. There have been no similar survey studies of this kind in the nursing literature.

This survey link is anonymous and will ask respondents for an unsigned informed consent. The short questionnaire will follow. Below is the link to the survey:

Survey link:

It is hoped that the knowledge generated from this study will help assess the current communication techniques used by medical and surgical nurses and also help to develop education tools to help correct improper communication techniques.

If you have any questions or would like more information about my study, please do not hesitate to contact me at [c\\_mathieu@salemstate.edu](mailto:c_mathieu@salemstate.edu) or 774-287-6185.

This study was reviewed and approved by the Salem State University Institutional Review Board (IRB).

Thank you very much for your time.

Sincerely,

Chelsea Mathieu

Salem State University

## Appendix C

### Consent Form

Salem State University  
Institutional Review Board (IRB)  
Informed Consent Form

By clicking the next button, I agree to participate in this online survey of "Techniques Used By Medical and Surgical Nurses to Communicate with Patients with Alzheimer's Disease" conducted by Chelsea Mathieu, Salem State Nursing Student, under the advisement of Dr. Marion Frost, Assistant Professor, Salem State University, School of Nursing. I understand this project will be studying the verbal communication techniques currently being used by medical and surgical nurses in a hospital setting.

As part of my participation in this study, I understand that I will be answering survey questions. I understand that I am not required to answer any question that I am not comfortable answering. My participation is completely anonymous and voluntary. There is no monetary compensation associated with this study. I understand that I may not receive any direct benefit from my participation in this study.

I understand my participation is voluntary and I may withdraw at any time from the survey. I also understand that some question may be troubling to some people so I am free to leave any blank if needed.

I understand there are no direct risks to me, the participant, and that information associated directly to me will be kept anonymous. I understand that my name or identity will not be used in reports or presentations of the finding of this research. The information provided to researchers will be kept confidential with the exception of information which must be reported under Massachusetts's law.

I have read and understand this information and agree to participate in this study by clicking the next button and continuing with the survey.

For questions or concerns about the research, please contact Chelsea Mathieu at (774) 287-6185. For concerns about your treatment as a research participant, please contact the Institutional Review Board (IRB), Sponsored Programs & Research Administration, MH 204, Salem State University, 352 Lafayette Street, Salem, Ma 01970. (978) 542-7556 or (978) 542-7177

## Appendix D

### Survey

Survey: Communication Techniques Used by Medical and Surgical Nurses to Communicate with Patients with Alzheimer's disease.

How long have you worked as a medical or surgical nurse?

- a.) < 1 year
- b.) 1-3 years
- c.) 4-5 years
- d.) 6-10 years
- e.) 11-20 years
- f.) > 20 years

What is your education background?

- a.) RN diploma in nursing
- b.) Associate's degree in nursing
- c.) Bachelor's degree in nursing
- d.) Master's degree in nursing
- e.) Doctorate in nursing
- f.) Other

You are taking care of Mrs. Chapman, an 85 year old patient diagnosed with Alzheimer's disease; she is in recovery for a fracture repair. Mrs. Chapman is on bed rest for the time being but continues to stand up stating "I have a lot of work to do. I can't just sit here all day." Which of the following statements would be your first choice to try and get Mrs. Chapman to stay in bed?

- a.) "You don't have any work to do, Mrs. Chapman, you need to lie down and stop getting up please."
- b.) Remind Mrs. Chapman of where she is, what has happened, and the importance of staying in bed.
- c.) "Mrs. Chapman, I have already taken care of all of your work for the evening so you can rest and relax. Can I get you anything?"
- d.) Help Mrs. Chapman back to bed and simply repeat that she needs to stay in bed until the doctor says otherwise.

You are trying to get Mr. Jones to eat some of his meal so you can give his medications. Mr. Jones is 88 years old and has a diagnosis of Alzheimer's disease. He will not eat because he says his mother is coming to pick him up so he does not need dinner. What is the most appropriate thing to say to Mr. Jones in order to get him to eat his meal?

- a.) Explain to Mr. Jones that he is 88 years old and his mother has passed away.
- b.) Tell Mr. Jones that he needs medications so he needs to eat his meal.
- c.) Tell Mr. Jones that you talked to his mother on the phone and she said he was going to stay for dinner.

- d.) Ask Mr. Jones what his favorite food is and try to get the kitchen to send up a special meal for him.

Mrs. Rose is a 75 year old patient in the cardiac unit who is staying overnight for observation. She has a diagnosis of Alzheimer's disease. Every few hours you are alarmed by screams coming from her room. After assessing her you find her to be in no physical pain, just frightened. Which of the following scenarios is the best way to uncover the reasoning behind her outbursts?

- a.) Ask Mrs. Rose yes or no questions about what happened while she was sleeping.
- b.) Talk to Mrs. Rose about objects in the room, along with things from her life in order to calm her down and see what is causing the outbursts.
- c.) Ask Mrs. Rose what happened and offer her PRN medication to help her sleep.
- d.) Tell Mrs. Rose that she is in a safe environment and there is no need to be frightened.

Please select all appropriate communication techniques you use when working with someone with Alzheimer's disease.

- Open-ended questions
- Closed-ended questions
- Establish common interests
- Sharing personal details
- Specific fact recall
- Speaking as equals
- Explanations using metaphors
- Sarcasm
- Using their name frequently
- Phrase repetition verbatim
- Task-focused language
- Rephrasing
- Therapeutic fibbing
- Verbal cues
- One-step instructions
- Multiple instructions
- Slower speech
- Literal speech
- Decreased amount of information
- Speaking louder
- Allowing extra response time
- Simplistic grammar

Any other types of communication used that were not previously mentioned:

Appendix E

Figure 6: Appropriate Communication Techniques to Use with a Patient with AD

