Understanding barriers and facilitators to goal-setting and shared decision-making with persons with dementia in specialized geriatric services

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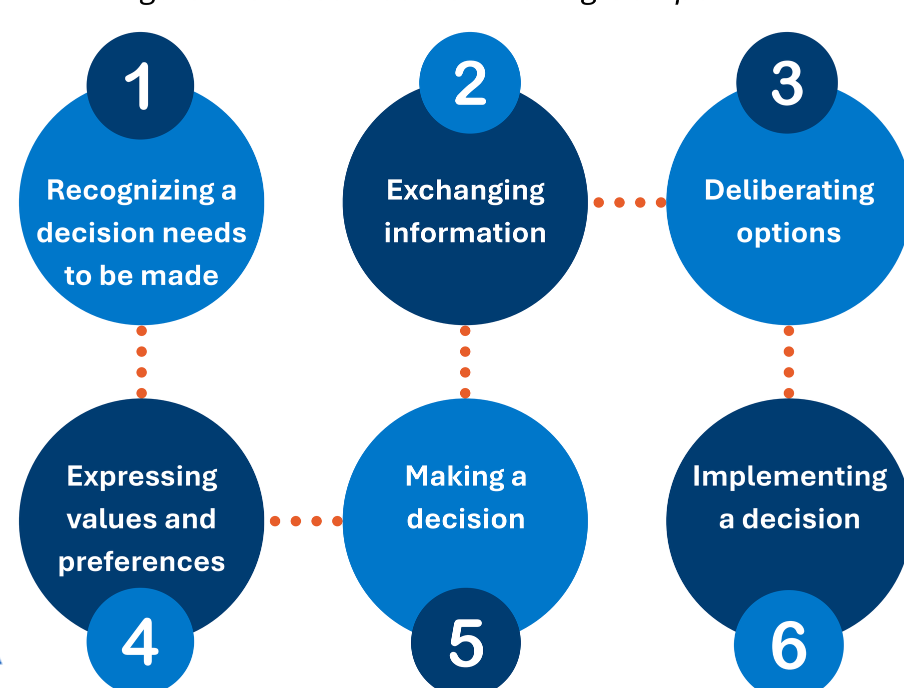
Background

Shared decision-making and goal-setting are two distinct, but mutually related clinical processes grounded in a person-centred philosophy. They include partnership and meaningful engagement of the person and care partners (see Fig. 1 & 2 for components). Goal-setting includes a decision-making process. Practice guidelines and knowledge tools emphasize the essentiality of these practices in the delivery of quality dementia care, yet current evidence demonstrates that persons with dementia are often prematurely excluded from participating in goal-setting and shared decision-making processes in clinical settings despite decisional capacity, and ability to express values and preferences.[i]

Implementation of these best-practices in specialized geriatric services (SGS) in Ontario remains inconsistent, with research showing SGS clinicians deviating from person-centred approaches to shared decision-making and goal-setting in favour of a typical biomedical approaches.[ii] Decreased participation by the person with dementia is often rationalized based on assumptions of incapacity and lack of insight.[iii]

Figure 1: Goal-Setting Components

Figure 2: Shared Decision-Making Components



Objective

To understand the barriers and facilitators to goal-setting and shared decision-making to implementation in SGS.

Methods

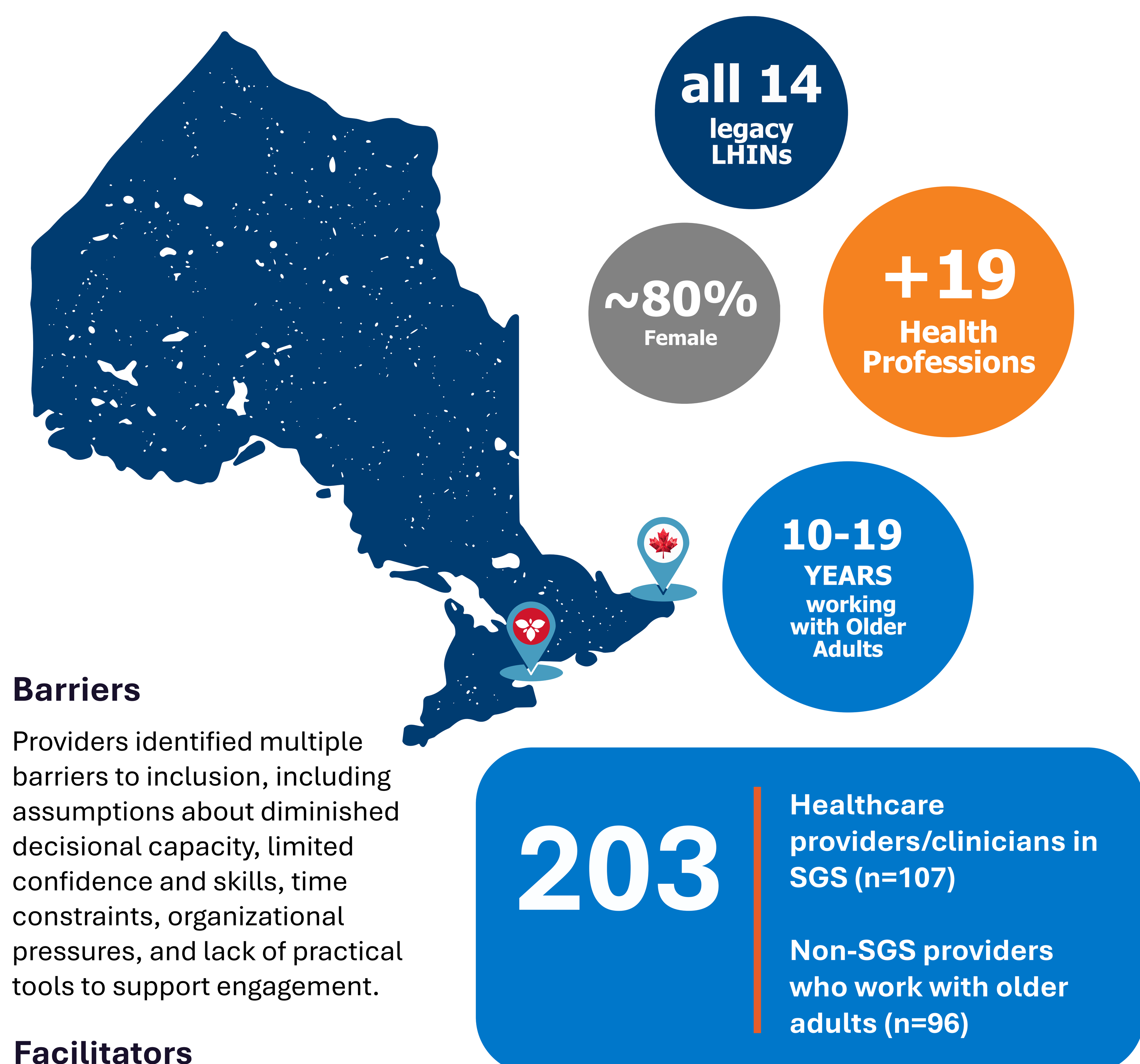
Research Question

What are the barriers and facilitators of decision-making and goal-settings with persons with dementia in specialized geriatric services?

Design	Mixed-methods research approach (part of a complementarity mixed-methods design); cross-sectional, survey with data derived from open-ended survey questions
Setting	**Provincial (Ontario, Canada) training needs assessment (TNA)*** online surveys conducted between November 2021 and April 2022
Participants	-1) clinicians/healthcare professionals who work in specialized geriatric services; and -2) non-SGS healthcare providers who work with older adults
Analysis	Thematic analysis of qualitative derived from responses to survey questions about the barriers and facilitators to decision-making and goal-setting with persons with dementia

Reviewed by the Ontario Tech Research Ethics Board on July 19, 2021 (file #16336). Participants who consented to this study were also asked to consent to secondary use of their de-identified data. Secondary use of data protocol was reviewed by Ontario Tech REB was reviewed on January 1, 2024 (file # 17212).

Results



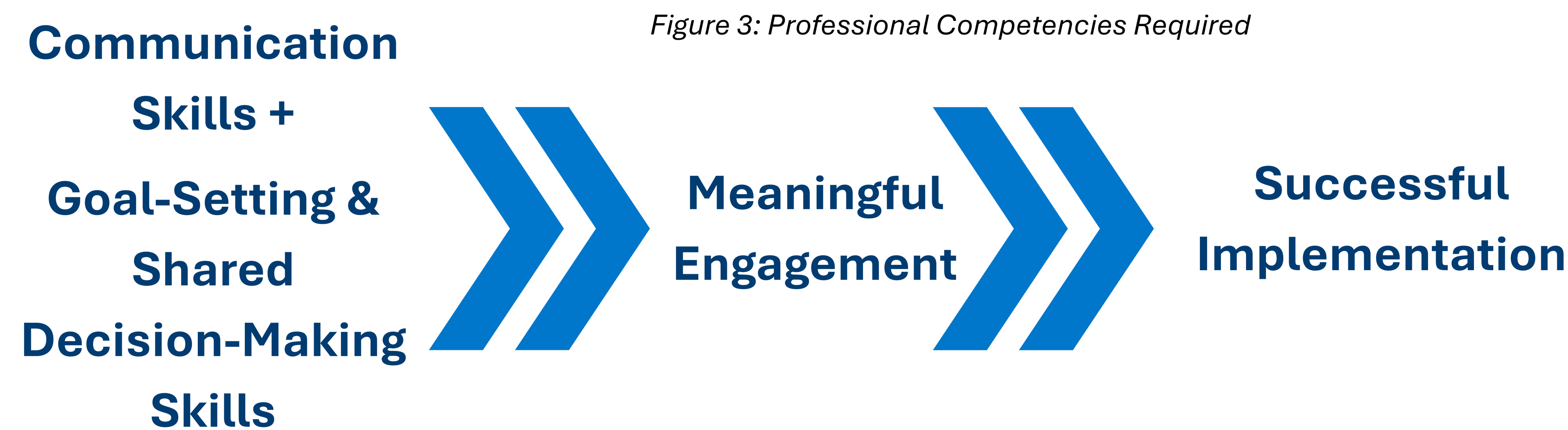
Barriers

Providers identified multiple barriers to inclusion, including assumptions about diminished decisional capacity, limited confidence and skills, time constraints, organizational pressures, and lack of practical tools to support engagement.

Facilitators

Key facilitators included strong therapeutic relationships, involvement of care partners, adaptation of communication strategies, interprofessional collaboration, and access to dementia-specific education and training. Respondents explicitly identified professional competence (knowledge, skills, and attitudes) as a key facilitator (see Figure 3).

Figure 3: Professional Competencies Required



Conclusions

Findings reveal clear workforce development gaps specific to the care of persons with dementia. This includes opportunities to build core geriatric knowledge with SGS and non-SGS clinicians/healthcare providers, as well as providing skill-building continuing professional development in:

- **patient, care partner, and interprofessional communication**
- **person-centred goal-setting and goal-oriented care planning**

Targeted training, practical tools, and supportive organizational environments are needed to strengthen person-centred dementia care, and implementation of these best practices across the continuum of care.

Findings from this study are part of a lager complementarity, mixed-methods research study (component design).

Citations

[i] Feinberg & Whitlatch, 2001; Fetherstonhaugh et al., 2013; Miller et al., 2016; Whitlatch & Menne, 2009
[ii] Poulin et al., 2018
[iii] Poulin et al.'s, 2018; Pecanac, Wyman, Kind, and Voils, 2018

*** Scan to view Provincial TNA**

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