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Using videos and films with people with major cognitive disorder living in care settings: A scoping review

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Abstract

Background: The use of videos and films may improve the well-being of people with major cognitive disorder. Most literature about the use is within the community. There is a literature gap in the use in care settings. Exploring this gap is particularly timely during the COVID-19 pandemic, considering the lockdown of many care settings and the potential support that videos and films can be provided to people with the major cognitive disorder in these settings. In addition, compared with more complex technologies, videos and films are relatively inexpensive and easy to implement, making them more accessible.
Objective: This scoping review aims to understand the facilitators and barriers to implementing videos and films with people with the major cognitive disorder in care settings, as well as the benefits and drawbacks of using this technology with this population.
Method: This scoping review followed the Joanna Briggs Institute scoping review methodology. It was conducted between May and July 2022. It followed a three-step search strategy: (1) identifying keywords from an initial broad search using two databases CINAHL and AgeLine; (2) doing a second search using all identified keywords and index terms across chosen databases (CINAHL, AgeLine, MEDLINE, PsycINFO, Web of Science, ProQuest, and Google); and (3) hand-searching the reference lists of all selected articles for additional literature.
Results: The final results included ten articles. Content analysis was conducted. Facilitators and barriers to implementing videos and films with people with the major cognitive disorder in care settings were identified. The benefits and drawbacks of using videos and films with this population were also identified.
Conclusion: This scoping review presents current evidence on facilitators and barriers to implementing videos and films with people with the major cognitive disorder in care settings, and the benefits and drawbacks of using videos and films with this population.

Keywords: videos, films, people with major cognitive disorder, care setting, long-term care, scoping review

Introduction

There is literature on the use of videos and films with people with major cognitive disorder. Most of this literature is in the community. For example, Smith et al. (2007) examined the televideo monitoring program which provided video reminders to take medication on televisions to people with mild major cognitive disorder living alone. In the study by Moo et al. (2020), people with major cognitive disorder who live at home and their families joined a home-based video telemedicine program for major cognitive disorder management. Park et al. (2017) collaborated with people with the mild major cognitive disorder who live at home with a care partner and created digital story films about their lives together, and participants shared that they enjoyed the process. Ferreira-Brito et al. (2021) used video games with people with mild cognitive impairment who live at home to enhance their cognitive and daily functioning capacity.

However, there is limited literature on the use of videos and films with people with major cognitive disorder in care settings. Exploring this gap is particularly timely during the COVID-19 pandemic, considering the lockdown of many care settings and the potential support that videos and films can be provided to people with major cognitive disorder in these settings (Smith et al., 2022; Wong et al., 2022). In addition, compared with more complex technologies, videos and films are relatively cheap and easy to implement and thus are more accessible. In order to fill this literature gap, we conducted a scoping review to explore the literature.

Table 1. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Literature that considers people with dementia	Literature related to health conditions other than dementia
The literature considers videos and films	Literature that did not consider videos and films
Literature that considers care settings (e.g., hospitals, assisted living, and long-term care facilities)	Literature about people with dementia in the community
All study designs (qualitative and quantitative studies as well as informal community reports) were considered	Literature in a language other than English

Methods

When a research topic is emerging and has not been fully explored, we can use scoping reviews to systematically map and synthesize the currently available evidence. (Peters et al., 2015). Our team published a protocol for the current scoping review (Wong et al., 2022). The guiding questions of this review were: What are the facilitators and barriers to using videos and films with people with major cognitive disorder in care settings? What are the benefits and drawbacks of using videos and films with this population? This scoping review was guided by the Joanna Briggs Institute (JBI) methodology for scoping reviews (Peters et al., 2015). It followed its three-step search approach: (1) identifying keywords from an initial broad search using two databases CINAHL and AgeLine; (2) doing a second search using all identified keywords and index terms using selected databases (CINAHL, AgeLine, MEDLINE, PsycINFO, Web of Science, ProQuest and Google); and (3) hand-searching the reference lists of all included articles for additional studies literature. Our research team included patient partners (n=2) and family partners (n=2), clinical researchers (nurse and social worker) (n=2), and two research trainees in sciences (Biochemistry and Behavioral Neuroscience) (n=2). The search strategy included identifying peer-reviewed journal articles and gray literature to cover the breadth of the existing literature presenting the facilitators and barriers of using videos and films of people with major cognitive disorder in care settings, as well as the benefits and drawbacks of using videos and films with this population. The scoping review was conducted between May and July 2022. *Table 1* shows the inclusion and exclusion criteria.

Participants

We included literature about people with major cognitive disorder of all ages in care settings (e.g., hospitals, assisted living, and long-term care facilities).

Concept

This review considered any videos and films with people with major cognitive disorder.

Context

We considered literature in care settings (e.g., hospitals, assisted living, and long-term care facilities). Literature in the community was not included in this review.

Search strategy

A three-step search strategy was applied, as suggested by the JBI review guidelines. The initial search of databases MEDLINE and CINAHL included these keywords: major cognitive disorder, dementia, care setting, long-term care, residential care, assisted living, hospital, care home, nursing home, facility, videos, film, and movie. In the second step, all keywords and index terms identified from the initial search were used to search in six databases: MEDLINE, CINAHL, Ageline, PsycINFO, Web of Science, and ProQuest for the thesis and dissertation. Google was also searched using phrases such as videos and films and care settings. In the third step, the reference lists of all selected articles were screened for additional literature.

Study selection and reviewing results

We used Mendeley, a bibliographic reference management tool, to organize all references and articles. We uploaded all identified relevant articles into Mendeley and deleted the duplicates. We did two levels of screening. In the first level of screening, two clinical researchers independently screened the title and abstract. In the second level of screening, the full text of selected articles was reviewed for inclusion concerning the inclusion criteria: (a) people with major cognitive disorder, (b) in care settings, and (c) use of videos or films. We used NVivo12, a data analysis software, to do coding for a full-text review of chosen literature in order to identify themes that summed up the literature and responded to the scoping review questions. We included literature published in English only. There was no time limit and study designs. The database search initially produced 987 items. Additional seven items were identified through Google search. After screening, 69 items were selected. Among them, 60 items were not included as they were not relevant to the review questions. We also found two pertinent additional items in the reference list and included them in the review. The final review included ten articles. For the PRISMA flow diagram (Peters et al., 2015), which explains the review process (*Figure 1*).

Mapping

We mapped the chosen articles by domains: author, year, country, setting, study population, type

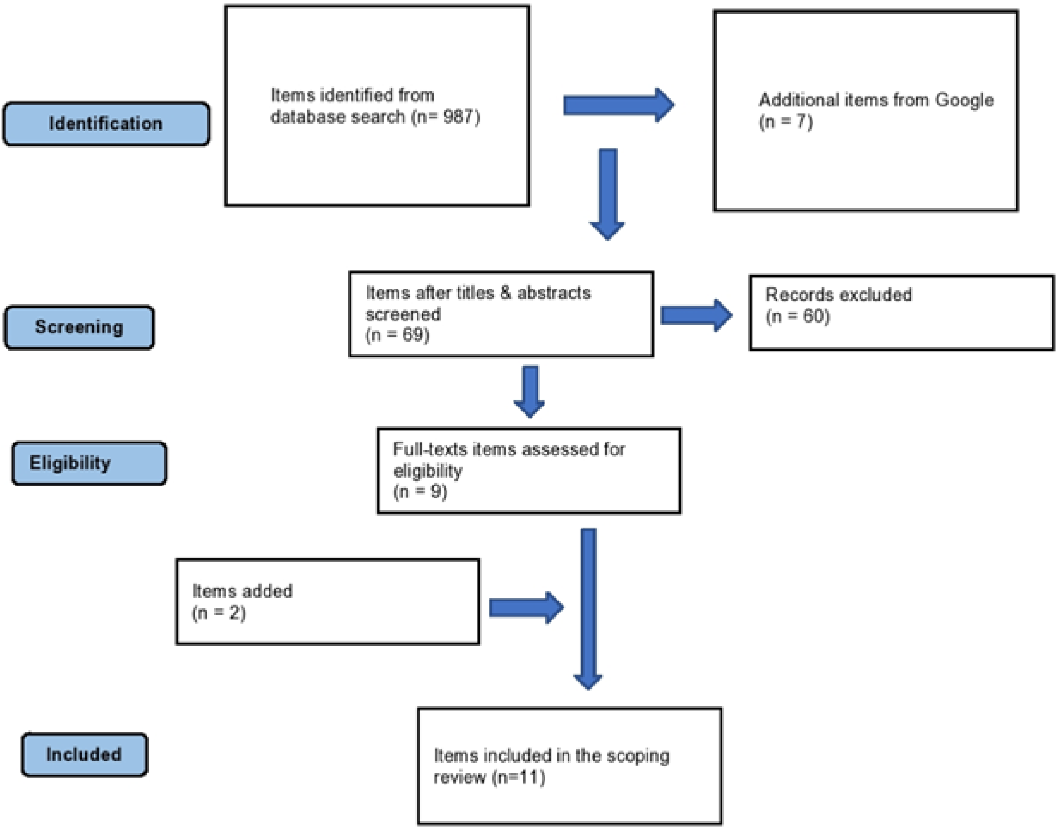

Figure 1. PRISMA flow diagram

of literature, type of intervention using videos and films, study design, facilitators and barriers using videos and films with people with major cognitive disorder in care settings, and benefits and drawbacks of using videos and films with people with major cognitive disorder in care settings. We documented what we mapped in *Table 2*. In research meetings, the team, including patient and family partners, analyzed and sorted the extracted data regarding potential themes. There were different interpretations and the team compared and discussed these interpretations to resolve the conflicts.

Summarizing results

The team evaluated, refined, and collated the extracted data into categories to form final themes. Patient and family partners validated the themes. *Table 2* shows the results charted to respond to the review questions: What are the facilitators and barriers to using videos and films with people with major cognitive disorder in care settings? What are the benefits and drawbacks of using videos and films with this population?

Ethical consideration

For this scoping review, we did not need ethics approval and consent to participate because the methodology of the review only included data from the literature in public domains. As suggested, our team consisted of patient partners and family partners, clinical researchers, and research trainees. We engaged in team reflection in our meetings. We adopted the ethical framework "ASK ME" developed for co-research with people with major cognitive disorder and their family members (Mann & Hung, 2019). The insights of patient and family partners enhanced the researchers' understanding of the topic.

Results

Table 2 presents the features of the ten selected studies. Among the ten items, five were from the United States. The rest was from the United Kingdom (2), Canada (1), Denmark (1), and Sweden (1). Among these ten articles, nine were peer-reviewed journal articles, and one was a conference paper. Our analysis found the following themes: Diverse uses of videos and films in care settings, facilitators of using videos and films with people with major cognitive disorder in care settings, barriers to using videos and films with people with major cognitive disorder in care settings, benefits of using videos and films with this population, and drawbacks of using videos and films with this population.

Table 2. Using videos and films with people with dementia in care settings

Author, year & country	Care setting	Study population	Type of literature	Type of intervention	Study design	What are the facilitators for using videos and films among people with dementia in care settings?	What are the barriers to using videos and films among people with dementia in care settings?	What are the benefits of using videos and films among people with dementia in care settings?	What are the drawbacks of using videos and films among people with dementia in care settings?
Bjørnskov, Jensen, and Gregersen, 2018, Denmark	Nursing home	63 professional caregivers working with residents with dementia	Peer-reviewed journal article	Residents watched short films targeted at people with dementia.	A cross-sectional survey and a focus group with professional caregivers	The best way to retain the attention of the participants was to show a series of still pictures with accompanying narration. For some residents, music is a significant part of the experience. When films were used as a group activity, residents could contribute to a sense of community and cohesion. Residents were more likely to watch the films if they were individualized (e.g., related to their life experiences). Professional caregivers were more likely to show the short films if they considered that it was not a time-consuming task for them or if the nursing home supported them to show the short films to residents.	When used in a larger group a certain level of presence by the professional caregivers is required. When residents do not have the necessary equipment in their own rooms they are required to go to the common area where they may encounter frequent interruptions. Most films, TV content, and news broadcasts are generally not an obvious choice for dementia – partly because they move too quickly and with too many words, and partly because the residents have difficulties grasping a complex course of action. Professional caregivers were less likely to show the short films if they did not feel comfortable handling residents' potential negative emotions aroused by watching the short films.	The films can be used to facilitate and support conversations between the caregivers and the residents, and by using the films they have heard from residents who otherwise rarely or never speak.	Watching the short films aroused negative memories in some residents and thus trigger their negative emotions.
Breckenridge et al. 2020, United Kingdom	Two private care homes	Residents living in the care homes (many with dementia) and staff	Peer-reviewed journal article	Residents watched old films with stories and face familiar to them (e.g. famous actors from back in the day) per week.	Participant observation interviewed staff, and facilitated discussion groups with residents	Old films which residents found familiar put less pressure on residents with dementia to remember and pay attention. The weekly pattern of screenings promoted residents' awareness of the future, and anticipation of upcoming occasions. Staff and family visitor participation was effective in stimulating social connections during post-film discussions.	Staff often could not participate in the film experience because they were busy, or felt that they should be working instead. There was a need to consider residents' cognitive ability and cultural and social factors that would spark interest, but it was difficult to find the "right film" for the "right time".	The old films encouraged residents to express themselves non-verbally and engage with physical responses like laughing, clapping, and gestures. Discussions with staff and family visitors after screening allowed intergenerational dialogue and the chance for residents to give knowledge and perspective.	The films may evoke negative memories or emotions.

Table 2. Using videos and films with people with dementia in care settings (cont.)

Author, year & country	Care setting	Study population	Type of literature	Type of intervention	Study design	What are the facilitators for using videos and films among people with dementia in care settings?	What are the barriers to using videos and films among people with dementia in care settings?	What are the benefits of using videos and films among people with dementia in care settings?	What are the drawbacks of using videos and films among people with dementia in care settings?
de Medeiros et al, 2009, United States	Residential dementia care facility	22 residents with moderate to severe dementia	Peer-reviewed journal article	Residents watched TV program videos selected by family and staff that were considered to be appropriate for residents for six weeks.	Observed and documented the behaviors and activities of residents before, during, and after they view the TV program videos	Participants were most engaged by the TV program video Venice, a TV program video showing postcards and images every 15-20 seconds without plot or chronological events.	Some residents found challenging to watch the TV program videos because of their sensory impairment (e.g., visual and hearing impairment). Residents could not watch the TV program videos if they were not in the areas where the videos were shown. Staff needed to set up the TV so that residents could watch the TV program videos but they were too busy with other tasks to do so.	Further development and use of tailored TV program videos can facilitate meaningful activity and higher quality of life. Staff found showing the TV program videos easy to implement.	Watching TV videos is not a popular activity among residents (e.g., some preferred to stay alone in a room.) Post-TV watching activity was often "remaining in TV area" if staff did not re-direct residents to another activity. There was a high frequency of dozing of residents during watching which contributed to nighttime insomnia.
Francis et al., 2020, United Kingdom	Residential care	11 residents with dementia; four care aides working with the residents	Peer-reviewed journal article	Residents watched biographical films (30 minutes each) of themselves with care aides two times per week for 24 weeks. The films were produced by a special company producing this kind of film for people living with dementia with residents and their families.	Mixed-method feasibility study: Asked care aides to complete assessment scales about residents' behaviours and emotions before, during, and after the study, and interviewed care aides about the feasibility and experience of showing the biographical films to residents	Care aides were more likely to show the biographical films to residents if they found that showing the films was easy to show (e.g., they could easily show the films on a portable device). Residents were more likely to watch the biographical films if they watched them together with care aides. Versatility: The biographical films can be used as therapeutic tools when residents were distressed (e.g. at mealtimes when refusing to eat), and/or as a separate activity.	Some residents found challenging to watch the biographical films because of their sensory impairment (e.g., visual and hearing impairment).	Biographical films reduced agitation and increased the quality of life among residents with dementia. It increased the knowledge of residents among care aides, enhanced their relationships, and facilitated better care as a result.	not mentioned

Table 2. Using videos and films with people with dementia in care settings (cont.)

Author, year & country	Care setting	Study population	Type of literature	Type of intervention	Study design	What are the facilitators for using videos and films among people with dementia in care settings?	What are the barriers to using videos and films among people with dementia in care settings?	What are the benefits of using videos and films among people with dementia in care settings?	What are the drawbacks of using videos and films among people with dementia in care settings?
Hall and Hare, 1997, United States	Nursing home	36 residents who had cognitive impairment in three nursing homes	Peer-reviewed journal article	Residents watched Video Respite, which was a series of 21-minute videos to capture long-term memory and maintain attention.	Observed residents' agitated and positive behaviours pre, during, and post-intervention	Residents were more likely to watch the videos if the videos were appealing to them (e.g., culturally appropriate), if they had a sociable personality, or if staff watched the videos with them to provide accompany and direct their attention while watching.	Some residents found challenging to watch the videos because of their sensory impairment (e.g., visual and hearing impairment).	Watching the videos helped to increase positive social behaviours, including sitting, walking, or standing with others, talking with others, smiling, singing, positive gesturing, and verbal responses to the questions or statements in the videos.	not mentioned
Heller, Dobbs, and Strain 2009, Canada	Long-term care	24 residents living with dementia	Peer-reviewed journal article	Residents watched videos that researchers considered to be appropriate for residents' cognitive conditions for 8 weeks.	Conducted a questionnaire with family for baseline information of the residents (e.g., residents' TV watching habits), then observed the residents by the camera when they were watching the videos	Residents are more engaged if the videos are more congruent with their cognitive abilities (i.e., less cognitively complex).	not mentioned	not mentioned	not mentioned
Loomer et al., 2020, United States	Nursing home	43, 303 residents newly admitted to 119 nursing home	Peer-reviewed journal article	Residents watched videos about advanced care planning.	A cross-sectional study by looking into the nursing home records if residents were offered to watch the video and if they were offered, whether they watched it	not mentioned	Family or staff does not invite some residents to watch the video because they think that the content is not suitable for the residents (e.g., not culturally appropriate), that residents have cognitive impairment and do not understand the content, or that residents do not need to watch the videos as they have set up something else for them better for their psychosocial well-being.	Residents who watched the videos are more likely to have a further discussion on their wishes on the end of life	not mentioned

Table 2. Using videos and films with people with dementia in care settings (cont.)

Author, year & country	Care setting	Study population	Type of literature	Type of intervention	Study design	What are the facilitators for using videos and films among people with dementia in care settings?	What are the barriers to using videos and films among people with dementia in care settings?	What are the benefits of using videos and films among people with dementia in care settings?	What are the drawbacks of using videos and films among people with dementia in care settings?
Lundström, Ghebremika, and Fernaeus 2021, Sweden	Two nursing home	19 residents	Conference paper	Residents sat together in a group and watched films in virtual reality (VR) using special headsets. There were five screenings on three different occasions all within one month.	Conducted non-participant observation when residents were watching the films and semi-structured group interviews with residents after they watched the films.	Residents found the experience of watching the films more enjoyable if the content was appealing to them; they could watch them together; they could have an activity together after watching (e.g., discussions about what they like about the films); that thought that the way how the films were shown was innovative (e.g., using VR).	Although residents set together as a group, since they watched the films with individual headsets, they indeed did not benefit from being as a group when watching the film. Some residents found the headsets too heavy. Some residents could not fully engage in the experience because of physical limitations (e.g., they had mobility issues and could not move their heads around easily.) Using a large curve display instead of a headset would help their participation but the facility had no room and funding for it. The headset did not always function well (e.g., the images were sometimes blurred).	Watching the films in VR made residents feel that they explored a new way of watching films and thus felt excited. Also, watching the films triggered their positive memories and emotions. They also enjoyed discussions on their experience after watching the films. Residents could participate in activities that they would like to do but could not do virtually due to different limitations (e.g., boat trips).	For some residents, watching the films triggered sad memories and emotions.
Reynolds, Rodiek, and Lininger, 2018, United States	Memory care unit in an assisted living facility	14 residents with different degrees of dementia	Peer-reviewed journal article	Residents were exposed to a virtual nature scenery video on a TV screen.	Counterbalanced study - Each participant was exposed 3 times to the virtual nature scenery video and control (an old movie). Their heart rates were measured and behaviours and emotions were observed	not mentioned	Residents were not engaged in the virtual nature video if the setting and video were not real enough. Residents could not concentrate on their exposure because of disturbance (e.g., the nurse interrupted to give medication.)	Exposing to the virtual nature video helped increase residents' pleasure, decreased residents' agitation and anger, and facilitated them to reminisce and interact with the environment.	not mentioned

Table 2. Using videos and films with people with dementia in care settings (cont.)

Author, year & country	Care setting	Study population	Type of literature	Type of intervention	Study design	What are the facilitators for using videos and films among people with dementia in care settings?	What are the barriers to using videos and films among people with dementia in care settings?	What are the benefits of using videos and films among people with dementia in care settings?	What are the drawbacks of using videos and films among people with dementia in care settings?
Towsley et al. 2021, United States	Five nursing homes and three assisted living	50 residents living with Alzheimer's, 50 family members, and 38 staff	Peer-reviewed journal article	Residents used videos to talk about their end-of-life preferences and the videos are shown to staff and their family members at residents' care planning meetings.	Randomized waitlist Control Design - Look into the records of the documentation and see if residents are more likely to talk about their end-of-life preferences if videos are used.	Residents are more likely to use videos to talk about their end-of-life preferences if they think that this is related to them.	not mentioned	Residents are more likely to talk about their end-of-life preferences when videos are used. By doing so, staff and family members know more about their end-of-life preferences.	not mentioned

Diverse uses of videos and films in care settings

From the literature searches, we learned that videos and films could be used with people with major cognitive disorder in different care settings, mainly in long-term care (Bjørnskov et al., 2020; Breckenridge et al., 2021; de Medeiros et al., 2009; Francis et al., 2020; Hall & Hare, 1997; Heller et al., 2009; Loomer et al., 2020; Lundström et al., 2021; Towsley et al., 2021) but also in assisted living (Towsley et al., 2021). There are different types of videos and films used with people with major cognitive disorder in these care settings, mainly videos (Hall & Hare, 1997; Heller et al., 2009; Loomer et al., 2020; Towsley et al., 2021), films/movies (Bjørnskov et al., 2020; Breckenridge et al., 2021; Francis et al., 2020), TV program videos (de Medeiros et al., 2009) but also virtual reality films (Lundström et al., 2021), virtual natural scenery video (Reynolds et al., 2018). Videos and films can be used for different purposes by people with major cognitive disorder, such as recreation (Lundström et al., 2021) and documentation of end-of-life preferences (Towsley et al., 2021).

Facilitators using videos and films with people with major cognitive disorder in care settings

We learned from the literature searches that different factors facilitate the use of videos and films with people with major cognitive disorder in care settings. People with major cognitive disorder are more likely to engage with videos and films if they match their interests. For example, the videos and films have music (Bjørnskov et al., 2020), they found the content appealing (e.g., travelling videos for people who are interested in travelling) (Hall & Hare, 1997; Lundström et al., 2021), and innovative (e.g., virtual reality films) (Lundström et al., 2021). They are also more likely to engage with the videos and films if they match their life experiences (Bjørnskov et al., 2020).

People with major cognitive disorder are more likely to engage with videos and films if the videos and films are congruent with their cognitive abilities (Heller et al., 2009). In other words, the videos and films are not too cognitively complex to engage or use (Heller et al., 2009). People with major cognitive disorder find those with still pictures with narration (Bjørnskov et al., 2020; de Medeiros et al., 2009) without plot or chronological events (de Medeiros et al., 2009) easier to follow. They are more interested in watching videos and films if their content is familiar to them (Breckenridge et al., 2021). They are more likely to watch them if the care settings have weekly patterns of screening (Breckenridge et al., 2021).

People with major cognitive disorder are more likely to engage with the videos and films with support from staff and family. People with major cognitive disorder are more likely to watch if staff (Francis et al., 2020) or family (Breckenridge et al., 2021) watch with them because staff and family can provide accompany and direct their attention (Hall & Hare, 1997). An additional benefit is that staff and family can facilitate discussions during or after watching the videos and films (Breckenridge et al., 2021).

People with major cognitive disorder are more likely to engage with videos and films when the videos and films are used in a group setting. For example, people with major cognitive disorder find watching videos and films together with other people with major cognitive disorder increases their sense of community and cohesion (Bjørnskov et al., 2020) and thus find the watching experience more enjoyable. Some reflected that using it in a group is more enjoyable than using it individually because using it in a group provides an opportunity for them to discuss the experience of using it (Lundström et al., 2021). A note to be added is that having people with major cognitive disorder in a group does not necessarily lead to the benefits of being in a group. Staff will need to facilitate the group (Lundström et al., 2021).

Often, staff in care settings will need to help with the implementation of videos and films for people with major cognitive disorder. For example, staff will need to show videos and films to people with major cognitive disorder. Staff in a care setting are more likely to implement the videos and films under several circumstances: if the implementation is not time-consuming (Bjørnskov et al., 2020), easy (Francis et al., 2020), and flexible (i.e., the videos and films can be used at different times and for different purposes) (Francis et al., 2020), and if they have the support from the care settings to implement the videos and films (Bjørnskov et al., 2020).

Barriers to using videos and films with people with major cognitive disorder in care settings

Apart from facilitators, we learned from the literature that several factors might hinder the use of videos and films with people with major cognitive disorder in care settings. As suggested, staff in care settings often need to help with the implementation of videos and films for people with major cognitive disorder. However, staff may not help because of different reasons (Bjørnskov et al., 2020; Loomer et al., 2020). One reason is that staff think that the content of the videos and films is not suitable for people with major cognitive disorder (Loomer et al., 2020). For example, they believe that people with major cognitive disorder have cognitive impairment and do not understand the content (Loomer et al., 2020). Or they think that people with major cognitive disorder do not need to watch videos and films as they have something else for them better for their psychosocial well-being (Loomer et al., 2020). Another reason is that staff are too busy with other tasks (Breckenridge et al., 2021; de Medeiros et al., 2009). They feel that they should be "working" (i.e., feeding residents, and providing personal care to residents) instead (Breckenridge et al., 2021). They do not see implementing the videos and films as "work," and they think that they have other more important "work" to do.

The use of videos and films needs certain resources, that may not be available in the care settings. For example, the care settings do not have the equipment, such as TVs to show videos (Bjørnskov et al., 2020) and headsets for virtual reality films (Lundström et al., 2021). They may not have a quiet place without interruptions to show videos or hold virtual reality films (Bjørnskov et al., 2020). One reason why the care settings do not have resources is a lack of funding (Lundström et al., 2021).

The videos and films may not match the cognitive abilities of people with major cognitive disorder, so people with major cognitive disorder find them challenging to engage with. For example, the videos and films are too quick (Bjørnskov et al., 2020), has too many words (Bjørnskov et al., 2020), and are too complex for people with major cognitive disorder to grasp what is going on (Bjørnskov et al., 2020).

People with major cognitive disorder may not be able to engage in the videos and films because of their physical impairment, for instance, sensory impairment (e.g., visual and hearing impairment) (de Medeiros et al., 2009; Francis et al., 2020) and mobility impairment (e.g., ability to rotate their heads so that they can engage in the head-mounted display virtual reality films) (Lundström et al., 2021).

Benefits of using videos and films with people with major cognitive disorder in care settings

Literature suggests different benefits to using videos and films with people with major cognitive disorder in care settings. First, videos and films provide an opportunity to encourage people with major cognitive disorder to express themselves verbally or non-verbally especially those who rarely express themselves (Bjørnskov et al., 2020; Breckenridge et al., 2021; Hall & Hare, 1997). People with major cognitive disorder express their feelings after watching videos and films. Depending on the content of the videos and films, sometimes they can even help people with major cognitive disorder express very difficult subjects (e.g., end-of-life preferences) (Loomer et al., 2020; Townsend & Franks, 1997).

Videos and films also provide an opportunity for people with major cognitive disorder to discuss with others, such as other people with major cognitive disorder (Lundström et al., 2021), family members, or staff (Bjørnskov et al., 2020). It lets people with major cognitive disorder share their knowledge and perspectives with other people (Breckenridge et al., 2021). People with major cognitive disorder reflected that the discussion was an enjoyable experience (Lundström et al., 2021). If people with major cognitive disorder discuss with staff and family of age groups different from them, the discussion facilitates intergenerational dialogues (Breckenridge et al., 2021). The discussion enhances the relationships between people with major cognitive disorder, family, and staff (Bjørnskov et al., 2020; Francis et al., 2020). It lets family and staff know more about people with major cognitive disorder (Francis et al., 2020; Townsend & Franks, 1997), so that family and staff can provide better care to people with major cognitive disorder (Francis et al., 2020).

Videos and films could increase people with major cognitive disorder's well-being too. According to literature, it could improve their quality of life (de Medeiros et al., 2009), reduce their agitation (Francis et al., 2020; Reynolds et al., 2018) and anger (Reynolds et al., 2018), facilitate their memories (Lundström et al., 2021; Reynolds et al., 2018), trigger their positive memories and emotions (Lundström et al., 2021), increase their pleasure (Reynolds et al., 2018), and improve their interactions with people and environment (Bjørnskov et al., 2020; Breckenridge et al., 2021; Francis et al., 2020; Hall & Hare, 1997; Lundström et al., 2021, p.; Reynolds et al., 2018).

Drawbacks of using videos and films with people with major cognitive disorder in care settings

However, the literature suggests that apart from benefits, using videos and films also has drawbacks. For example, it may trigger negative memories and emotions in people with major cognitive disorder (Bjørnskov et al., 2020; Breckenridge et al., 2021; Lundström et al., 2021). Staff may have concerns about these potential drawbacks and thus hesitate to show the videos and films as they do not know how to handle these (Bjørnskov et al., 2020).

Discussion

From the results of the scoping review, we would like to bring up discussions on the points below: recommendations for selecting relevant films and implementing them in care settings, addressing the lack of voices of people with major cognitive disorder in research of videos and films in care settings, and providing staff with training to manage negative memories and emotions triggered by videos and films. Videos and films may help alleviate social isolation, especially during the pandemic, and have further development opportunities for their use in care settings.

Recommendations for selecting relevant films and implementing them in care settings

It will be helpful for researchers and practitioners to consider our suggestions about selecting videos and films that facilitate engagement, live entertainment, and enhance the well-being of people with major cognitive disorder as well as implementing this type of psychosocial intervention in care settings. First, the videos and films should match the interests life experiences, cognitive abilities, and familiarity of content of people with major cognitive disorders (Bjørnskov et al., 2020; Breckenridge et al., 2021; de Medeiros et al., 2009; Hung et al., 2023; Lundström et al., 2021). Second, in implementation, the process should be easy (Francis et al., 2020), not be time-consuming (Bjørnskov et al., 2020), and flexible (Francis et al., 2020). Also, staff should have support on implementation when needed (Bjørnskov et al., 2020). Third, education should be provided to staff that showing videos and films can be a part of their work to support people with major cognitive disorder. Fourth, resources, such as TV (Bjørnskov et al., 2020), headsets (Lundström et al., 2021), and quiet spaces (Bjørnskov et al., 2020), for implementation, should be available.

Addressing the lack of voices of people with major cognitive disorder in research of videos and films in care settings

We found the voices of people with major cognitive disorder are often not included in the research of videos and films in care settings. In some cases, people with major cognitive disorder do not even have the chance to engage the videos and films because the staff and family think that the content of the videos and films is not suitable for them (Loomer et al., 2020). Or researchers, staff, or family decide what is more suitable for them than videos and films (de Medeiros et al., 2009; Heller et al., 2009).

For most research designs on studies of videos and films of people with major cognitive disorder in care settings, people with major cognitive disorder are observed or assessed (Bjørnskov et al., 2020; Francis et al., 2020; Hall & Hare, 1997; Heller et al., 2009; Loomer et al., 2020; Reynolds et al., 2018; Towsley et al., 2021). However, they are not consulted about the videos and films. Only a few studies consulted them (Breckenridge et al., 2021). People with major cognitive disorder should be consulted (e.g., whether they want to use the videos and films and what they think about the videos and films after use). They should have a voice in videos and films which they engage with. Future studies should consult individuals with cognitive disorders about their preferences and opinions on the videos and films they engage with.

Providing staff with training to manage the negative memories and emotions aroused from the videos

One key limitation of the use of videos and films is that it will trigger negative memories and emotions for some people with major cognitive disorder (Bjørnskov et al., 2020; Breckenridge et al., 2021; Lundström et al., 2021). In the articles about short films tailored for people with major cognitive disorder (Bjørnskov et al., 2020), old films which people with major cognitive disorder are familiar with (Breckenridge et al., 2021), and virtual reality films of different topics such as the nature and boat trips (Lundström et al., 2021), the concern that use of videos and films may trigger negative memories and emotions were mentioned. However, the articles did not elaborate on how the negative memories and emotions would be aroused in detail. There are several possibilities for how negative memories and emotions would be aroused. For example, when people with major cognitive disorder watch old films, they may recall their loved ones who passed away, and this may trigger their sense of loss and grief.

Often, staff needs different degrees of involvement so that people with major cognitive disorder can use the videos and films. However, the staff is less likely to support if they fear that they are not able to handle the potential negative memories and emotions aroused (Bjørnskov et al., 2020). Therefore, training should be provided to staff so that they know how to respond. Staff should first understand the severity of the impact of negative memories and emotions aroused by people with major cognitive disorder by asking the person with major cognitive disorder and judging according to their understanding of the person and professional judgement. Slight negative memories and emotions are valid or may even be beneficial to the person with major cognitive disorder as it opens opportunities for the person to express themselves. However, if outbursts happen, staff should stop the visual videos and films immediately as the outbursts may indicate that the videos and films lead to trauma.

We suggested a person-centred approach to handle slight negative memories and emotions. Person-centred approach refers to thinking of the needs of each individual person using videos and films, instead of one size fits all (Beresford, 2011). By having this idea in mind, staff will think about giving tailored responses to each person with major cognitive disorder whose negative memories and emotions are aroused. For example, some people feel comforted by having gentle physical touch like having their hands held. Some feel comforted by having a brief conversation with them. Some calm down if their attentions are diverted to other things. Some feel more comfortable if there is a hot drink. Staff can refer to the Gentle Persuasive Approach (GPA) which provides more suggestions on how to provide comfort to a person with major cognitive disorder (Hung et al., 2019). Staff should decide what to do according to the moment, communication with the person, and their knowledge and judgement working with the person.

As suggested, videos and films may also trigger trauma in some people with major cognitive disorder. We suggest the training to staff should take a trauma-informed approach. Trauma-informed approach refers to think that potential trauma may arouse (Poole et al., 2012). For example, before the implementation of the videos and films, staff should bear in mind that potential trauma may arouse some people with major cognitive disorder. By having this in mind, staff will pay attention to the people with major cognitive disorder and be prepared to react if trauma is aroused. Handling trauma of people with major cognitive disorder may arouse negative emotions or even secondary trauma to staff too. Therefore, emotional support should be provided to staff. For example, the team can discuss some resources that staff can use if this happens, such as counselling services.

Videos and films may help with social isolation, especially during the pandemic

Many people with major cognitive disorder in care settings face challenges in leaving their care settings even before COVID-19 (e.g., safety concerns due to cognitive conditions, and physical limitations.) The pandemic has intensified this issue. Family visitors have restricted visits to many care settings during the pandemic (Rasnaca et al., 2022). Most videos and films do not require people with major cognitive disorder in care settings to go out or have family visitors come in. Also, people with major cognitive disorder can enjoy things that they could not enjoy because of not being able to leave the care setting. For example, they can take a boat trip when participating in a virtual reality film (Lundström et al., 2021) or enjoy nature through a virtual nature scenery video (Hung et al., 2023; Reynolds et al., 2018).

Potential for Further Development of the Use of Videos and Films in Care Settings

Some creations and development of videos and films involve people with major cognitive disorder, such as biographic films (Francis et al., 2020) and videos documenting their end-of-life preferences (Towsley et al., 2021). Future research and practice can explore to what extent these videos and films can be incorporated into formal documentation about people with major cognitive disorder. For example, can the video documenting people with major cognitive disorder's end-of-life preferences be a part of the advanced care planning document? Also, apart from documenting the lives and end-of-life preferences, future research and practice can explore whether different types of videos and films can document other aspects of people with major cognitive disorder (e.g., their daily care preferences and their likes and dislikes).

Strengths and limitations

This scoping review has three strengths. First, we provided a summary of current evidence from ten articles using videos and films of people with major cognitive disorder in care settings. Second, we mapped the literature to provide a thorough review of evidence to inform future development in education, practice, policy, and research. Finally, our team consisted of patient and family partners who contributed to the scoping review. This enhanced the relevance and quality of the review, including transparency and accountability.

However, this scoping review has limitations. It did not include non-English literature. We might have missed essential literature using videos and films with people with major cognitive disorder in non-English speaking countries. Future research may look into literature in languages other than English.

Future areas of study

This review identified a need to include the voices of people with major cognitive disorder in research in videos and films. Future studies on videos and films should include the voices of people with major cognitive disorder in the design and implementation. Also, we currently live through the COVID-19 pandemic. There is a great need for innovative approaches to promote the well-being of people with major cognitive disorder in care settings. Future research should further consider how using videos and films support people with major cognitive disorder in a COVID-19 context.

Conclusion

We identified the facilitators and barriers to using videos and films with people with major cognitive disorder in care settings in this scoping review. We also identified the benefits and drawbacks of using visual videos and films with this population. Based on our findings, we raised points for further discussion. We hope that this scoping review enhances the knowledge of and facilitate the use of videos and films with people with major cognitive disorder in care settings.

Declarations of conflicting interests

The authors declared no potential conflicts of interest.

Contributorship

KW came up with the idea, built the research protocol and methods, and wrote the final paper. MG, JM, AB, LW, CW, DP and LH supported to refine and develop the research questions and contributed meaningfully to the writing and reviewing of the paper. The final paper submitted has been approved by all authors.

Patient and public involvement

Patient and family partners were involved in the development, writing, and reviewing of the paper. For more details, please see the Methods section.

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