

Using documentary films to teach nurses about gender and the vulnerabilities facing older men with advanced dementia

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Abstract

Aims and objectives: To review short documentary films about older men with advanced dementia to use in teaching, and therein address the gender imbalance in the dementia care curricula and create opportunities to learn about masculine vulnerability.

Background: There has been a growing recognition of the role of gender in respect of vulnerability, with emerging evidence suggesting a need to acknowledge and prioritise dementia as a global women's health issue. Whilst a focus on women is understandable—more women are affected by dementia than men—gender does not equal women. It is important for nursing students, nurses and allied health professionals to understand the vulnerabilities facing older men with dementia as well, including gay men, who may face additional challenges.

Design: Discursive paper outlining the limitations of using mainstream fiction films in dementia care education and reviewing three short documentary films about older men with advanced dementia to use in teaching.

Methods: We summarised the literature on using films in nurse education and review three short documentary films about older men with advanced dementia and their (male) caregivers in the context of international nursing standards and concept of vulnerability.

Conclusions: Education is key to understanding and improving the lived experience of dementia. Our article endorses the use of films in the classroom but highlights that mainstream fiction films about people (women) with dementia are not always appropriate for pedagogic purposes. Our review of three short documentary films on older men with advanced dementia uncovers an untapped teaching resource for care educators.

Relevance to clinical practice: Given the rising number of older men and women with advanced dementia, nurses are uniquely positioned to advocate for and mobilise support. The short documentary films reviewed in this article can engage nurses emotionally and generate discussion of ways that older men with dementia and their caregivers might be vulnerable.

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KEYWORDS

caregivers, dementia, documentaries and factual films, education, nurses, older men, teaching, vulnerable populations

1 | INTRODUCTION

Mainstream fiction films have been shown to be a useful tool in teaching, and many educators use them to help students understand the lived experience of dementia (Ogston-Tuck et al., 2016). They are pedagogically useful because they can help students to empathise, theorise and reflect on their practice (Hanna, 2019). However, the vast majority of mainstream fiction films about people with dementia feature the lives of white middle-class women in heterosexual relationships (e.g. *Iris: A Memoir of Murdoch*, 2001; *The Notebook*, 2004; *Away From Her*, 2007; *The Iron Lady*, 2011; *Still Alice*, 2015, *Elizabeth is Missing*, 2019). As such, they do not represent the social diversity of people living with dementia, including older men and people who are gay, lesbian and transgender, who may experience different realities of living with dementia. This is a concern for two key reasons. One is that by using content that lacks diversity, educators inadvertently deny the heterogeneity of the lived experience of dementia (Capstick et al., 2015). Second, such films often promote stigma and reinforce negative stereotypes, inducing fear of dementia and further marginalising subgroups of people with this condition (Swinnen, 2013). Given that raising dementia awareness is a global priority, it is important that the nursing curricula reflect the diversity of people with dementia (Eccleston et al., 2019).

Our contention in this discursive article is that short documentary films are an overlooked pedagogical resource in nurse education and could be used more to explore the diversity of the lived experience of dementia. Short documentary films offer alternatives to mainstream fiction films, allowing for more diversity of representation for people with dementia. In this article, we specifically focus on short films about dementia that narrate the experiences of older men, including gay men, and their caregivers, to offer new diversified narratives for classroom learning.

The aim of this article is to add to the small body of research on the value of using films in dementia care education, by reviewing three short documentary films about older men with dementia and their caregivers—*Cecil and Carl*, *The Waiting Room*, and *Ups and Downs*. These films have been selected because they are short (less than 15 minutes long), which is ideal for a classroom setting (Herman, 2007), and because they are documentaries, rather than mainstream fiction films. In addition, they are accessible; at the time of writing each film was available free of charge from Vimeo, a video hosting, sharing and services platform well-known in the creative community for disseminating high-quality independent films. Moreover, the content is relevant to enabling nursing students and nurses to understand the concept of vulnerability in relation to men with advanced dementia.

What does this paper contribute to the wider global clinical community?

- Provides a platform for necessary discussion about the lack of diversity in mainstreams fiction films featuring people with dementia.
- Provides a review of three short documentary films, which the global clinical community can use to teach and learn about the vulnerability facing older men with advanced dementia and their caregivers.

Vulnerability means 'susceptibility' and it is a significant concept in the context of healthcare (DeChesnay & Anderson, 2000, p. 4), particularly the care of people with dementia, who are often described as a 'vulnerable population'. A conceptual lens is vital for helping students to understand the relationship between films and their emotional responses (Smith, 2014). Therefore, we engage critically with the concept of vulnerability and use it to frame our approach and review of the short films.

The article begins by discussing the vulnerabilities facing older men with advanced dementia, including gay men. It then examines the evidence on using films in nurse education, highlighting the drawbacks of only using mainstream fiction films to teach students about the lived experience of dementia. Then it provides a review of three selected documentary films, all of which are about older men with dementia and their caregivers in various situations of vulnerability. The position taken in this article is one of social justice; that is, concerned with the (female) gender bias in dementia care education.

2 | DESIGN AND SEARCH METHODS

In this discursive article, we critically review three short documentary films featuring men with advanced dementia, identified by a search of Vimeo using 'dementia' and 'Alzheimer's disease' as key words. Our interest is in dementia generally, but we used the term Alzheimer's disease as well when searching Vimeo, given there is greater public awareness of this particular form of dementia. Searching Vimeo using the term 'dementia' resulted in over 12,000 hits; by ticking the category boxes 'documentary' and 'free', these results were refined to 199. The vast majority of films on the refined list were made by an organisation and/or were project related (70); in other films, either a woman with dementia was the protagonist (25) or a man with dementia (12). Some films were trailers (30) or over 15 minutes long (10). Some films were not actually about people with

dementia (10). A few were not in English (5). Others were duplicates of the same film or trailer.

We used several criteria to determine which of the 12 films featuring a male protagonist would be useful to teach vulnerability in dementia education. The first and perhaps most important criterion was that it was short. Each film is less than 15 minutes long. Second, relevant content: each film features a man with advanced dementia in a vulnerable situation and highlights the important (loving) role that family members play in their lives. Third: the film was made for mainstream consumption rather than healthcare education specifically—some of the project-related documentary films we found on Vimeo were clearly made by and aimed at health professionals. As such, they lacked the aesthetics and narrative of vulnerability we were looking for. That is to say, they sought to provide practical information rather than engage the viewer emotionally, which is more important for learning (Herrman, 2006). Fourth, accessibility: the audio-visual content is high quality and as already highlighted at the time of writing, the film is freely available on Vimeo. The concept of vulnerability guides our approach to the selection and review of the films, as nurses are increasingly expected to use theoretical ideas to make sense of clinical encounters (Hanna, 2019).

2.1 | Vulnerabilities facing men with dementia

According to the latest international guidance on Advanced Nursing Practice, one of the learning outcomes of post qualifying nurse education is 'the ability to manage full episodes of care and complex health problems, including hard to reach, vulnerable and at risk populations' (International Council of Nurses, 2020: 10). At all levels, nurses have an 'obligation to safeguard, respect and actively promote people's health rights, particularly with respect to vulnerable groups' such as older people and people with dementia (International Council of Nursing, 2013: 1). In dementia care, there has been a growing recognition of the role of gender in respect of vulnerability, with emerging evidence suggesting a need to acknowledge and prioritise dementia as a global women's health issue (UK, 2015). Whilst a focus on women is understandable—more women are affected by dementia than men—gender does not equal women. We must recognise the vulnerabilities facing men with dementia, as well.

Men are not always considered vulnerable, but vulnerable populations are those with a greater-than-average risk of developing health problems by virtue of their marginalised sociocultural status, their limited access to economic resources, or personal characteristics such as age, gender and ethnicity (DeChesnay & Anderson, 2020, p.3). By definition, then, men, particularly older men, can be vulnerable. During the current pandemic, the risk of dying among those diagnosed with COVID-19 is higher in males than females, and those aged 80 years over (Public Health England, 2020). In more usual times, older men are vulnerable to compassionless care, as the gendered belief that 'all men do is shave' is a prevalent one, which does not take seriously the pain and anguish that a man can

experience (Bendelow, 2000: 107). Gay men face additional vulnerabilities as they may be forced to 'come out' to service providers, who may not understand their needs or may even be homophobic, exacerbating feelings of isolation and marginalisation (Price, 2010). For these reasons, it is important to consider the vulnerabilities facing older men with dementia, and to ensure that the curriculum stimulates learning about an understanding of human rights must form the basis for access to care (ICN, 2012: 6).

Vulnerability is a contentious concept. It is often theorised as a social construction that associates impairment with fragility, weakness and helplessness (Bunch, 2017, p.141). However, many scholars argue that this is too narrow a view (Calhoun et al., 2014). For instance, Wiles, (2011) suggests that: 'vulnerability may be conceptualised as fragility and (or) weakness, but it could also be conceptualised as openness, susceptibility, and receptiveness' (p. 579). In addition, writing from a critical disability perspective, French scholar Julia Kristeva, regards vulnerability in the same way as liberty, equality and fraternity, that is—as a key principle for humanism (Bunch, 2017). Thus, the idea of vulnerability as necessarily problematic is erroneous. Furthermore, just because a person belongs to a vulnerable group that does not make them vulnerable (DeChesnay & Anderson, 2020)—think, for example, of men like Ronald Reagan and Terry Pratchett—both of whom had dementia but also identity privileges. We believe it is important that nursing students and nurses have the chance to understand and reflect upon the vulnerabilities facing men, when in class, otherwise they may be overlooked in clinical practice (Shdaimah, 2009). In particular, male nurses who are themselves vulnerable to exclusion, marginalisation, and homophobia due to their minority status, may value the opportunity to discuss the vulnerabilities facing men (Christensen & Knight, 2014; Harding, 2007).

3 | USING FILMS IN DEMENTIA CARE EDUCATION

There is a growing emphasis on improving the content, quality and delivery of educational interventions in dementia care (Molony et al., 2018). One way of achieving this is by embedding films—either fiction, documentary or a combination of both—into the curricula. Incorporating film into the healthcare curricula is accepted as a viable teaching method (Oh et al., 2013). Evidence suggests that films are an effective way of teaching nursing students and nurses about health and illness (Oh et al., 2013). Using films in the nursing curricula is considered a 'student-centred, experiential, reflective and problem-solving' style of learning (Oh et al., 2013, p.151). Films can promote active learning in the form of deep discussions (Herrman, 2006) (Ogston-Tuck et al., 2016), which in itself can improve communication skills (Keser, 2017). In addition, 'films have the capacity to inform and move us' (6: 69). They can engage a learner emotionally (Briggs, 2011) and teach values that focus on the person, providing new insights by looking through the patient's eyes (6: 72). For these reasons, mainstream fiction films such as *Iris: A Memoir of Murdoch*,

TABLE 1 Details of the selected films.

Film title and director	Length	Film description
<i>Cecil and Carl</i> , by Elvis Leon https://vimeo.com/14488 1960	15 mins.	A beautifully shot film about unconditional love between two men who have been partners for over 43 years. Cecil is the narrator; Carl, has dementia and limited speech
<i>The Waiting Room: A personal story about end of life care for people with dementia</i> , by Jimmy Edmonds and Jane Harris https://vimeo.com/80791217	8.5 mins.	A frank and disturbing story about Gerry Harris who has vascular dementia and finds himself confined to a psychiatric ward
<i>Ups and Downs</i> by Jackson Telford https://vimeo.com/130869535	9 mins.	The story of 93-year-old Reginald Telford who has dementia and lives at home by himself in Ireland

2001 are often used to teach the caring workforce about the lived experience of dementia (Ogston-Tuck et al., 2016).

However, there are several limitations to using mainstream fiction films to teach nurses about the lived experience of dementia. First, they are usually long and it can take time to select scenes and prepare sessions (Baños & Bosch, 2015). This can be a problem for the educator and learner alike. Hyde and Fife (2005) found this when they used mainstream fiction films to enhance the curriculum on neurological conditions for undergraduate nursing students—some students said that watching the films ‘took up valuable time’ others had seen the movie before (p.97). Given the pressures on time, it is important that when films are used in dementia care education, they are carefully selected and meaningfully aligned with learning outcomes. Second, many popular films such as *Still Alice* and the more recent *Supernova* (2020) focus on people with early-onset dementia and gloss over the harsher realities of advanced dementia (Davies, 2020). As Davies points out, this effectively sanitises the experience of dementia. Third, mainstream fiction films can contain complicated plots and lots of characters, which might not be useful for teaching purposes (Baños & Bosch, 2015). Fourth, such films typically feature married women becoming increasingly confused and in need of care and protection from their husband—a situation that many students are likely to be familiar with. This is a problem pedagogically because if the narrative of the film is familiar to the learner, there is a risk of film-watching becoming ‘hedonistic entertainment rather than subject matter for the development of critical thinking skills’ (Capstick et al., 2015: 17). It is important, therefore, that the film allows students to learn and solve problems regarding situations that they may not confront or be exposed to in clinical practice, but are important to their meeting learning outcomes (Herrman, 2006: 267). Educators are encouraged to find films that are unfamiliar and which create opportunities for frank discussion (Hanna, 2019, p. 297).

An alternative to mainstream fiction films is documentaries. Documentary films are defined as ‘filmic works of non-fiction, which give tangible representation to aspects of the world we already inhabit and share’ (Nichols, 2001: 1). In documentary films, filmmakers record social and cultural issues, which they consider to be important for our understanding of the subject and the present (Medina, 2013).

Several documentaries have been made about people with dementia and discussed in the research literature, including for example, a Dutch film called *Mam [Mum] 2009* by Adelheid Roosen (Swinnen, 2013), and *Agnes and Nancy*, by Anne Milne 2014 (Bartlett, 2015)—both feature women. Documentary films are often shorter, which might be easier for teaching purposes (Baños & Bosch, 2015). At the very least, it means that students can watch the entirety of the film, which is often pivotal for discussion (Hanna, 2019). However, documentary films can also be long and/or hard to locate, and the quality can vary. They can be problematic too; for example, the film *Mum* by Roosen provoked much discussion about the ethics of filming a person with advanced dementia, as some of the ‘explicit scenes of vulnerability were reportedly hard to watch’ (Swinnen, 2013: 114). Nonetheless, when found and used discerningly, a short high-quality documentary film can provide a perspective that often goes unheard in academic discussions and textbooks (Shdaimah, 2009).

4 | LEARNING ABOUT ‘VULNERABILITY’ THROUGH SHORT DOCUMENTARY FILMS

In accordance with the outlined criteria described previously, we found three short documentary films to teach nurses about the vulnerabilities facing older men with advanced dementia, they were: (1) *Cecil and Carl* (2) *The Waiting Room: A personal story about end of life care for people with Dementia*, and (3) *Ups and Downs*. Details of these films are outlined in Table 1.

Cecil and Carl by professional filmmakers Elvis Leon and Gastón Yvorra (2016) is a 15-minute documentary film set in the United States about an ageing gay couple, one of whom—Carl—has dementia and limited speech. The film came about by chance when Leon and Yvorra were working on a comedy web series project about a straight bar owner who wanted to open a gay bar. During production, which took place in a bar in Denver, they met several senior gay men and realised that these men had important stories to tell. They asked if someone would be interested in participating in a film project concerning different aspects of their lives. Cecil Bethea was the first one who volunteered to tell his story.

Cecil is the narrator throughout the film and a natural story teller. In the opening scene, we see 84 year old Cecil, who now lives alone in a large house, as Carl, his partner of 43 years, was admitted to a nursing home following a stroke. As Cecil reads us a letter that he never got to recite to a judge, in which he requested guardianship of Carl, we can see in the background a large hardback book on the shelf called: 'The History of Homosexuality', which serves to reinforce the longevity and nature of these two men's relationship. The letter outlines Cecil's hopes to bring Carl home, despite his advanced dementia. The film follows Cecil through his everyday duties caring for Carl—tying his shoe laces, shaving his face, and pushing Carl in his wheelchair around the neighbourhood where they spend their time smoking and eating chocolates. Cecil is aware that such behaviours are unhealthy but his view is that Carl has so few pleasures in life anymore that he deserves to be indulged. This is an important sequence as it shows Cecil's approach as a caregiver and could potentially open up discussion amongst healthcare workers about care ethics and safeguarding. Towards the end of the film

Cecil reflects on his capacity to care and declares: 'I am a mighty weak being for him to depend on'. A line that eloquently captures the ambiguous nature of felt vulnerability for a man, as it includes both strong (mighty) and fragile (weak) descriptors. When the visuals end we learn through captions that Cecil himself has to move into a care home, which is located some distance away from where Carl lives, so his visits become less frequent. Being separated, they are now 'Just two old men waiting for God' as the closing caption says. As well as vulnerability, a film like this might be well placed when addressing issues of housing, nutrition, and sexuality in the nursing curricula. Indeed, this film opens up a range of potential questions for learners to discuss, see Figure 1.

The second film—*The Waiting Room: A personal story about end of life care for people with Dementia*, is an 8.5 min documentary set in the United Kingdom, made by professional filmmakers Jimmy Edmonds and Jane Harris. Notably, Jane is the daughter of the male protagonist in the film—Gerry Harris—a 90-year-old man who has vascular dementia, and finds himself confined to a psychiatric ward

<p>Carl</p> <ul style="list-style-type: none"> • How (in what ways) do you find Carl vulnerable according to safeguard, respect and health rights? Why is that? • How does Carl express his vulnerability- verbally and in body language? • How would you describe the gender (male?) aspect of Cecil's verbally reflections, body language and interests? <p>Cecil</p> <ul style="list-style-type: none"> • Do you find Cecil vulnerable? Why and in what ways? • How (in what ways?) does Cecil express his vulnerability – verbally, through body language and in actions? • How would you describe the gender (male?) aspect of Cecil's verbally reflections body language and actions? <p>Cecil and Carl</p> <ul style="list-style-type: none"> • Describe and reflect upon the interaction/communication between Carl and Cecil. (They are partners of many years, but they hardly touch each other). • How (in what ways) do you find Carl and Cecil vulnerable as a (gay) couple? Why is that? <p>Reflections upon ICN description of vulnerability and professional attitudes and actions based on the film</p> <p>Nurses and other professional health care workers are not explicit apparent in the film, just referred to as «they», for example when Cecil ask if Carl will stop recognizing him.</p> <ul style="list-style-type: none"> • Reflect upon how you as a professional healthcare worker could and should promote safeguard, respect and secure right of health service for Carl and Cecil individually and as a (gay) couple? <p>Questions here could be more personal.</p> <ul style="list-style-type: none"> • Are there any scenes in the film where you find that either Carl, Cecil and Carl and Cecil as a couple are vulnerable in ways that are not covered in the ICN description of vulnerability? Why is that? <p>Reflections upon the background of the film</p> <ul style="list-style-type: none"> • To what extent does the background to this film inspire you to ask about a person's life story? • Reflect upon how story telling may reduce or enhance vulnerability
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FIGURE 1 Questions about the film Cecil and Carl

Questions «The Waiting room»**Gerry Harris**

- How (in what ways) do you find Gerry Harris vulnerable according to safeguard, respect and health rights? Why is that?
- How does Gerry express his vulnerability- verbally and in body language?
- How would you describe the gender (male?) aspect of Gerry's verbally reflections, body language and interests?

Gerry's daughter

- Do you consider the daughter Jane Harris vulnerable? Why and in what ways?
- How (in what ways?) does the daughter Jane express her vulnerability – verbally, through body language and in actions?
- How would you describe the gender (female?) aspect of Jane Harris verbally reflections, body language and actions?

The interaction between the father and his daughter

- Describe and reflect upon the interaction/communication between father and daughter.
- In what ways do you think that she advocates for her father's right to healthcare services? Why is that?

Reflections upon ICN description of vulnerability and professional attitudes and actions based on the film

Nurses and other professional health care workers do not feature in the film, but the daughter refers to the difficulties she has had to understand and orient herself to the system. She does say that the health care professionals keep her father clean and fed, but do not see or value him as a person.

Reflect upon how you as a professional health worker could and should promote safeguard, respect and secure right of health care rights at an individual and system level.

Questions here could be more personal.

- Are there any scenes in the film that you think Gerry Harris and his daughter are vulnerable in ways that are not covered in the ICN description of vulnerability? Why is that?

Reflections upon the background for the film

- Are there any ethical issues to consider when the professional film maker is also a close family member?

FIGURE 2 Questions about the film Ups and Downs

because his wife is not able to take care of him and there are no beds available in the local specialist nursing home. Initially, Jane filmed both her father and mother so that they could all keep in touch with each other during periods of ill-health. However, in 2013, together with Jimmy Edmonds, Jane Harris was commissioned by the UK Alzheimer Society to make a number of short films about her father. *The Waiting Room* is a short documentary film made from close on 100 hours of video material (Edmonds, 2014). Filming began in 2008 when Gerry was admitted to hospital. His daughter—Jane—narrates the film and it is through her eyes that the story unfolds.

In the opening scene, the first voice we hear is Gerry's—'I'm bored!' he tells his daughter. His hospital room is virtually empty and completely devoid of personal possessions; both his daughter and the viewer can understand why he feels this way. She explains how distressed and despairing her father has become by reading her observations through several letters; to the health authorities, her mother, even her father. As she is reading we see Gerry trying to dismantle the bed and curtain track. At times, the film takes Gerry's perspective, as he becomes increasingly agitated by the lack of things to do, we have to 'sit here like crows' he says indignantly. The film uses old news

footage to show Gerry's life as an engineer and prize winning inventor. This reinforces the point that his daughter makes (in her letter), that her father's tendency to try to dismantle things is not a destructive one but part of his personality and identity as a man who likes to fix things. Nonetheless, we learn how Gerry is sedated due to his 'aggressive behaviour' and eventually succumbs to a fall and hip fracture, which is not immediately diagnosed so he is in pain for some days. In the next scene, we see Gerry restrained in an arm chair, which his daughter says she reluctantly agreed to because he forgets he cannot mobilise. The early sequence of events in this film could be used in the classroom to show the value of seeing the person first, not the disease, and highlighting the importance of providing a stimulating environment. It could also be used to show how vulnerable an older man with advanced dementia in particular, is, to being labelled 'aggressive and difficult'—simply because he needs something practical to do. Other potential questions for learners to discuss are outlined in Figure 2.

The third film, *Ups and downs* by Jackson Telford (2015), is a 9-minute documentary about 93-year-old Reginald Telford who lives alone on his farm in Ireland. The film is made by his son and takes his perspective on the situation. We searched the internet but could not find any background information about this film or the filmmaker; maybe it was a one-off film for Telford. In the opening scene, we meet Reginald in his kitchen playing his harmonica, and having fun with a feather duster. Then, we hear his son asking him questions about his recent stay in hospital, which he cannot answer, questions such as: 'do you remember being in hospital? How long were you there for?' The sequence highlights for the viewer that Reginald has recently come home from hospital and has severe memory loss. It also shows the senselessness of asking someone with a cognitive disability like dementia to recall factual information - a point that would be useful to discuss in class in the context of respecting the dignity of someone with dementia. The film uses video footage of Reginald when he was younger, to show how he used to enjoy working by himself and being with his family. This helps the viewer to gain a more rounded picture of Reginald as a man and reinforces an ideal that runs through this film, which is that what a man often needs in life is work and a family. Such scenes could be used in the classroom to reinforce the value of finding out about a person's background and interests. Reginald Telford shows several vulnerabilities. He is not able to remember much from his previous life without help. His identity is connected to being a hard working labourer, although not being able to conduct such tasks anymore. Deep down he still has his memories, but relies on hints and clues to recall them. In contrast to 'The Waiting Room', this film describes inclusion in terms of a loving son who knows his father well. However, the film also shows vulnerability in people with dementia in terms of how even simple conversations become challenging. His poor memory makes him vulnerable to exclusion from conversations with people who are unfamiliar with his life story. He lived an active life as a hard working labourer/manual worker, which is his father's identity. Towards the end of the film, he summarises life describing it with 'ups and downs'. A film like this might be well placed to use in class when addressing issues of biography, communication and the role of adult sons in supporting

their fathers with dementia. In our view, this film opens up a range of potential questions for learners to discuss, see Figure 3.

5 | CONCLUSIONS

Education is key to understanding and improving the lived experience of dementia. Finding and reviewing these three short documentary films about older men with advanced dementia uncovers an untapped teaching resource for care educators. Each film tells a story of men's lives, which could be used in the classroom to discuss not only vulnerability but other significant health-related topics, such as sexuality, housing, long-term care, safeguarding, sharing the responsibility of care, communication, impairment and disability, advocacy, carer support, the ethics of care and long-term care policy. The films reviewed in this article can help to engage nursing students and nurses emotionally and generate discussion of ways that older men with dementia and their caregivers might be vulnerable. Moreover, a shift towards documentary is also a shift towards foregrounding the perspective of actual people living with dementia, and not actors who are playing people with dementia, directed by directors who may or may not have consulted healthcare professionals or have any personal experiences with the subject matter.

There is a consensus in the research, policy and practice literature that people with dementia are a 'vulnerable group' but what does vulnerability mean in this context? What does vulnerability mean to a person with dementia? In particular, what does it mean to a man with dementia, who is typically considered invulnerable? One leading sociologist considers alienation as a form of vulnerability (Scrambler, 2021). People are alienated from their species essence or human nature, either through circumstance or ill-health, or both. Two of the films reviewed—*Waiting* and *Ups and Downs*—show this dimension of vulnerability, as both men in these films need and want to work. Another dimension of vulnerability according to Scrambler is loneliness; this is perhaps best reflected in the film *Cecil and Carl* as one gets a sense that both men are lonely. The films also show the importance of having next of kin who are able to communicate with the authorities and advocate for their healthcare rights.

6 | RELEVANCE TO CLINICAL PRACTICE

Advanced knowledge of lived experience is key to improving the care of people with dementia (Clare et al., 2014) (WHO, 2018). By incorporating selective short films into the curricula, nurses have the chance to reflect on their biases, and to learn more about their personal values and beliefs, as well as those of men with dementia from diverse backgrounds. This article has identified and discussed three short films relating to the lived experience of men with dementia and their caregivers, and in doing so has addressed the gender (im)balance in the current curricula. A focus on men with dementia and vulnerability can help nurses to fulfil their responsibilities as advocates for equity and social justice (International Council of Nurses, 2012). In particular, by centralising the lives of men who live with

Ups and downs**Reginald Telford**

- How (in what ways) do you find Reginald Telford vulnerable according to safeguard, respect and health rights? Why is that?
- How does Reginald express his vulnerability- verbally and in body language?
- How would you describe the gender (male?) aspect of Cecil's verbally reflections, body language and interests?

The Son

- Do you find son vulnerable? Why and in what ways?
- How (in what ways?) does the son express his vulnerability – verbally, through body language and in actions?
- How would you describe the gender (male) aspect of the sons verbally reflections, body language and actions?

The interaction between the father and his son

- Describe and reflect upon the interaction/communication between father and son.
- In what ways do you find that he (promotes?) safeguard, respect and for his father's right to health care service?

Reflections upon ICN description of vulnerability and professional attitudes and actions based on the film

Professional health care workers are not explicit apparent in the film, the son refer to an admission to hospital due to a stroke, otherwise they are absent.

Reflect upon how you as a professional health worker (professional? Nurse?) Could and should promote safeguard, respect and secure right of health care for the person with dementia and next of kin on an individual and system level.

- Are there any situations/descriptions in the film they were you find that Reginald and his son are vulnerable in ways that are not covered in the ICN description of vulnerability? Why is that?

Reflections on the background of the film

- What impact do you think the filmmaker's relationship to the main protagonist (i.e. his son) may have had on the content and form in this film?

FIGURE 3 Questions about The Waiting Room

other marginalised identities in the curricula, nurses have the opportunity to develop core cultural competencies.

How to embed these short documentary films into the curricula depends on a range of factors, including pedagogical rationale and approach (e.g. problem-based learning or case-study approach); mode of delivery (e.g. digital, class-based or blended); size of class, level of study and learning outcomes. For example, due to COVID-19 the last author recently used the short documentary film *Ups and Downs* in a Masters course on 'service development for the elderly' at VID Specialised University. Usually, the exercise involves students making observations in practice, but this could not be done due to restrictions. Instead the film *Ups and Downs* was used as the site of practice. Students were asked to watch and comment upon the relational dynamics between Reginald and his son. Other educators

may choose to embed one of these films into the interdisciplinary curricula to stimulate debate about the role of different health professionals in dementia care. The important point here is to advocate for their use, rather than prescribe how they should be used. Every educator should, of course, think carefully about where/how/why a film best fits as there are many uses for each film.

Educators throughout the world have a responsibility to provide teaching and learning opportunities that foster competence for practice, especially in respect of human rights, including cultural rights (International Council of Nurses, 2012). The films reviewed in this article can generate discussion of ways that older men with dementia and their caregivers might be vulnerable. Inherent in nursing is a respect for human rights, including cultural rights, unrestricted by considerations of age, colour, creed, culture, disability or illness, gender, sexual

orientation, nationality, politics, race or social status (International Council of Nurses, 2012: 1). The nursing profession has been silent about LGBT issues and same-sex behaviours; hence, there are calls for educators to infuse the curricula with more content (Eliason et al., 2010). Incorporating the film 'Cecil and Carl' into the dementia care curricula provides one way of achieving this goal. Finally, the benefits of learning through films for clinical practice have been well documented, we hope that the films reviewed in this article will be used to show more about the heterogeneity of people with dementia in the classroom.

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