


Perceptions and experiences of nursing students communicating with people living with dementia: The validation, emotion, reassurance, activity (VERA) communication skills framework

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Abstract

Background: There is an increased risk with advancing age that degenerative conditions such as dementia will affect a person's capacity to communicate. Thus, there is increased possibility that nursing students will be caring for this client group and will need to have the skills to communicate effectively. The Validation, Emotion, Reassurance, Activity (VERA) framework is a communication tool developed for this purpose.

Objectives: This pilot study explored nursing students' perceptions and experiences of communicating with people with dementia incorporating the VERA communication skills framework.

Methods: Using a descriptive qualitative approach, second year undergraduate general nursing students were eligible for inclusion if they were assigned to complete their 4-week clinical placement in the designated research site and were willing to participate. Students allocated to the designated research site ($n=6$) in semester 1 received standard communication skills as part of the undergraduate programme and students allocated ($n=10$) in semester 2 received 2.5h of additional communication skills based on the VERA framework. Data were analysed using framework analysis as described by Ritchie & Spencer.

Results: The findings showed that students in both groups had initial reservations about communicating with people living with dementia. They employed several

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strategies including nonverbal techniques, distraction, reminiscence and life story work. However, students who received the VERA communication training felt more prepared to engage in these strategies because of the VERA training.

Conclusion: With increasing numbers of people with dementia accessing health care, it is crucial that future nursing staff are equipped to meet the specific care needs of this population; which includes effective communication. The VERA framework can be useful to structure communication for nursing students.

Implication for practice: The VERA training may be considered a useful framework for increasing undergraduate nursing students' knowledge and confidence in advance of clinical placements in older person's services. Nursing staff should continue to support students on clinical placements which involve caring for people with dementia and be cognisant of the trepidation students may have when first meeting this client group.

KEYWORDS

communication, dementia, nursing students, pilot, qualitative, VERA

1 | BACKGROUND

There is an increased risk with advancing age that degenerative conditions such as dementia will affect a person's capacity to communicate (Yorkston et al., 2010). Meaningful interactions for the well-being of people with communication challenges, such as those associated with dementia, is important (Lagacé et al., 2012). Thus, a knowledgeable and skilful workforce is crucial to care for the growing number of people diagnosed and living with dementia (Alushi et al., 2015).

Nursing students often care for people with dementia in hospital (Long & Hale, 2022; Shin et al., 2015) and in long-term care settings while on clinical placement (Robinson & Cubit, 2007). A study by Cheng et al. (2015) identified that negative clinical practice experiences can lead to an increase in nursing students' negative perceptions, poor communication, fears, and attitudes of ageism. Cheng et al. (2015) concluded that, from a student nurse training perspective, a more positive approach to aging must be cultivated. Other researchers have identified that communication with people with cognitive impairment presents a challenge to general nursing students (Celik et al., 2010; Koskinen et al., 2015). Deterioration in cognitive function causes people with dementia to have a progressive loss of ability to communicate effectively and process added information (Jooton & Mc Ghee, 2011).

However, there is inconsistency in the way that communication skills are being taught in undergraduate programmes (Hegarty et al., 2008). According to Laura et al. (2022) dementia specific skills and theory should be provided to nursing students in the undergraduate programme. Furthermore, Kubende (2016) argues the importance of developing nursing students' confidence in their ability to communicate effectively with people with dementia (Health Education England, 2015). Clinical placements provide an opportunity for nursing students to acquire and develop the necessary

communication skills to care for people with dementia (Hamar et al., 2017).

For the reasons outlined above, two key approaches to support the development of students' competency when communicating with people with dementia have been developed. First, a communication skills programme "The Communication and Respect for people with Dementia: Student learning (CARDS)" programme was developed by Wood et al. (2016) in the United Kingdom to facilitate physiotherapy and nursing students' verbal and nonverbal communication strategies in a long-term care settings. This study findings showed that the CARDS programme was successful in both increasing students' dementia knowledge and confidence in their communication with people with dementia. The findings concluded that the combination of both clinical practice and appropriate dementia education increased student confidence, competence, and knowledge in their communication skills (Wood et al., 2016).

The Validation, Emotion, Reassure, Activity (VERA) communication framework was developed by Blackhall et al. (2011) to support students caring for people with dementia. The framework focuses on the principles of person-centred care and Validation Therapy (Kitwood, 1997). According to Naughton et al. (2018) the VERA framework provides a foundation level skill that seeks to accept rather than explore complex emotional responses or behaviours. Naughton et al. (2018) built on the framework by developing a communication dementia skills training programme. Findings from a follow-up study by Naughton et al. (2018) using a pre-post study design to assess VERA training for clinical placement in older adult units, showed that VERA training enhanced students' competence in communicating with people with dementia. The recommendations included communication skills education in all undergraduate nursing curricula. The main study, part of which is reported here, was a pilot pre-post study, also conducted in Ireland, to evaluate the effectiveness of the VERA training programme in 2019.

Summary statement of implications for practice

What does this research add to the existing knowledge in gerontology?

- The pre-post design showed that the VERA training helped students communicate more effectively with person's living with dementia.
- The VERA training can increase nursing students knowledge and confidence when communicating with person's living with dementia.
- The VERA framework can prepare nursing students to acquire and develop communication skills conducive to caring for persons living with dementia.

What are the implications of this new knowledge for nursing care with older people?

- Nursing students need to have VERA knowledge and skills prior to commencing older person placements.
- VERA training should be made available to staff in care facilities to support and empower people living with dementia.

How could the findings be used to influence policy or practice or research or education?

- VERA communication skills training can support and empower nursing students to have a key role in working in older person clinical placements.
- Incorporating the VERA framework into undergraduate programmes as a communication tool to support nursing students training.
- VERA may offer something more than 'standard communication skills' training, as it enables better preparation of students for managing or preventing distress in person's living with dementia.

In this study, a purposive sample of second year general nursing students ($n=16$) undertaking their clinical placement in the care of older people services at the designated site participated in the study. All students received standard communication skills training as per the nursing curriculum. Ten students (intervention group) received the additional VERA communication skills training and six students were allocated to the control group with no additional training. While results showed a significant increase in nursing students' self-perceived confidence and knowledge in the intervention group, there was no significant increase in their self-perceived communication skill. However the qualitative component of the study provided some important insights into students' experiences of communicating with people with dementia; which is reported here.

2 | METHODS

2.1 | Design

A qualitative descriptive approach based on the work of Sandelowski (2000) was employed. The qualitative descriptive approach is a naturalistic inquiry that is useful as a straightforward description of phenomena to gain insight in to the "who, what and where" of events and experiences (Sandelowski, 2000, p. 339).

2.2 | Setting

The research site was a purpose-built residential care facility for older people in Ireland providing 24-h nursing care for up to a maximum of 100 residents. This service is nurse-led with support from a multidisciplinary team. This facility accommodates undergraduate general nursing students on their clinical placement for care of older persons.

2.3 | Participants

Second year undergraduate general nursing students were invited to participate if they were assigned to complete their 4-week clinical placement in the designated research site and were willing to participate (Table 1). Students allocated to the designated research site ($n=6$) in semester 1 (October 2018) received standard communication skills as part of the undergraduate programme and students allocated ($n=10$) in semester 2 (February–March 2019) received 2.5 h of additional communication skills training in using the VERA framework. Two researchers were trained in the VERA skills and permission was obtained to use a VERA student manual for the delivery of training to students. This manual was then used by the students in clinical practice. The majority were female, aged 18–22 years, and had no experience of working with people with dementia. See Figure 1 for further demographic details. The number of participants was determined by the number of students allocated to the designated site during the study period. The principle of data adequacy (Braun & Clarke, 2021) was considered also, and the richness of data collected was deemed appropriate to draw inferences from this particular group of students.

TABLE 1 Eligibility criteria—nursing students.

Eligibility criteria for nursing students

Inclusion criteria

Second year undergraduate general nursing students were eligible for inclusion if they were assigned to complete their 4 week clinical placement in the designated research site and were willing to participate

Exclusion criteria

Potential nursing students participants were excluded if they do not meet the above criteria or declined to participate

Group allocation (n)	Satandard Communication Training (n=6)	VERA Communication Training (n=10)
Mean age	18-22 years of age	18-22 years of age
Gender (n) Male (n) Female (n)	Female (n=6)	Male (n=2) Female (n=8)
Completion of any other dementia training course (Yes/No)	No	No
The year started undergraduate training	2017	2017
Other educational qualifications (Yes/No)	No	No

FIGURE 1 Summary of nursing student demographics.

2.4 | Data collection

Semi-structured interviews using an interview guide (Appendix S1) were used to collect the data between February and March 2019. As interviews were conducted with students who both had and had not undertaken VERA training, the guide was broad to avoid any potential bias. The interviews were digitally recorded and lasted from 25 to 50min and were conducted by experienced qualitative nurse researchers in the field of dementia. All interviews were transcribed verbatim.

2.5 | Coding framework and data analysis

The interview transcription were uploaded on a QSR NVivo qualitative data management software that assisted with storing and managing data to ensure transparency (Bazeley, 2007). An adapted approach to framework analysis developed by Ritchie and Spencer (1994) was used. This approach, previously adapted by Hunter et al. (2017), used the first stages of “familiarisation with the data” and “Identifying a thematic framework” to creating a coding framework that could be used by the team to conduct thematic analysis in a way to ensure consistency and transparency in how the data were analysed.

Through familiarisation with the data, two researchers (CH & DC) developed the coding framework. The coding framework was explained to the other researchers (LD, MG & SS) and the research team each independently coded one (the same) transcript using the adapted framework. As recommended by McHugh (2012), both percentages and Cohen's ‘Kappa’ score, which scientifically measures the degree of agreement between coders, were then used to determine the level of interrater reliability. The percentage of agreement was extremely high (80% and above) with a Kappa coefficient ranging between 0.38 and 0.5 indicating fair to a moderate agreement (McHugh, 2012). With this level of agreement, the team then proceeded with the analysis of all the transcripts.

Peer debriefing throughout analysis with the research team helped clarify any coding queries or issues. It is acknowledged that there was the potential for bias for the two researchers who delivered the VERA training to the students. This was addressed by

implementing a team approach to data collection and analysis that included three other researchers who were not involved in the VERA programme.

For readers to judge the trustworthiness of the analysis, participant excerpts are presented in the findings to support the identified themes (Elo et al., 2014). The Consolidated Criteria for Reporting Qualitative Research guidelines (Tong et al., 2007) was used for the reporting of the results (Appendix S2).

2.6 | Ethical considerations

Ethical approval was granted from the affiliate University Research Ethics Committee (Ref:18-Sept-05). In addition, access to the research site was granted from the Director of Nursing in the residential care facility and permission to approach students was granted from the Head of School in Nursing.

Specific to the qualitative component of the main study, all prospective students were provided with details of the interview purpose, the right to withdraw, the potential benefits and harms of participation and then asked if they would be willing to take part. Each participant provided signed informed consent prior to interview. Confidentiality was assured and maintained throughout the study and its reporting.

3 | RESULTS

Sixteen nursing students were interviewed, ten of whom had received the VERA communication training. As previously outlined, there was no significant increase in student nurses' self-perceived communication skills in the pre-post quantitative study. However the experiences of students provided valuable insights. In the results, some experiences were common to both the intervention and the control group. However, there were additional experiences specific to those who had undertaken the VERA training. From the analysis, four main themes were identified, namely: (1) Lack of readiness to communicate with people living with dementia; (2) Person-centred communication and knowing the person; (3) Communication strategies with people with dementia; (4) Impact of VERA. Students from each group are differentiated with the codes VT (VERA Training) and SC (Standard Communication only).

3.1 | Lack of readiness to communicate with people living with dementia

This theme describes the students' experiences in advance of their clinical placement, their sense of readiness to engage with people with dementia as nursing students, and their prior experiences of interacting and communicating with people with dementia.

Students had completed 8 weeks of clinical placement in the previous academic year. However, most students reported that they

had little experience of working with or communicating with people with dementia. Only one student referred to caring for people with dementia in an acute hospital setting. Some students had worked previously as care assistants in LTC settings; however, they had not encountered caring for many people with dementia. Although some students indicated that a grandparent or a known relative with dementia, had given them some understanding of the condition, others felt that this was different as they had not provided direct care to them. One student participant reported:

'I never kind of cared for people with dementia on general wards. On my psychiatric placement, I was placed in the residential inpatient care of the elderly unit. But the ... psychiatric placement was the only time I cared for people with dementia before this placement'

(01VT).

A sense of anxiety, nervousness and fear of the unknown was reported by many students before commencement of their placement. This was reported by students who had received the standard communication skills and by those who had received VERA training:

'... before even the experience with VERA, I had ... no idea what to expect. And there was a certain sense of like, I felt a bit of pressure, a bit of anxiety, a bit of fear. Because my biggest fear would've been at the time that I would say something, or I wouldn't react or respond quickly enough. And I could end up upsetting the patient, or frustrating the patient, or making them angry. Which is the last thing I would've wanted to do...'

(02VT).

Students described how the staff in the clinical area were important supports in preparing them to communicate with people with dementia. Many reported they learned from staff by talking to them and/or observing staff interact:

'...from the other nurses, you got their [person with dementia] background and things like that ...' (04SC), and ... she [staff nurse] explained to me that he [person with dementia] had progressed further in his dementia so to try and take my time speaking to him and 'shorter sentences' and 'watch his facial expressions' so if he's listening, concentrating, like you can see it in his face, you keep going with him but then if you see him kind of squinting his eyes, that means you need to stop and start again'

(02SC).

3.2 | Person-centred communication and knowing the person

This theme describes what person-centred communication meant to students, the importance of knowing the person and using that knowledge to make a meaningful connection with them. Students focused on the importance of looking at the person beyond their dementia, using an individualised approach, involving them in the decision making and making them comfortable and happy:

'It means looking at the whole person, kind of giving them their chance to choose what they want to do. And if they want to wear something and if they want to go somewhere communicating ...'

(04VT).

'That they're comfortable in the conversation and that you go with what they say ..., you go with them to keep them happy ...'

(02SC).

Most students identified that getting to know the residents with dementia and what matters to them was an important precursor to engaging them in conversation:

'I would say that it would be important to know a lot of the residents, or the patient's history before talking to them. Knowing what works with them and for them (2AVT), and another student participant mentioned, '... knowing what they like and what they do not like and the people that they like and the people that they do not like. Trying to know from them what they want or what they need

(01SC).

Also, students described the difficulties they faced when trying to communicate with people with dementia when they had not had opportunities to get to know them:

'Because I did not know them very well, it was kind of hard to know what they liked to talk about, what they did not like to talk about and what things to bring up ... sometimes you might bring up the past with some people and it might upset them. So, it was kind of like 'what do I say... I think knowing more, knowing their background and stuff is important'

(04SC).

On many occasions students described instances where they used knowledge gathered about the person to then initiate meaningful connections:

'... Knowing a bit of history and like I see that she [person with dementia] likes to chat about her sisters or her mother ... that leads to the conversation about her...It builds a social relationship between us as well...Even though she mightn't remember the next day ...'

(03VT).

Students also highlighted the importance of allowing adequate time to communicate with the person and the need to 'go with them' in conversation and to react positively even if they had heard the story many times before:

...when I took my time with her, I was happy ... I just think if you take your time and chat to them... and look at them and smile properly and wait for a reaction from them I think it is nice. Because they'll look up to you and smile ...' (06SC), and also another student participant described, '... There was a man down in my ward in particular and he'd a shop here in [name of town] and he loved to tell me all about it, so he told me the story about four times, but sure he loved it each time'

(02SC).

3.3 | Communication strategies with people with dementia

This theme describes communication strategies, such as nonverbal communication, reminiscence, distraction, and life stories, used by students during their clinical placement. Students who received VERA training and those who just received standard communication skills alike described the importance of observing nonverbal cues as a communication strategy with people with dementia:

'... a lot of people are nonverbal so reading their body language and trying to read what they want or what they need from just their facial expressions. Or kind of the noises that they make and trying to feel like if they are happy or if they are in pain or if they need something ...' (01SC) and 'I just made sure that I'm facing him and when he got upset about one of the dogs, just remembering, I just held his hand and just touched him ... and I feel like I have ... formed this relationship with him ...'

(05VT).

The same student reported using nonverbal communication props, for example, images in magazines to stimulate communication and learn more about the person, who describes:

'She [person with dementia] likes magazines so we started talking about fashion and colours and

jewellery ... and then I wanted to know about her family ... And there was a lovely kitchen in the magazine, so I ask her, 'oh I would like that in my house. And she said, 'oh I would like that too, where I would bake and cook'. And then I asked her about cooking, and she liked to cook. And then she started talking about her family. And so, it was nice to shift from the magazine stuff to her'

(05VT).

Reminiscence was identified by students in both the standard and VERA communication groups as an important communication strategy for engaging and connecting. Several students referred to using the person's life history to facilitate communication which helped them to get to know the person:

'... and even talking about their past...I think that it helps you communicate better with them. They seem to interact more when you're talking about the past' (04SC). Another student describes, '... because I knew a bit about her history, she loved a bit of singing. So, I was like, 'oh do you want to do a bit of singing and she's like, 'oh yeah, I'll sing a few songs. And she started singing. So even from that, it was a really good bit of communication there that I will always remember. And just being able to, I was shocked that she could even sing'

(03VT).

Students also described how they gathered information about people with dementia from the life story book compiled about each person which was available at their bedside, often used as a communication aid starting point, as a student reported:

'They have things here ... called 'what matters to me'. They have stuff up behind their bed about whether they have kids or not or if they ever, what they did or what they were into, if they were in school or if they worked. I usually read that and talked to them about those things and that's a good idea ... something to talk to them about, you're not just talking about the weather, ... you can get them chatting properly'

(02SC).

The same student commented on the positive impact effective communication had on the well-being to people with dementia:

'They got great excitement out of it, to be able to tell someone new their whole story ... You could see in his face; it would light up and then he'd try ... to explain it to me ...'

(02SC).

Students identified that being able to communicate effectively with people with dementia, and recognising that the person was enjoying the conversation, and time to sit with them contributed to a positive experience for them:

'... I think it's very rewarding and you get a lot out of it ... and it's lovely to be able just to sit down and chat to people and not be constantly rushing around, like in hospitals'

(01VT).

Another student reported:

'... you have that bit more time ...much more time than in the hospital to just sit down even go in in the mornings and say 'good morning' or even a few of them would remember you, even if not they [people living with dementia] would still love the social contact ... talking about the war, ... their children, what they did..., a few of them were in England during the war... it's very relaxed ... communicating with people ... you don't have time in a hospital...so you can have little chats and pop in and say, 'oh I will be back later ...'

(05SC).

3.4 | Impact of VERA

This theme focused on the difference between the standard communication training and the VERA communication training when communicating with a person with dementia in distress. Participants who had not received VERA training did not feel as confident in communication with people who were non-verbal or showing signs of distress. Those who completed the VERA communication training felt more proficient in identifying and responding positively to a person in distress. This signified that their ability to identify distress and respond accordingly was because of the VERA training received. Prior to receiving VERA training, students reported having insufficient exposure to people with dementia, lack of clinical experience and limited knowledge of dementia. They, therefore, welcomed the VERA skills training:

'... I was so thankful for getting the VERA training. Because that developed how to communicate with people with dementia. Other than that, you don't get that training in college at the moment ... only for VERA, ... I would've found it really difficult' (03VT) and 'I didn't have a lot of experience at all, so I was happy I was getting the training ... I wouldn't know much about dementia, what it is, like what it looks like. I think everyone knows they don't remember things...I wouldn't be confident in it in that way. Because I just didn't have the experience'

(05VT).

Also, this student reported:

'... I found the VERA training helped that a lot ... she loved doing a bit of colouring. So, one of the days, I printed out a few pages of flowers and we were colouring, and she'd be there colouring, and I'd be chatting to her about her sisters, the family...

(03VT).

Students identified their ability to implement the VERA communication skills in practice with people with dementia who were distressed. One student indicated that the VERA skills gave her confidence and enabled her to communicate more effectively with people with dementia who were confused or showed aggressive behaviour.

'One of the patients I can think about, they were restless, pretty distressed ... I was able to quickly identify that they [person living with dementia] were stressed and [I]... just said ..., 'will we just go for a cup of tea, go sit down ... and have a chat back in the room'... I was just able to defuse the situation so nothing bad came out of it ... I was just able to snuff it out before anything, well any difficulty could arise ... So, I found that to be a positive experience ... I was able to, following VERA, I was able to diffuse it ...so I was pleased ...'

(02VT).

Furthermore, a student indicated that the skills had already become 'engrained' in her practice; implementing VERA skills without realising it:

"... it's [VERA skills] a different approach ... you have to explain things as you are doing them, making sure that he knew what was to come. Whether it was changing his clothes or shaving his beard or anything like that you just always used visual prompts as well as verbal to make sure he knew" (04VT) and 'You can just... fluster yourself just because you don't know what to do. And it's flustering the patients ...Whereas ... the VERA tool, it's always something you have ... to fall back on ... the VERA tool I thought was very useful. And I hadn't learned anything like that before for people with dementia ... I would encourage, so if that could be implemented more'

(02VT).

The students who had not received VERA training felt unsure about communicating with people with dementia who were non-verbal or showing signs of distress. They described feeling uncomfortable as to what to do or how to initiate communication, for example:

'... like talking ... is quite natural to everyone ... you do it every day but when you are out there with a person who is nonverbal it can be quite awkward sometimes' (05SC), and 'Because she was nonverbal it was very hard ... like I'd no idea what was going on in her head because she was non-verbal ...'

(04SC).

Some students who had received standard communication skills, also identified having a deficit in knowledge and skills when communicating with people with dementia whose behaviour was perceived as challenging:

'... name of the person with dementia ... he could be quite aggressive ... Now I would find that incredibly stressful... And when there is aggression there you can try all the approaches ... It doesn't go anywhere particularly with a patient like this gentleman ... so I would find that quite stressful ... I wouldn't know what exactly is the right approach in that manner' (03SC). Not surprisingly, these challenges evoked nervousness and anxiety in the students as they feared that they might further upset the person with dementia, 'I think it's more being nervous that you're going to upset them ... I'm just afraid that I'm going to upset someone'

(06SC).

Similarly, another student described their trepidation about communicating with a person with dementia:

'... he is completely nonverbal, and his eyes are always closed but like he is awake, but his eyes are always closed so he can't even like it's hard to read what is on his face or he doesn't change that much he just shouts a lot. So ... I am afraid of, that I am in the way, or I am irritating him so I kind of back off a little bit'

(01SC).

4 | DISCUSSION

The qualitative study, which was part of a pre-post pilot study, aimed to explore the impact of VERA training on students' perceptions and experiences of how they communicate with people with dementia. By the very nature of exploratory work, the findings revealed common experiences for both students who had received VERA training and those who had not, with the impact of VERA training more beneficial in the context of people with dementia who were non-verbal or were showing signs of distress or agitation.

All students in this study had limited exposure to people with dementia, which contributed to a sense of anxiety and fear prior to commencement of their clinical placement. However, all students were appreciative of staff support provided to them during their placement,

which reduced students' concerns, facilitating positive interactions between students and people with dementia. Eccleston et al. (2015) highlights the value of positive role models in fostering student experiences in clinical placement towards people with dementia. This finding is echoed by Choi and Park's (2017) research that identified the students who had inadequate preparedness and experience for dementia-related care, resulted in students who were frightened and apprehensive towards caring for people with dementia.

Another commonality among both student groups was the belief that it was important to 'go along' with people with dementia when in conversation despite the repetitive nature of the conversation. In keeping with earlier research, this reciprocity can contribute to the well-being of people with dementia and in turn, the nurse's work is more meaningful and satisfying (Söderlund et al., 2012, 2013). Some students also expressed the importance of giving time to enhance communication with people with dementia. This reflects the work of Kitwood (1997) and Shakespeare (1998) who both refer to this form of communication as 'enabling dementia communication' as the person is helped to voice their thoughts and feelings.

Students also valued the opportunity of getting to know the person with dementia better, their likes and dislikes and reported that focusing less on the dementia diagnosis was important when providing individualised care. This supports the importance of giving the residents a sense of purpose when they can talk about their likes/dislikes and hobbies (Anbäcken et al., 2015; Borley & Hardy, 2017).

Students in this study, identified many strategies including non-verbal techniques, distraction, reminiscence, and life story work when communicating with people with dementia. These strategies gave students a greater sense of confidence in getting to know and connect with residents during placement, especially if the resident was unable to communicate verbally. Those who had undertaken VERA training believed the training helped them to utilise these strategies, which supports findings from two other studies that found dementia training programmes helped develop confidence in this area (Long & Hale, 2022; Naughton et al., 2018).

The findings in this study identified the primary value of VERA training in relation to communicating with people with dementia who were non-verbal of displaying signs of distress. The students who had received the training felt better prepared for these situations compare to those who did not. After receiving VERA training, students could implement and recognise the value of the framework for their practice. Thus, students' apprehensions of communicating with people with dementia were eased because of incorporating the skills and knowledge of the VERA framework into their everyday practice. These findings are reflected in the study by Naughton et al. (2018) which revealed that students valued VERA training for managing patients in distress and could see the benefits of applying VERA in practice. Similarly, students in this study who did not receive the VERA training were less confident on how to communicate with residents who were non-verbal. According to Stanyon et al. (2016) and Ellis and Astell (2017), non-verbal communication including effective facial expression such as good eye contact, openness and touch help increase interaction with people with dementia. Likewise, Sørensen (2009) suggests that to establish deeper relationships with

patients, students need to adopt novel approaches when words are in short supply. Thus, the VERA framework can be a valuable communication tool to enhance student's confidence when communicating non verbally with people with dementia.

These findings are in keeping with earlier research by Wood et al. (2016) and Naughton et al. (2018) which highlighted the benefits of dementia education for students on how best to communicate with people with dementia, providing them with increased knowledge and understanding in practice. Likewise, Scerri and Scerri (2013) indicated that dementia training helps improve students understanding of dementia and enhances their confidence. These findings are comparable to those of Stanyon et al. (2016) that posit that gaining knowledge and understanding of dementia is central to facilitating effective communication and caring for people with dementia.

4.1 | Strengths and limitations

This study provides insight in to how nursing students perceive and experience communicating with people with dementia. The findings show VERA is useful particularly for communicating with people who are non-verbal or showing signs of distress. This may indicate that VERA training has greater value in communicating with people with advanced dementia. However, the severity of the dementia diagnosis was not captured in this study and so this requires further exploration. While there was consideration of data adequacy, this study is limited to one setting with a small group of students and no comparisons were made between student characteristics (age, experience as a health care assistant for instance) beyond whether they had received VERA training or not. Larger, longitudinal studies are needed to examine the impact of VERA training further.

5 | CONCLUSION

With increasing numbers of people with dementia accessing health care, it is crucial that future nursing staff are equipped to meet the specific care needs of this population; which includes effective communication. Yet currently, nursing students experience trepidation when communicating with people with dementia. This becomes significant when the person with dementia is showing signs of distress or is non-verbal. The VERA framework can be useful for developing students' confidence in these situations. Nursing staff also play a crucial role in supporting students in their interactions with people with dementia. It is important to consider providing students with dementia specific communication skills and education prior to clinical placement, but also to ensure they are adequately supported by staff in practice.

5.1 | Implications for Practice

1. The VERA training may be considered a useful framework for increasing undergraduate nursing students' knowledge and confidence in advance of clinical placements in older person's services.

2. Nursing staff should continue to support students on clinical placements which involve caring for people with dementia and be cognisant of the trepidation students may have when first meeting this client group.

AUTHOR CONTRIBUTION

DC and RMCD planned the methodology and the design of this study. DC, CH and SS prepared the interview guide. DC, CH, LD, SS and MG conducted the interviews. FJ identified students allocated to their clinical placement and met with the relevant students, explained the study, provided students with copies of the participation information leaflet and consent form. Authors (CH, DC, LD and SS) discussed the interview transcripts and analysis during each stage. In addition, authors (CH, DC, LD, FJ and SS) read and approved the final manuscript.

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CONFLICT OF INTEREST STATEMENT

None.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author (SS) upon reasonable request.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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