

G.2.1.2 Facilitators for decision making

Studies	Study design	Description	Methodological limitations	Relevance	Coherence	Adequacy	Confidence
Patient – Reconceptualisation and adjustment							
1 (Livingston)	Focus groups, interviews	Re-conceptualisation of services as optimising independence. Allowing services to develop slowly.	Not serious	High	High	High	High
Professional – Providing practical support							
2 (Livingston, Lord)	Focus groups, interviews	Suggesting interventions to facilitate agreement, or structured approaches to decision making. Collaboration with staff helped carers with decision-making, and this was facilitated by a trusted healthcare professional who consulted them and advocated effectively	Not serious	High	High	High	High

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1 (Livingston)	Focus groups, interviews	Providing high-quality information in a timely fashion.	Not serious	High	High	High	High
Professional – Initiating conversations							
1 (Lord)	Focus groups, interviews	Carers felt that clinician’s raising these discussions helped them with decision-making	Not serious	High	High	High	High
Professional – Legal and financial issues							
1 (Livingston)	Focus groups, interviews	Ensuring the patient is asked to give permission for information to be given to carers. Access to legal and financial advice.	Not serious	High	High	High	High
Professional – Structured tools							
1 (Pope)	Interviews	Open-ended, structured tools may be useful to guide discussions around advance planning. Staff who had not yet conducted any advance care planning discussions themselves were unsure how to initiate the discussion with those people with dementia who had not raised the issue themselves, but saw the tool as a potential way of facilitating this.	Serious ¹	High	High	Moderate ²	Low
Carer - Participation							
1 (Livingston)	Focus groups, interviews	Carer accompanying patient on visits to healthcare professionals. Posing a question to the person at the “right” time, gauging when their relative was likely to be most engaged in conversation, and presenting a limited number of options.	Not serious	High	High	High	High
Carer – Shared decision-making							
2 (Livingston, Lord)	Focus groups, interviews	Carers found it helpful to hear the perspectives of other members of the family or professionals when making decision on behalf of the person with dementia – they felt it “gave permission” to make decisions.	Not serious	High	High	High	High

Studies	Study design	Description	Methodological limitations	Relevance	Coherence	Adequacy	Confidence
Carer – Family cohesion							
2 (Livingston, Lord)	Focus groups, interviews	Not feeling that different members of the family are pulling in different directions. Carers often sought reassurance after decision making from other family members.	Not serious	High	High	High	High
Structural – Social support							
1 (Livingston)	Focus groups, interviews	Extended family, voluntary and community networks.	Not serious	High	High	High	High
Intervention – Talking Mats							
1 (Murphy)	Interviews	Discussing care was facilitated by using Talking Mats. Talking Mats helped the participants with dementia to be aware of what their family members were doing for them, and were seen an enjoyable activity which improved communication between the person with dementia and his/her family.	Serious ¹	High	High	Moderate ²	Low
1. Theme only identified in studies at moderate or high risk of bias 2. Insufficient data to develop a full understanding of the phenomenon of interest							