Review Article Open Access

Exploring the Effectiveness of Talking Mats as a Communication-Supporting Tool for Dementia Patients in Discharge Discussions: A Study

Angela Ross*

Department of Speech and Language Pathology, Intervention and Technology, Karolinska Institute, Sweden

Abstract

Objective: Dementia patients' communication skills deteriorate with time, which makes it difficult for them to participate in discussions about discharge. Communication issues might be plain to see. However, patients frequently lack a structured support. The purpose of this study was to find out if Talking Mats (TM), a visual communication-supporting tool, might help patients communicate better at their discharge discussions.

Methods: Twenty patients were randomised to utilise TM prior to their discharge meeting (Talking Mats Group, TMG) or to follow the ward's routine protocol (Control Group, CG) in a pilot research. Persons attending discharge meetings (patients, personal friends, nurses, and social care staff) in a geriatric unit judged how effectively they felt the patient participated in communication on a visual analogue scale. They also assessed the extent to which using TM had aided them.

Results: Our main finding was an interaction effect in how the four groups of people who attended the meeting (patients, close acquaintances, nurses, and social care workers) rated the three different statements about communication and participation; knowing the patient before the meeting affected ratings of the patient's communicative participation.

ross@ki.se

Received: 01-May-2023, Manuscript No. jspt-23-98449; **Editor assigned:** 03-May-2023, PreQC No. jspt-23-98449(PQ); **Reviewed:** 17-May-2023, QC No. jspt-23-98449; **Revised:** 22-May-2023, Manuscript No. jspt-23-98449(R); **Published:** 29-May-2023, DOI: 10.4175/2472-5005.1000185

Citation: Ross A (2023) Exploring the Effectiveness of Talking Mats as a Communication-Supporting Tool for Dementia Patients in Discharge Discussions: A Study. J Speech Pathol Ther 8: 185.

Keywords: Dementia; Patients; Communication; Hospitalized; Speech; Language pathologist; Cognitive; Communicative limitation; Cognitive impairment; Talking mats

Introduction

Dementia is a condition marked by a deterioration in cognitive abilities. It is a primary source of reliance among the elderly because to the resultant behavioural changes and diminished capacity to engage in daily living activities [1]. Previous research has shown that worsening impaired communication makes it difficult for interlocutors to understand what people with cognitive impairment mean [2], as well as making it more difficult for patients to understand the potential risks and benefits of their various options [3]. Patients must make healthcare decisions regardless of their future communicative and/or cognitive limitations, and it is critical to involve the patient in the decision-making process in order to achieve excellent compliance and treatment results [4-6]. Decisions in health care may entail crucial and morally complex situations, such as deciding between therapies or enrolling in a scientific study, or they may involve changes in daily living, such as the need for home care services. It is ethically important for personnel to ensure that a patient's autonomy and independence are always fostered, yet this may clash with keeping the patient safe. Although communication challenges may be clear, patients might not receive structured help from employees addressing their communication difficulties. It is not always clear how to provide such assistance most effectively [7]. Talking mats (TM) are a low-tech visual framework that is used to aid conversation and decision-making when a certain issue has to be discussed. It is made up of a tiny doormat on which graphic cards with textual phrases are adjusted to represent the user's answers. This approach enables persons with various communication and/or cognitive disabilities to express themselves in a more intelligible manner by allowing them to voice their ideas on a picture-based scale. Previous study has looked at how TM improves communication efficiency, finding that people with dementia are better able to express themselves and engage in discussions [8]. TM seems to relieve cognitive load, allowing the voicing of ideas [9]. Furthermore, it increases participation in and enjoyment with talks about daily living [8,10]. A discharge conference (also known as a joint meeting or patient care planning) is held at the end of hospitalisation in geriatric wards in Sweden. The patient and a close friend (if applicable) meet with ward personnel and a social care professional from the municipality. The discharge meeting's objective is to focus on the patient's need for assistance after hospitalisation ends, and to guarantee that aid is provided by the municipality following discharge by developing a health plan [7]. Discharge meetings cover topics such as establishing daily routines (e.g., food delivery or cleaning) as well as dealing with big changes such as transferring to a residential care centre. The expressed wants and requirements of the patient should serve as guides for the assistance offered by the municipality.

impairment for discharge discussions. Patients utilising TM (Talking Mats Group, TMG) and a Control Group (CG) are compared in terms of assessed participation [11].

Methods

Study design

Patients were drawn from the Karolinska University Hospital's geriatric ward. is ward prioritises patients who require a multidimensional assessment of the causes impacting their memory but are unable to do so in an open memory ward, as well as patients with dementia and behavioural issues. e project's patient recruitment was continuous and took place over the course of one year, from June 2013 to June 2014. e three inclusion criteria were: (1) a clinical dementia diagnosis or proven cognitive impairment, (2) the ability to speak Swedish (including acceptable hearing), and (3) the capacity to utilise TM (including su cient eyesight to view the pictures used). e capacity to utilise TM was assured by providing a training session based on the TM framework.

During the study's recruiting period, around 300 patients were hospitalised at the ward. e inclusion criteria were met by 40 patients, who were scheduled for a discharge meeting. Twenty of them agreed to take part and were randomly allocated to one of two groups: the TMG (n=12) or the CG (n=8). Regarding the consenting strategy utilised

that mean evaluations on the statements were similar among the four categories of people who attended the discharge discussions (patients, close friends, nurses, and social care sta). A comparison of these groups revealed that the reported levels of communicative functioning and involvement varied depending on who attended the meeting. e patients' evaluations were found to be greater when compared to other groups, which might indicate a lack of understanding of one's own talents or an indication of the patients' reliance. It is noteworthy to note that close friends and nurses who knew and had seen the patients previously had similar trends in their assessments, although social care sta did not. People in these two groups may have had a better knowledge of the patients' communication abilities since they knew them. e statements, which attempted to capture the patients' communicative functioning and the in uence on participation (see Measures), were purposefully written in simple, clear grammar and short words, which might have led to bias and confounders. e fact that each of these statements had 11-12 missing replies may have impacted the results. Our ndings also revealed that the majority of people in TMG saw TM as a bene cial tool. According to prior study, older patients with cognitive impairment were able to apply the TM framework, despite the fact that some patients had signi cant cognitive impairment as evidenced by low MMSE scores [10-16]. Abstract topics were discussed less, which is likely due to the fact that more di cult concerns may be beyond the skills of those with cognitive impairments [17].

e nding that TM aided communication was partially countered by the fact that people in the CG assessed patients' engagement and communication in discharge meetings on average somewhat higher than people in the TMG. e introduction of a communication-supporting gadget may have drawn attention to the fact that communication skills may be compromised, so encouraging awareness and critical thinking. is leads us to assume that evaluations given by meeting attendees may not be the most accurate approach of capturing patients' real communication and engagement during discharge discussions. Recorded observations of how the completed mats were used during the meetings (e.g., through video recordings and an objective analysis of the communication) could provide valuable information for investigating how patients are able to communicate their views and how this a ects their participation. Another possibility is that the speech and language pathologist who was using TM with the patient was not present during the meeting. Even if a prepared mat is provided, the patient may lack the ability to express his/her ideas because participation in a discharge meeting is not a guarantee for any senior patient [18-20]. We recommend that the persons (for example, a nurse) who use the mat with the patient have prior knowledge of her/him and be present during the discharge conference to guarantee that the patient's ideas are transmitted optimally in clinical practise [21-25]. As a result, workers may actively promote the patient's viewpoints. Finding techniques to facilitate communication and decision-making in order to increase involvement and autonomy among hospitalised geriatric patients with cognitive impairment is an essential job for speech and language pathologists. is may not always be best performed by direct involvement, but rather by training other workers on how to improve communication. Making choices and feeling powerful are signi cant parts of happiness [13-15]. Decreases in one's ability to understand, express oneself, and make sound judgements occur as dementia progresses [3]. Communication becomes increasingly di cult, making aid in this area even more important. It is critical that patients transitioning to life outside of the hospital have the ability to a ect the result, and personnel may play a signi cant role in helping the patients' communication abilities. When people with cognitive impairment are involved, making health care decisions may raise ethical concerns [25-30]. Attendees at discharge meetings viewed the use of TM as helpful in enabling conversation. It is preferable for the person preparing the

and outcome of post-extubation dysphagia using nurse-performed swallowing screening protocol. Nurs Crit Care 24:70-75.

19. Patel D, Krishnaswami S, Steger E, Conover E, Vaezi M, et al. (2018) Economic and survival burden of dysphagia among inpatients in the United States. Dis Esophagus 31:1-7.
20. Perren A, Z¿rcher P, Schefold J (2019) Clinical approaches to assess Post-extubation Dysphagia (PED) in the critically ill. Dysphagia 34:475-486.
21. St Louis KO, Reichel I, Yaruss JS, Lubker BB (2009) Construct and concurrent validity of a prototype questionnaire to survey public attitudes toward stuttering. J Fluency Disord 34:11-28.
22. St Louis KO, Roberts PM (2010) Measuring attitudes toward stuttering: English-to-French translations in Canada and Cameroon. J Commun Disord 43:361-377.
23. St Louis KO, Roberts PM (2013) Public attitudes toward mental illness in Africa and North America. Afr J Psychiatry 16:123-133.
24. St Louis KO, Sßnsterud H, Carlo EJ, Heitmann RR, Kvenseth H (2014) Public attitudes toward-and identiýcation of-cluttering and stuttering in Norway and Puerto Rico. J Fluency Disord 42:21-34.
25. St Louis KO, Williams MJ, Ware MB, Guendouzi J, Reichel I (2014) The Public Opinion Survey of Human Attributes-Stuttering (POSHA-S) and Bipolar Adjective Scale (BAS): Aspects of validity. J Commun Disord 50:36-50.
26. Valente AR, Jesus L, Leahy M, St Louis KO (2014) Attitudes and knowledge of the Portuguese population about stuttering. Eur Sympos Fluency Disord.
27. Northcott S, Simpson A, Moss B, Ahmed N, Hilari K (2017) How do speech-and-language therapists address the psychosocial well-being of people with aphasia? Results of a UK online survey. Int J Lang Commun Disord 52:356-373.
28. Weidner ME, St Louis KO (2014) The Public Opinion Survey of Human Attributes ï Stuttering/Child (POSHA ï S/Child). Morgantown, West Virginia.
29. Weidner ME, St Louis KO, Burgess ME, LeMasters SN (2015) Attitudes toward stuttering of nonstuttering preschool and kindergarten children: A comparison using a standard instrument prototype. J Fluency Disord 44:74-87.
30. Weidner ME, St Louis KO, Nakisci E, ¥zdemir RS (2015) A comparison of preschoolers' stuttering attitudes in Turkey and USA. 8th World Congress of the International Fluency Association, Lisbon, Portugal.