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Challenges of nursing guidance in postoperative patients with dementia

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Abstract

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Dementia is a vastly growing syndrome in the world. Nursing guidance is particularly important in postoperative nursing care because a postoperative ward is usually very different from the normal living environment of dementia patients.

The research question of the thesis was: What kind of challenges do postoperative patients with dementia pose to nursing guidance?

The purpose of the thesis was to describe these challenges and for this reason a literature review was conducted using the principles of systematic literature review. The articles were retrieved from five databases: Laurea Finna, EBSCOhost Cinahl, PubMed, ProQuest, and SAGE. Inclusion and exclusion criteria were set for finding articles that were most relevant to the thesis purpose and question. Subsequently a total of 26 articles were selected for thorough review. The data that was retrieved was analyzed using inductive content analysis. Fifteen minor categories emerged during the course of the analysis which were further categorized into three major categories: health care staff perspective, environment perspective, and patient perspective.

The findings show that dementia poses several challenges to nursing guidance, ranging from the nurses' insufficient knowledge and failure to recognize treatment need, to time requirements, and the patients' communication issues and behavior changes, among others.

The purpose of the thesis was to describe challenges that postoperative patients with dementia pose to nursing guidance, not to offer solutions or interventions to them. Further research is needed to identify these solutions and to offer concrete nursing interventions and implications to the nursing field in question.

Keywords: Dementia, nursing guidance, postoperative patient, challenge

Laurea-ammattikorkeakoulu **Tiivistelmä**
Hoitotyön koulutusohjelma
Opinnäytetyö

Ranta Marlon Johannes Rosenborg & Rantatalo Matias Oskari

Potilasohjauksen haasteet postoperatiivisissa potilaissa, joilla on dementia

Vuosi 2018 Sivumäärä 46

Dementia on laajasti lisääntyvä oireyhtymä maailmassa. Potilasohjaus on erityisen tärkeää postoperatiivisessa hoidossa, koska postoperatiivinen osasto on useimmiten hyvin erilainen ympäristö dementiapotilaan tavalliseen elinympäristöön verrattuna.

Opinnäytetyön tutkimuskysymys oli: millaisia haasteita postoperatiiviset potilaat, joilla on dementia, aiheuttavat potilasohjaukselle?

Opinnäytetyön tarkoitus oli kuvata näitä haasteita kirjallisuuskatsauksen avulla. Kirjallisuuskatsaus toteutettiin systemaattisen kirjallisuuskatsauksen periaatteita noudattaen. Artikkelit kerättiin viidestä tietokannasta: Laurea Finna, EBSCOhost Cinahl, PubMed, ProQuest ja SAGE. Tiedonhakuun asetettiin mukaanotto- ja poissulkukriteerejä, jotta löydettäisiin ne artikkelit, jotka ovat olennaisimpia opinnäytetyön tarkoitukselle ja tutkimuskysymykselle. Lopulta 26 artikkelia valittiin perusteelliseen analyysiin. Löydetty data analysoitiin induktiivisella sisällönanalyysilla. Tämän perusteella määriteltiin 15 alaryhmää, jotka jaettiin edelleen kolmeen pääryhmään: hoitotyön henkilökunnan näkökulma, ympäristönäkökulma ja potilaan näkökulma.

Löydökset osoittavat, että dementia aiheuttaa useita haasteita potilasohjaukselle. Nämä vaihtelevat muun muassa hoitajien puutteellisista tiedoista ja kyvyttömyydestä havaita hoidon tarvetta aikavaatimuksiin sekä potilaiden kommunikointivaikeuksiin ja käytöksen muutoksiin.

Opinnäytetyön tarkoitus oli kuvata haasteita, joita dementiasta kärsivät postoperatiiviset potilaat aiheuttavat potilasohjaukselle, ei tarjota niihin ratkaisuja tai auttamismenetelmiä. Jatkotutkimusta tarvitaan näiden ratkaisujen määrittämiseksi sekä konkreettisten hoitotyön auttamismenetelmien ja vaikutusten tarjoamiseksi kyseessä olevalle hoidon alalle.

Asiasanat: Dementia, potilasohjaus, postoperatiivinen potilas, haaste

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1 Introduction

From a nursing point of view, an acute hospital ward, such as a postoperative ward, is a very challenging environment. Patients of all ages who suffer from many different conditions ranging from mild to very severe are usually taken care of in a postoperative ward. What is common to all these patients is that they are usually in pain and under a lot of stress following their respective surgeries.

The nurses and other health care staff in the postoperative ward are often under a lot of stress as well because they are constantly dealing with patients that require very demanding care. The nature of nursing in a postoperative environment is also fast-paced, with the goal generally being to discharge the patients or transfer them to other wards as soon as possible.

The population is aging in many countries and because of this the number of people with dementia is growing as well (Alzheimer's Association, 2018). Dementia patients require surgeries like any other people, so as a result the number of dementia patients in postoperative care is similarly increasing (Funder, Steinmetz & Rasmussen, 2009).

Nursing guidance is always a crucial part of postoperative nursing care: patients usually need to be educated about the effects of their surgery and self-care after discharge as the hospital stays are short. Dementia patients cause more strain to the health care staff than other patients (Funder et al., 2009), so when a surgical patient with dementia comes to the ward, it sets challenges to the nursing guidance.

The purpose of this thesis is to identify and describe challenges that postoperative patients with dementia pose to nursing guidance. For this purpose a literature review was used to describe challenges that postoperative patients with dementia pose to nursing guidance.

2 Core concepts

2.1 Dementia

Dementia is a syndrome in which memory is impaired in a way that affects the patient's everyday functioning, work or social relations. For it to be considered "dementia," memory and at least one other area of cognitive impairment must be impaired to some degree. This may manifest as for instance aphasia, apraxia, agnosia, and executive dysfunction (Quinn, 2013).

While dementia is a common umbrella term for many different disorders such as Alzheimer's disease, technically it is a symptom, not a disease in itself. In dementia, the weakening of the memory function is a result of a physical malfunction. Dementia is a clinical diagnosis which is made by a doctor who knows the patient well, based on sufficient examinations. The reason for dementia can be a progressing disease such as Alzheimer's disease, a lasting condition such as brain injury, or a disease that can be cured such as hypothyroidism (Erkinjuntti, Remes, Rinne, Soininen & Piispa, 2015).

600,000 new people are diagnosed with a dementing disorder in Europe every year. The most common dementing disorders are Alzheimer's disease (65-70% of all dementia patients), vascular dementias (approximately 15%), dementia with Lewy bodies (approximately 15%), and frontotemporal dementia (less than 5%). 55% of dementia patients are over 80 years old and advanced age is the most important risk factor for dementia. Factors that are known to protect from dementia include education and brain fitness, as well as moderation in alcohol use (Erkinjuntti, Alhainen, Rinne & Soininen, 2006).

2.2 Nursing guidance

Nursing guidance is a broad concept that is often understood in different ways and referred to with different terms depending on the context. These different terms include guidance, health guidance, education and giving information, and they are not synonyms of each other. Nursing guidance is a central part of a client's care as it is the duty of every nurse to guide their clients and patients. Nursing guidance is implemented systematically in different situations and as a part of client's care and nursing procedures. Nurses themselves, in particular, consider nursing guidance to be a very important and integral part of their job. Guidance is performed in order to support the client to find their own strengths, encourage them to take

responsibility for their own health and take care of themselves as well as possible (Kyngäs, Kääriäinen, Poskiparta, Johansson, Hirvonen & Renfors, 2007).

According to modern views, nursing guidance primarily aims to promote the ability and will of the client to affect their life in positive way. The client is the most important and most active person in their own life and well-being and the nurse is only guiding them without necessarily presenting clear solutions to every problem. Guidance should be structured so that it is more goal-focused than normal discussion between the nurse and the client, and it should include information that is relevant in that patient's case. The nurse-patient relationship should be equal when giving nursing guidance (Kyngäs et al., 2007).

The importance of nursing guidance in the modern health care sector is emphasized further when the durations of care shorten and there is less and less time for guidance. This means the nursing guidance that does happen needs to be more efficient than before (Kyngäs et al., 2007).

Guidance is given in many different situations in the health care sector, such as at hospital wards, outpatient clinics, homes, work places, and schools. Sometimes it is possible for a nurse to prepare in advance for a guidance session or situation, but often they happen without any expectation from the client's initiative. The goal of satisfactory nursing guidance is to strengthen the client's ability to survive and encourage them to achieve the preset goals to the best of their ability (Kyngäs et al., 2007).

When confronting and guiding a patient with dementia, it is important to remember to speak clearly, to use short sentences and to ask one question at a time. However, the demented patient must be treated as another adult, not as a child, and they should not be spoken to any louder than is necessary for the patient's hearing. Some demented patients understand written language better than spoken words, so it may be necessary to write on paper what is being said. When it is impossible for them to speak, it is recommended to use cards that represent actions and needs such as thirst, food, pain, or WC. It is important to remember that body language is also a part of nursing guidance to demented patients and it is sometimes more descriptive and telling than the actual spoken words (Salmenperä, Tuli & Virta, 2002).

If a dementia patient understands what the nurse is saying and can follow logical thinking, they should be guided in a way that strengthens their memory. Patient's wrong interpretations should be corrected discreetly so that they can reach understanding on their own. Patients should not be asked questions that they are not able to answer (Salmenperä et al., 2002).

On the other hand, if a dementia patient does not understand what is being said or does not follow logical thinking, it is important to still speak normally and maintain clear eye contact. Instead of long and complicated phrases, simple and familiar words should be used. The patient should be guided using things that they can still understand such things as emotions, experiences and memories (Salmenperä et al., 2002).

2.3 Postoperative patient

Postoperative patient means a patient who is undergoing postoperative care. Postoperative care refers to nursing care that is provided to a patient following perioperative care (surgery). It concentrates on following patients' vital signs, assessing and alleviating their pain, and administering intravenous fluids when necessary. Administering other medications and doing the required laboratory investigations is also very crucial in postoperative nursing care (World Health Organization, 2003).

The care path of a postoperative patient begins from surgery and continues until discharge. The patient's wound or operation site should immediately be assessed for any complications. A perioperative patient can be transferred to a ward and declared "postoperative" when they are awake, open their eyes, their blood pressure and pulse are at a satisfactory level, and they breathe quietly and comfortably. They should also have been prescribed and administered analgesia that is appropriate for their pain level (World Health Organization, 2003).

When a postoperative patient is stable and properly rested, early mobilization should be encouraged. Key points to remember are active daily exercise (and strengthening muscles that way), adequate nutrition and pain control, and prevention of skin breakdown. A postoperative patient should be instructed to use walking aids when necessary (World Health Organization, 2003).

When a postoperative patient is discharged from a ward, it is crucial to record the admission and discharge diagnoses as well as a full summary of the patient's stay in the hospital. It should always be made absolutely sure that the patient has enough information upon discharge, such as prescribed drugs or possible follow-up appointment details (World Health Organization, 2003).

Hynninen (2016) refers to the Finnish Käypä hoito recommendations (2011) regarding the definition of a postoperative dementia patient. According to the recommendations, a typical

postoperative dementia patient is an elderly hip fracture patient. They are estimated to comprise approximately 50% of all hip fracture patients. A postoperative patient with dementia has usually come to the postoperative ward through an outpatient clinic.

Approximately a third of surgical dementia patients will never return to the level of independent activity that they had before the surgery, and because of this, postoperative dementia patients are at great risk of being moved to permanent residential care following their hospitalization (Hynninen, 2016).

3 Purpose of the study and research question

The purpose of the thesis is to describe challenges that postoperative patients with dementia pose to nursing guidance.

Research question: What kind of challenges do postoperative patients with dementia pose to nursing guidance?

4 Methodology

4.1 Literature review

In this thesis a literature review was conducted using the principles of systematic literature review. A systematic review is a review of the literature that addresses a clearly formulated question and uses systematic and explicit methods to identify publications, select publications relevant to the question, critically appraise the publications, analyze the data reported in the relevant publications, and report the combined results from the relevant publications (The Australian Paediatric Surveillance Unit, 2014). In order to answer the research question in the most comprehensive way, the widest range of published material relevant to the question must be identified and located (Aveyard, 2010). A systematic review answers a defined research question by collecting and summarizing all empirical evidence that fits pre-specified eligibility criteria (University of Edinburgh, 2013).

4.2 Data collection and criteria

Data collection is the most crucial part of the literature review in terms of trustworthiness of the study because mistakes done during this part will directly affect everything that comes afterwards. The purpose of data collection is to recognize and find all literature that is relevant to the research question (Stolt, Axelin & Suhonen, 2015). Thus a data collection strategy was developed for this literature review.

The first step of the data collection was to determine the databases to be used. The topic and type of thesis affects what databases are suitable, but in all cases it is best to search multiple databases in order to attain enough relevant and reliable data (Stolt et al., 2015).

For this paper, Laurea Finna, EBSCOhost, PubMed, SAGE and ProQuest Ebook Central were chosen as the databases to be searched. ESBCOhost (its CINAHL branch) was chosen because it is the most essential database for nursing-related searches (Stolt et al., 2015). PubMed on the other hand was chosen because it comprises more than 27 million citations for biomedical literature (PubMed). ProQuest was chosen because it is the largest single periodical resource available, bringing together complete databases across major subject areas, in our case Health and Medical (ProQuest Central, 2017) and SAGE was chosen because it is the world's 5th largest journals publisher (SAGE Publishing, 2017). Lastly, Laurea Finna was chosen because it contains good research from Finland that the other three databases do not offer.

In order to effectively search these databases, relevant keywords and search terms must be determined. However, even with excellent keywords, the amount of results is usually simply overwhelming. Inclusion and exclusion criteria are required both to limit the number of results and to keep the search focused in the research question (Stolt et al., 2015). The criteria give vital information about the scope and relevance of the review (Aveyard, 2010).

The inclusion criteria for this paper were that the material had to be written in English, it had to be recent (published between 2007 and 2017), it had to be peer reviewed to achieve a better level of credibility and trustworthiness, and a full text had to be available free of charge so that we could study the whole paper, not only the abstract.

Similarly, our exclusion criteria were that the data text was not written in English, it was published before 2007, it was not peer reviewed, or the full text was not available.

30 articles were accepted for data appraisal and thorough review, four of which were duplicates because the same article was found in different databases.

Database	Search sentence/ keywords	Search criteria	Results	Accepted through quick review	Accepted
Laurea Finna	Nurs* Dementia Postop* Patient Education	2007-2017 English Peer-Reviewed Full Text	1263	61	(13)
EBSCOhost Cinahl	Nurs* Dementia Surg*	2007-2017 English Peer-Reviewed Full Text	187	22	(13)
PubMed	Nurs* Dementia Surg*	2007-2017 English Peer-Reviewed Full Text	81	2	(2)
ProQuest	Nurs* Dementia Postop* Patient Education	2007-2017 English Peer-Reviewed Full Text	125	5	(1)
SAGE	Nurs* Dementia Postop* Patient Education	2007-2017 English Peer-Reviewed Full Text	274	3	(1)

Table 1: Data search process.

4.3 Data appraisal

Once the data search and exclusion had been completed, the relevancy, trustworthiness, and reliability of the chosen literature was assessed. For that reason the chosen material was read and studied thoroughly so that it could be determined how much it could be trusted to answer the research question.

According to Aveyard (2010), there are three essential questions that must be asked when critically appraising literature. These questions are:

1) Is this literature relevant to my review?
2) Have I identified literature at the top of my hierarchy of evidence?
3) Is this literature of high enough quality to include in my review?

To be able to answer these questions to a satisfactory degree, the chosen literature must be further read and reread. At its core, critical data appraisal is answering those three questions above. Critical appraisal is of upmost importance to any thesis because it enables the authors to assess the relevance of the work and identify its strengths and limitations and hence, the impact that the thesis will have on the chosen topic and research question (Aveyard, 2010).

Critical appraisal tools are needed to properly start the appraisal process. These tools are constantly used in the academic field to review research, thus there are several different tools available for use, both in written literature and online. A critical appraisal tool is typically selected based on what type of literature is being reviewed (Aveyard, 2010).

A useful appraisal tool has been developed at the Public Health Research Unit at the University of Oxford. It is called the Critical Appraisal Skills Programme (CASP). The main advantage of CASP is that it can be applied to almost any kind of literature that Bachelor's Thesis writers are likely to come across. That is why CASP was selected for the data appraisal method of this thesis.

The CASP appraisal process in each questionnaire involves three questions:

1) Is the study valid?
2) What are the results?
3) Will the results help locally?

There are ten or twelve additional questions that have been designed to help answer these questions, depending on the type of study. The first two questions are used to determine whether it is necessary to answer the other eight or ten questions. If the answer to the first two questions is a yes, the remaining questions should be answered as well (CASP, 2017).

The articles were subsequently graded using Herraiz Tomey's check list for CASP appraisal tools. Herraiz Tomey has created a grading check list which ranges from 0-28 depending on the CASP tool used. For example, if the CASP tool for Qualitative Studies is being used, a twenty-point grading check list is done. Each question and segment of a question answered "yes" accumulates two points to the grade. Each one answered "can't tell" accumulates one point and each one answered "no" accumulates zero points into the grade. The summary of the critical appraisal results can be found in Table 2.

Article	Database	Guideline	Grade	Type of study
Axley, M.S. & Schenning, K.J. 2015. "Preoperative Cognitive and Frailty Screening in the Geriatric Surgical Patient: A Narrative Review." Clinical Therapeutics 37, no. 12: 2666-2675.	Laurea Finna	Not evaluated	Ungradable	Article
Bail, K., Berry, H., Grealish, L., Draper, B., Karmel, R., Gibson, D. & Peut, A. 2013. Potentially Preventable Complications of Urinary Tract Infections, Pressure Areas, Pneumonia, and Delirium in Hospitalised Dementia Patients: Retrospective Cohort Study. BMJ Open 3, no. 6	Laurea Finna	CASP	26/28	Cohort
Baillie, L., Cox, J., Merritt, J. 2012. Caring for older people with dementia in hospital Part one: challenges. Nursing Older People, vol. 24, no. 8, pp. 33-37	EBSCOhost Cinahl	CASP	16/20	Qualitative
Baillie, L., Merritt, J. & Cox, J. 2012. Caring for older people with dementia in hospital Part two: strategies. Nursing Older People, vol. 24, no. 9, pp. 22-26.	ESBCOhost Cinahl	CASP	16/20	Qualitative
Bray, J., Evans, S., Bruce, M., Carter, C., Brooker, D., Milosevic, S., Thompson, R. & Woods, C. 2015. Enabling hospital staff to care for people with dementia. Nursing Older People, 27(10), 29-32.	EBSCOhost Cinahl	Not evaluated	Ungradable	Article
Buffum, M.D., Hutt, E., Chang, V.T., Craine, M.H. & Snow, A.L. 2007. Cognitive impairment and pain management: Review of issues and challenges. Journal of Rehabilitation Research and Development, 44(2), pp. 315-30	Laurea Finna	Not evaluated	Ungradable	Article
Coffey, A. 2011. Older people with dementia in the perioperative care environment: key issues for perioperative nursing. British Journal of Anaesthetic & Recovery Nursing, vol. 12, no. 3/4, pp. 45-49	EBSCOhost Cinahl	Not evaluated	Ungradable	Article
Dewing, J. & Dijk, S. 2016. What Is the Current State of Care for Older People With Dementia in General Hospitals? A Literature Review. Dementia 15, no. 1: 106-124.	SAGE Premier & Laurea Finna	CASP	17/20	Systematic Review
Doerflinger, D.M.C. 2009. Older Adult Surgical Patients: Presentation and Challenges. Association of Operating Room Nurses. AORN Journal, vol. 90, no. 2, pp. 223-40; quiz 241-4.	ProQuest Central & Laurea Finna	Not evaluated	Ungradable	Article
Doherty, D. & Collier, E. 2009. Caring for people with dementia in non-specialist settings. Nursing Older People, vol. 21, no. 6, pp. 28-31	EBSCOhost Cinahl	CASP	Ungradable	Article

Fong, T., Davis, D., Growdon, M.E., Albuquerque, A. & Inouye, S.K. 2015. The Interface between Delirium and Dementia in Elderly Adults. The Lancet Neurology 14, no. 8: 823-832.	Laurea Finna	Not evaluated	Ungradable	Article
Fukuda, R., Shimizu, Y. & Seto, N. 2015. Issues experienced while administering care to patients with dementia in acute care hospitals: A study based on focus group interviews. International Journal of Qualitative Studies on Health & Well-Being, 101-13.	EBSCOhost Cinahl	CASP	19/20	Qualitative
Heath, H., Sturdy, D. & Wilcock, G. 2010. Improving quality of care for people with dementia in general hospitals. Nursing Older People, pp. 1-16.	EBSCOhost Cinahl	Not evaluated	Ungradable	Article
Jansen, B.D.W., Brazil, K., Passmore, P., Buchanan, H., Maxwell, D., McIlfatrick, S.J., Morgan, S.M., Watson, M. & Parsons, C. 2017. Exploring healthcare assistants' role and experience in pain assessment and management for people with advanced dementia towards the end of life: a qualitative study. BMC Palliative Care;16:6.	PubMed	CASP	15/20	Qualitative
Krupic, F., Eisler, T., Sköldenberg, O., & Fatahi, N. 2016. Experience of anaesthesia nurses of perioperative communication in hip fracture patients with dementia. Scandinavian Journal Of Caring Sciences, 30(1), 99-107.	EBSCOhost Cinahl	CASP	17/20	Qualitative
Loughlin, D. & Brown, M. 2015. Improving Surgical Outcomes for People with Dementia. Nursing Standard, 29(38), 50-58.	EBSCOhost Cinahl & Laurea Finna	Not evaluated	Ungradable	Article
Mendes, A. 2017. Managing when a person with dementia comes onto the ward. British Journal of Nursing, 26(18), 1044.	EBSCOhost Cinahl	Not evaluated	Ungradable	Article
Menzies, I.B., Mendelson, D.A, Kates, S.L. & Friedman, S.M. 2010. Prevention and Clinical Management of Hip Fractures in Patients with Dementia. Geriatric Orthopaedic Surgery & Rehabilitation, 1(2), pp. 63-72.	Pubmed & Laurea Finna	CASP	17/20	Systematic review
Nolan, L. 2007. Caring for people with dementia in the acute setting: a study of nurses' views. British Journal of Nursing, vol. 16, no. 7, pp. 419-422.	EBSCOhost Cinahl	CASP	18/20	Qualitative
Rantala, M., Kankkunen, P., Kvist, T. & Hartikainen S. 2014. Barriers to Postoperative Pain Management in Hip Fracture Patients with Dementia as Evaluated by Nursing Staff. Pain Management Nursing 15, no. 1: 208-219.	Laurea Finna	CASP	19/20	Qualitative

Regan, A., Colling, J. & Tapley, M. 2015. Pain Management: A Fundamental Component of Dementia Care. Nursing Standard 30, no. 9: 43.	Laurea Finna	Not evaluated	Ungradable	Article
Singh, I., Varanasi, A. & Williamson K. 2014. Assessment and Management of Dementia in the General Hospital Setting. Reviews in Clinical Gerontology 24, no. 3: 205-218.	Laurea Finna	Not evaluated	Ungradable	Article
Sprung, J., Roberts, R.O., Knopman, D.S., Olive, D.M., Gappa, J.L., Sifuentes, V.L., Behrend, T.L., Farmer, J.D., Weingarten, T.N., Hanson, A.C., Schroeder, D.R., Petersen, R.C. & Warner, D.O. 2016. Association of Mild Cognitive Impairment with Exposure to General Anesthesia for Surgical and Nonsurgical Procedures: A Population-Based Study. Mayo Clinic Proceedings 91, no. 2: 208-2017.	Laurea Finna	CASP	24/28	Cohort
Varnam, W. 2011. How to mobilise patients with dementia to a standing position. Nursing Older People, vol. 23, no. 8, pp. 31-36	EBSCOhost Cinahl	CASP	16/20	Qualitative
Weitzel, T., Robinson, S., Barnes, M.R., Berry, T.A., Holmes, J.M., Mercer, S., Foster, T., Allen, L., Victor, D.A., Vollmer, C.M., Steinkruger, K., Friedrich, L.A., Plunkett, D., & Kirkbride, G.L. 2011. The Special Needs of the Hospitalized Patient with Dementia. MEDSURG Nursing, vol. 20, no. 1, pp. 13-19	EBSCOhost Cinahl	Not evaluated	Ungradable	Article
Williams, A. S. 2009. Perianesthesia Care of the Alzheimer's Patient. Journal of PeriAnesthesia Nursing, 24(6), pp. 343-347.	Laurea Finna	Not evaluated	Ungradable	Article

Table 2: Data appraisal.

4.4 Content analysis

Content analysis in qualitative research can be either inductive or deductive. Inductive content analysis was chosen for our literature review because it is generally recommended if little previous research exists on the subject matter or previous research is hard to find (Kankkunen & Vehviläinen-Julkunen, 2013).

At its core, inductive content analysis is based on classifying words and phrases by their theoretical meaning. Categories are conducted from data and analysis is guided by the research question and the quality of data, not by previous observations or knowledge (Kankkunen & Vehviläinen-Julkunen, 2013). In order to properly start the data analysis, the data that had

been extracted through the data search was read several times and studied thoroughly. Analysis was then initiated through open coding, by marking notes and headings in the text in parts that were seen to be relevant to the research question. These initial, original words and phrases were then turned into more reduced expressions. The reduced expressions were further categorized into minor categories, major categories, and main categories by assessing what kind of challenges they represented. For instance, "Difficulty determining changes that have occurred postoperatively" was a challenge that originated from insufficient knowledge, which in turn was a challenge of the health care staff. In a wider perspective it was also a challenge of nursing guidance in postoperative patients with dementia. By using this method, it was possible to analyze the raw data by looking for patterns from which to develop the findings that were relevant to the research question.

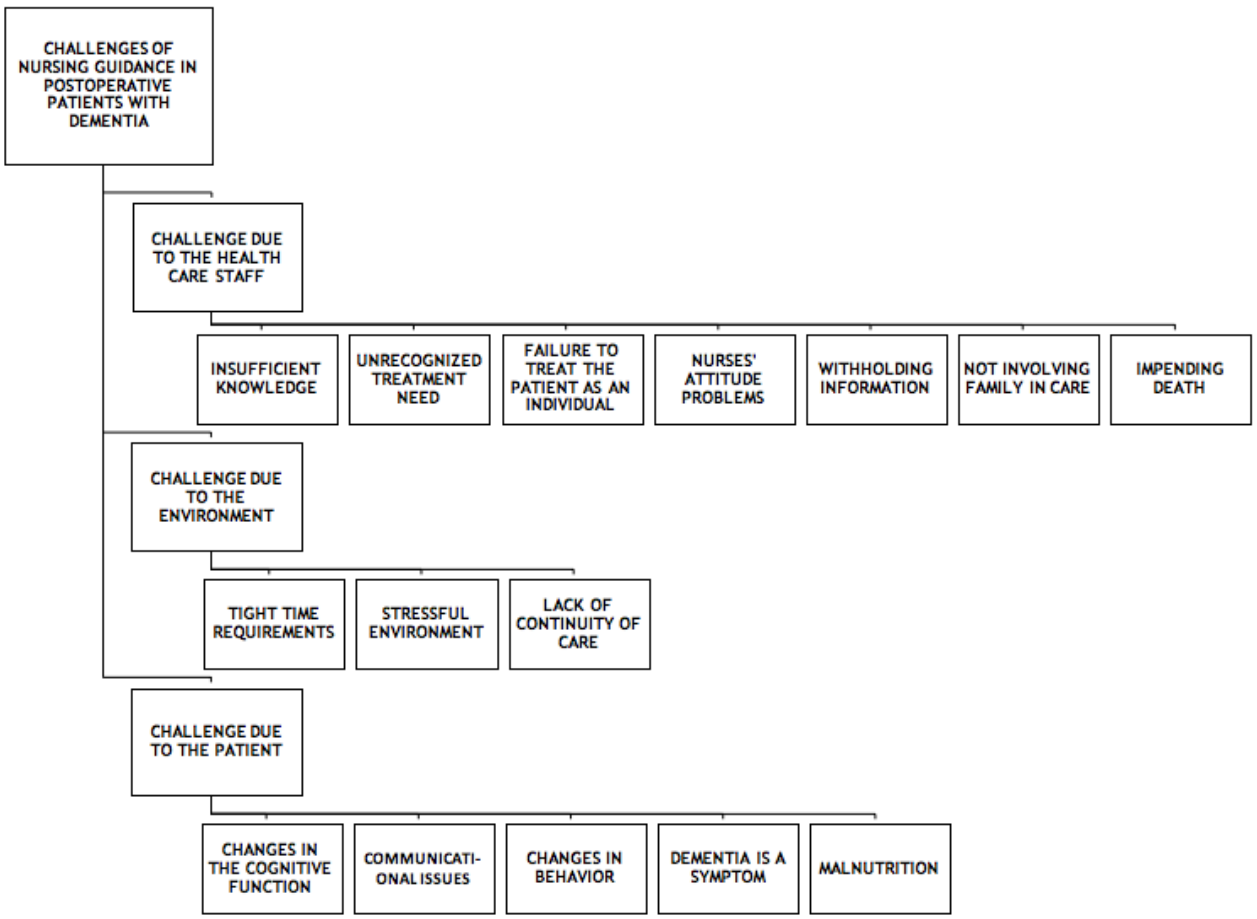

Figure 1: Summary of literature review findings.

5 Findings

The purpose of this thesis was to describe challenges that postoperative patients with dementia pose to nursing guidance. In order to answer the research question, a data search was carried out. Ultimately 26 articles were chosen to be closely studied and analyzed. The findings were categorized into 15 minor categories, three major categories and one main category, as seen in Figure 1. The complete content analysis process of categorizing can be seen in Appendices 1 and 2.

5.1 Health care staff perspective

5.1.1 Insufficient knowledge

The population is aging in many Western countries, causing the number of people with dementia to rise. This in turn will increase the number of dementia patients in surgical and postoperative care (Loughlin & Brown, 2015). It is crucial for nurses to understand dementia in a way that enables them to provide optimal care and guidance (Krupic, Eisler, Sköldenberg & Fahi, 2016).

In order for nursing guidance to be effective, nurses must understand what they are facing. In a postoperative setting, one major challenge is that the nurses may have difficulty determining changes in the patient that have occurred postoperatively if they have insufficient knowledge and understanding of the patient's state before the surgery. When this happens, it is usually because there has not been a formal screening for cognitive impairment prior to the surgery (Axley & Schenning, 2015).

Surgical practitioners have determined that nurses' failure to properly recognize dementia and cognitive impairment, either by not knowing about dementia itself or how to assess it, is one of the main challenges in dementia care (Loughlin & Brown, 2015). For instance, if nurses don't have proper understanding of how dementia patients experience pain, or simply do not know how to recognize dementia, it results in a bad outcome for the patient (Jansen, Brazil, Passmore, Buchanan, Maxwell, McIlfatrick, Morgan, Watson & Parsons, 2017).

Insufficient dementia care education has been recognized as one of the most important factors affecting the quality of dementia care in hospitals (Dewing & Dijk, 2016). Integrated guidance for staff working in all parts of the surgical care path is inadequate (Loughlin &

Brown, 2015). The training offered for hospital staff concerning dementia is often inadequate as well, causing the staff to have insufficient knowledge to appropriately care for patients with dementia (Bray, Evans, Bruce, Carter, Brooker, Milosevic, Thompson & Woods, 2015). This is also the opinion of the nurses themselves, many of whom feel they do not have the proper skills and knowledge to take care of dementia patients or to offer nursing guidance to them if they are not working in a unit that specializes in dementia care. When there is training, access to it varies and it is not always given by people who have actual experience in dementia care (Doherty & Collier, 2009). Sometimes there are even different opinions between ward and training staff as to how to best provide dementia care (Dewing & Dijk, 2016).

Distinguishing dementia and delirium from each other is another challenge for health care staff. Both are very common in a hospital setting. Dementia is often mistaken for delirium, especially in postoperative care (Fong, Davis, Growdon, Albuquerque & Inouye, 2015).

5.1.2 Unrecognized treatment need

Insufficient knowledge is often the cause of unrecognized treatment need, but dementia is a challenging condition and even the most skilled nurses may have trouble recognizing the needs of the patients and providing appropriate nursing guidance (Coffey, 2011). Dementia is not limited to impaired cognitive function, but includes a wide range of features such as mood disorders, psychotic symptoms, and disturbances in behavior. In postoperative care the patient is usually in a frail and vulnerable state and nurses who are not able to recognize the needs of these patients may cause severe harm and increase the risk of morbidity and mortality (Coffey, 2011).

One of the greatest challenges with dementia patients is recognizing when they are in pain (Coffey, 2011). Acute pain in particular is hard to recognize and assess and therefore, to treat (Rantala, Kankkunen, Kvist & Hartikainen, 2014). There are many different reasons why pain in dementia patients is at high risk of going unnoticed. One of the most important challenges is the patients' weakened ability to communicate their needs (Doerflinger, 2009). Dementia patients' inability to self-report the pain sensation leaves them vulnerable to under-assessment and under-treatment of pain (Jansen et al., 2017). In addition to this, dementia patients' pain treatment is often complex due to other underlying diseases and a wide range of medications used, prompting the need for advanced nursing guidance and medical knowledge (Rantala et al., 2014).

Observational tools have been developed for recognizing pain in cognitively impaired people but they have limits. Overlap exists between behavioral indicators and non-pain related conditions such as hunger or distress, creating interpretation difficulties (Jansen et al., 2017). Observational tools also do not possess established cutoff scores to help nurses rule out pain, and pain scales differ from each other and from the standard numeric scale that is used with people who are not cognitively impaired (Buffum, Hutt, Chang, Craine & Snow, 2007).

If a dementia patient's pain is not recognized and treated, it may lead to or at least contribute to increased problems in the patient's behavior. Pain appears in different people in many different ways and can manifest, for instance, as general distress or hopelessness or fear, anxiety or hallucinations (Regan, Colling & Tapley, 2015). When these behavioral signs appear, they are often not correctly interpreted, with the health care staff sometimes dismissing them as side or adverse effects of a medication (Rantala et al., 2014). In any case, behavioral symptoms of pain are often hard to recognize and need to be repeated several times in the presence of the same people in order to be correctly identified (Rantala et al., 2014). When guiding patients, nurses should also remember that people from different ethnic backgrounds and cultures sometimes express pain differently. While assessing pain in dementia patients can be very complicated, analgesia is a human right and simply requires more time and knowledge with dementia patients (Regan et al., 2015). Indeed, nurses feel bad and powerless when they are not sure whether they are helping or harming dementia patients, and at worst they start avoiding even trying to communicate with them (Doherty & Collier, 2009).

It can also be challenging to recognize symptoms that are not directly symptoms of pain, but rather its side effects, such as symptoms of depression. Proper nursing guidance should be given to the patient and their family about the situation and special care should be taken to ensure the appropriate continuity of care after acute postoperative treatment (Menzies, Mendelson, Kates & Friedman, 2010).

5.1.3 Failure to treat the patient as an individual

Because of their impaired cognitive function, it can sometimes be forgotten that dementia patients are individuals just as much as everybody else, and dementia affects everybody in a different way. Dementia patients are not defined only by their disease (Heath, Sturdy & Wilcock, 2010). The treatment of dementia patients as individuals varies between different organizational cultures (Baillie, Cox & Merritt, 2012).

It is a major challenge of nursing guidance to treat dementia patients as individuals, try to understand the reality in which they are living, interpret their behavior accordingly and build

an actual nurse-patient relationship with them, no matter how difficult it seems at first glance (Doherty & Collier, 2009).

5.1.4 Nurses' attitude problems

One challenge of nursing guidance that is caused solely by the health care staff is their own bad attitude and behavior. There are cases where nurses in postoperative care have belittled dementia patients' pain experience, sometimes even downright ignored them, or refused to properly guide or listen to the patients or their family members (Rantala et al., 2014).

5.1.5 Withholding information

Even though dementia patients' cognitive function is impaired, it is not a valid reason to deny them information that would be available to otherwise healthy patients. Keeping secrets is generally not acceptable in nursing guidance (Singh, Varanasi & Williamson, 2014). When a person is diagnosed with dementia, the information should be shared with them, in a way that supports the patient, manages their stress, and improves their skills and knowledge to deal with the situation (Singh et al., 2014).

5.1.6 Not involving family in care

Family is recognized to be important in acute care settings. Family members are generally considered as beneficial assets to patients and staff, but they often also need support themselves. A nurse may not be able to resolve certain issues when a patient with dementia is recovering from medical treatment, thus turning to the patient’s family for help. With the family involved the nurse may find it necessary to support them. Because of this nurses sometimes found this to be a mental struggle, if involving the family in care is worth the extra work of supporting them as well (Fukuda, Shimizu & Seto, 2015).

5.1.7 Impending death

Finally, nurses in a postoperative setting also have a certain responsibility towards their patients when it seems clear that they will soon die. Most old dementia patients die in hospitals

away from their homes, and when possible, the health care staff should discreetly let the patient make preparations for their terminal care and eventual death if they still possess any ability to do so (Singh et al., 2014).

5.2 Environment perspective

5.2.1 Tight time requirements

Nursing environment in itself poses challenges to nursing guidance and one of these challenges is the lack of time. In an acute nursing setting such as a postoperative ward there are often severe pressures on time (Baillie, Merritt & Cox, 2012). Because dementia patients are usually old and often in a frail state, their nursing care requires a lot of time. Their hospital stays are also long and at high risk of getting delayed (Bail, Berry, Grealish, Draper, Karmel, Gibson & Peut, 2013). In an acute setting, there is often also scarcely time available to begin with (Nolan, 2007). Quality nursing sometimes comes into conflict with an organizational culture that values speed and efficiency above all else (Baillie et al., 2012)

This view comes from the nurses themselves, many of whom feel that pressure on time affects their ability to satisfactorily take care of dementia patients and their often challenging behavior (Dewing & Dijk, 2016). Many nurses find this frustrating and point out that what they find most challenging of all is simultaneously taking care of and providing nursing guidance to patients with and without dementia (Fukuda et al., 2015). At its worst, pressure on time may cause frustration and increasingly challenging behavior in cognitively impaired patients themselves. Conversely, the more time there is available, the better the nurses learn to know, guide, and take care of the patients (Nolan, 2007).

Pressure on time is particularly worrisome because effective nursing guidance often takes time, especially with dementia patients. Nurses frequently feel that they do not have the necessary time to guide patients to understand their current health situation (Krupic et al., 2016). Furthermore, time is needed in postoperative care to gather knowledge about the patient's health and life history, their personality, and normal living environment. This allows the nurses to provide nursing guidance that the patient really needs and establish a trustworthy nurse-patient relationship (Krupic et al., 2016).

5.2.2 Stressful environment

Another part of the environment that affects nursing guidance is the concrete hospital environment. An acute hospital environment such as a postoperative ward creates many challenges for several groups of patients, especially for patients with some degree of cognitive impairment (Dewing & Dijk, 2016). An unfamiliar environment generally worsens the symptoms of dementia in several different ways, depending on the individual, prompting the need for very professional and advanced nursing guidance that the patient can actually understand in spite of their condition (Weitzel, Robinson, Barnes, Berry, Holmes, Mercer, Foster, Allen, Victor, Vollmer, Steinkruger, Friedrich, Plunkett & Kirkbride, 2011).

When dementia patients find themselves in a strange, unfamiliar environment, they often try to control their surroundings in a way that is perceived as challenging for nurses and other people around them (Dewing & Dijk, 2016). This challenging behavior may include for instance agitation, aggression, or wandering around the ward (Nolan, 2007). Dementia patients more often than not are very sensitive to their environment, causing an unfamiliar environment to create immediate stress (Coffey, 2011). Unfamiliar noises, objects and people, and the lack of their own normal routines are among the things in the environment that dementia patients may find very hard to tolerate (Loughlin & Brown, 2015). Repetitive bed moves have also been found to be a risk factor for agitation (Doherty & Collier, 2009). Nurses need to pay special attention to non-verbal communication such as how they approach patients, as they may sense things in the nurse's voice or manner that cause stress to them. This works both ways: if the nurse is calm, there is a better chance that the patient remains calm as well (Coffey, 2011).

For a dementia patient, small things in the environment matter. For instance, uncomfortable room temperatures may affect dementia patients' behavior (Varnam, 2011). Another example is that older eyes require more light than young, so the hospital rooms may simply be too dim for elderly patients to see clearly. On the other hand, too bright lights may hamper elderly vision as well (Loughlin & Brown, 2015). Inability to properly see one's environment is a known stress factor and may contribute to accidents such as falls. This is especially important to remember in postoperative wards, where patients and dementia patients in particular may be in a very confused state to begin with after waking up from anesthesia (Loughlin & Brown, 2015). According to nurses, dementia patients also often suffer from overstimulation caused by the acute ward environment (Nolan, 2007). They may become alarmed if approached by multiple people at once (Varnam, 2011).

5.2.3 Lack of continuity of care

One further challenge of the environment is to ensure proper continuity of care. Dementia is only a symptom, not the cause of surgery and hospitalization, so the dementia patients in postoperative care have other underlying diseases (Rantala et al., 2014). Hospital stays in postoperative wards are not usually very long, so nurses need to make sure that when the patient is discharged, they are not left without the appropriate treatment (Loughlin & Brown, 2015).

Dementia patients are often a subject to a delayed discharge from a postoperative ward because they easily receive complications from anesthesia and surgery. They are also easily stressed by the experience and unfamiliar environment. It is important to include the patient's family members in the treatment plan and nursing guidance sessions to allow the patient to return to normal life as soon as possible (Loughlin & Brown, 2015).

5.3 Patient perspective

5.3.1 Changes in the cognitive function

As far as patient-related challenges in nursing guidance go, changes in the cognitive function may just be the most obvious of them. After all, changes in cognitive function are what dementia is at its very core. An overwhelming majority of dementia patients have forgotten that they even have the disease and thus are completely incapable of explaining their situation, needs, or medical history. In postoperative care this means that patients cannot remember why they had surgery or even that they had one in the first place (Krupic et al., 2016).

A postoperative ward is a particularly challenging setting for dementia patients because anesthesia and surgery pose special risks to the cognitive function, a condition known as the postoperative cognitive dysfunction (Sprung, Roberts, Knopman, Olive, Gappa, Sifuentes, Behrend, Farmer, Weingarten, Hanson, Schroeder, Petersen & Warner, 2016). Dementia patients are often sensitive to medications and they may respond to different anesthetic agents in unexpected ways. Anesthetic agents have also been linked to impaired cognitive function and delirium following a surgery (Coffey, 2011). Delirium is a very common postoperative complication in dementia patients (Axley & Schenning, 2015) and this is not surprising, as dementia has been found to be the most important risk factor for delirium (Rantala et al., 2014).

Dementia patients are often disoriented and unable to grasp explanations that are obvious to other patients (Rantala et al., 2014). This is where the importance of nursing guidance is emphasized, especially if the patient is resistant to care, which makes providing care even more challenging. Even if the patient is compliant to care, they may have a very hard time answering or paying attention to the nurse's questions and guidance (Loughlin & Brown, 2015). They are also likely to quickly forget any guidance that is given, leaving them prone to accidents such as walking right after having a surgery. This can lead to a dangerous loop where confusion causes pain and pain causes more confusion (Rantala et al., 2014).

It must also be remembered that there are as many different changes of cognitive function as there are people. Each dementia patient is unique. They may have memory loss, shortened attention span, or impaired visual or verbal abilities, only to name a few (Weitzel et al., 2011). Challenging cases may be reliving memories and experiences from their past (Baillie et al., 2012). Also, because dementia worsens as it progresses, there are dementia patients with only mild symptoms who seem to lack any obvious impairments, or whose state does not present itself as challenging due to extensive support from a significant other (Singh et al., 2014).

Nurses must also face the fact that dementia patients may live in their own world and sometimes it is just not possible to successfully orient a dementia patient, no matter what they do (Williams, 2009). Arguing with dementia patients is often only likely to confuse and stress them more (Mendes, 2017).

5.3.2 Communicational issues

Communication is one of the most important skills of an individual that dementia often impairs (Regan et al., 2015), and it is essential for a successful postoperative treatment (Loughlin & Brown, 2015). While health care staff has the responsibility to recognize the needs of the patients, it can be very difficult or nearly impossible if a patient has severe communicational issues. Nurses themselves generally feel that communicating with dementia patients and providing nursing guidance to them is quite or very challenging (Heath et al., 2010).

Dementia slowly impairs verbal skills, making it more difficult for other people to understand what the person wants to say. This emphasizes the importance of body language and behavior (Bray et al., 2015), as well as gestures and facial expressions (Loughlin & Brown, 2015). However, even those signs become weaker and harder to interpret in dementia patients as their condition deteriorates. While self-reporting of pain should be a goal whenever possible, depending solely on it with dementia patients is likely to cause detection and treatment of pain

that is lacking (Regan et al., 2015). Advanced dementia patients often also have problems indicating their needs in their daily activities, such as going to the bathroom and how to use it (Singh et al., 2014).

When a nurse asks questions from a dementia patient, they often give the same answers to different questions. This prompts the need for a family member to help nurses understand what the patient really means (Coffey, 2011), as the family members usually have their own way of communicating with the demented patient (Weitzel et al., 2011). When a family member is not present, nurses sometimes have to call them in order to provide the best possible care (Fukuda et al., 2015).

Communicational issues caused by cognitive, linguistic, or verbal problems are often particularly dangerous when they prevent the patient from clearly expressing their pain or discomfort (Buffum et al., 2007). This is a tough challenge especially in a postoperative environment (Coffey, 2011), where patients often experience high amounts of stress, pain, and adverse drug reactions (Krupic et al., 2016).

Sometimes dementia patients are not only unable to express their pain, but they may be unable to recognize it altogether. They may also communicate it differently than "normal" patients, there may be delays in their reactions, or everything they do may be shrugged off as demented nonsense (Loughlin & Brown, 2015).

Dementia does not only make it difficult for patients to express themselves to other people, but it often also prevents them from understanding what other people say to them. This is caused by dementia patients' impaired cognitive, visual, or hearing function (Heath et al., 2010). Many dementia patients can still answer questions and express their pain satisfactorily when their disease has not progressed very far, but when it does, they also start having difficulties (Loughlin & Brown, 2015).

Despite these challenges, and because of them, nurses have a special responsibility to invest in nursing guidance and care for dementia patients, both verbally and by using tools as an aid, even if it seems that the patient understands none of it (Williams, 2009).

5.3.3 Changes in behavior

Changes in dementia patients’ behavior affect their care, the safety of the patients themselves and the safety of people around them. Behavioral changes may occur due to the stage of their condition, environmental changes, and circumstantial changes (Heath et al., 2010).

Often these challenges are caused by the patients' inability to successfully communicate their needs to the nurses (Dewing & Dijk, 2016). Unnoticed physical conditions such as infections can also influence dementia patients' behavior for the worse (Heath et al., 2010).

The surroundings of a hospital and various health care professionals may be overwhelming for a patient with dementia. Care is often given assuming that patients are able to express their wishes, acknowledge other patients' needs, move through the system as required, have their acute needs addressed, and be discharged (Heath et al., 2010). A patient with dementia may be unable to comply with many of these assumptions.

Patients with dementia often have difficulty understanding their circumstances. This can lead to irrational actions (Fukuda et al., 2015) such as resisting injections, spitting out medication, or taking off intravenous cannula, sometimes forcing the nurses to use physical restraints on patients (Rantala et al., 2014).

Alzheimer's disease is one of the most common forms of dementia (Erkinjuntti et al., 2006). Patients with Alzheimer's disease may be in an excited state and they may not respond normally (Williams, 2009). Sometimes they may even cause danger to the nurses (Weitzel et al., 2011). The patient can be confused, frightened, agitated, paranoid, and extremely restless. Thus, patient safety and prevention of injury become high priorities (Williams, 2009).

5.3.4 Dementia is a symptom

Dementia is often not the cause of hospitalization. Mendes (2017) referred to NHS Education for Scotland (2011) where it had been noted that 25% of patients in UK hospitals aged over 65 with dementia were admitted with other reasons that were entirely unrelated to their dementia. The assessment, treatment, care and discharge of dementia patients is however more complex and challenging due to their condition (Mendes, 2017). Furthermore, the existing diseases of dementia patients often expose them to polypharmacy (Rantala et al., 2014).

5.3.5 Malnutrition

Poor nutrition is a health problem for older people and it is really challenging for people with dementia to maintain good nutrition. In the early stages of dementia, there can be a loss of taste and smell, reduced appetite and dry mouth. Communicational issues and cognitive impairment can lead to difficulties in obtaining food (Singh et al., 2014).

6 Discussion

6.1 Discussion of the findings

A data search for this literature review was carried out by searching Laurea Finna, EBSCOhost Cinahl, PubMed, ProQuest, and SAGE databases. After the exclusion of articles that did not meet the inclusion criteria, 26 articles were chosen to be thoroughly studied and analyzed. Inductive content analysis was conducted to answer the research question, "What kind of challenges do postoperative patients with dementia pose to nursing guidance?" Fifteen minor categories emerged during the course of the analysis that were further categorized into three major categories: health care staff perspective, environment perspective, and patient perspective. These categories are closely tied together and there is some degree of overlap, as separate challenges are often a combination of different categories. For instance, the categories "Unrecognized treatment need" and "Communicational issues" address a lot of the same issues, but from a different perspective: one from the nurse's and the other from the patient's point of view.

As stated by Kyngäs et al. (2007), nursing guidance is a central part of a client’s care as it is the duty of every nurse to guide their clients and patients. The findings of this thesis show that nursing guidance is particularly important in postoperative nursing care, because a postoperative ward is usually very different from dementia patients' normal living environment (Dewing & Dijk, 2016) and the patients are in a weakened state following surgery (Coffey, 2011). A special challenge of nursing guidance in postoperative care is that the aim of the care is usually to keep the hospital stay as short as possible (Loughlin & Brown, 2015), meaning that the patient and their family only have a short time to learn how to properly take care of themselves after discharge from the ward.

Dementia is a complex disorder (Quinn, 2013) and it shows in the findings. Indeed, dementia poses several challenges to nursing guidance, ranging from the nurses' insufficient knowledge and failure to recognize treatment need, to time requirements and the patient's communication issues and behavioral changes, among others. Because dementia is a progressive disease, these challenges become greater and greater as time goes on (Loughlin & Brown, 2015). As Williams (2009) points out, patients with severe dementia may live in their own world and sometimes it is just not possible for nurses to successfully orient a dementia patient no matter what they do. This raises the question of how useful and meaningful it is for the health care staff to attempt to guide postoperative dementia patients in the first place. The findings also show that in an acute nursing setting, such as in a postoperative ward, there are often

severe pressures on time (Baillie et al. 2012), so perhaps the time and resources that are being spent on guiding postoperative dementia patients could be better spent by doing something else. However, Williams (2009) also stresses that despite these challenges, nurses have the responsibility to invest in nursing guidance and care for dementia patients even if it seems that the patient understands none of it.

A large part of the findings focus on the importance of pain management in the nurse-patient relationship. It is not surprising, as postoperative patients are usually in pain after surgery, and treating it is one of the most important aspects of postoperative nursing care (World Health Organization, 2003). While assessment and management of pain does not directly involve nursing guidance by definition, dementia patients still need to be guided about how to recognize and report pain (Rantala et al., 2014). Pain management is also closely related to other aspects of the patient's care, because if a dementia patient's pain is not recognized and treated, it may lead to, or at least contribute to, increased problems in the patient's behavior (Regan et al., 2015), and thus increase challenges for other areas of nursing guidance.

Another matter that the findings emphasize is the importance of knowledge. Nurses' failure to properly recognize dementia and cognitive impairment, either by not knowing about dementia itself or how to assess it, is one of the main challenges in dementia care (Loughlin & Brown, 2015). Kyngäs et al. (2007) state that nursing guidance is given in many different situations in the health care sector and sometimes it is possible for a nurse to prepare in advance for a guidance session or situation, but they often happen unexpectedly. Thus the insufficient knowledge of nurses directly affects the quality of nursing guidance. Bray et al. (2015) identify inadequate training as a key reason for nurses' insufficient knowledge, prompting the need for better dementia education.

According to the findings, the hospital environment itself presents a challenge to nursing guidance. An unfamiliar environment generally worsens the symptoms of dementia in several different ways (Weitzel et al., 2011) and makes the patients act in a way that is perceived as challenging (Dewing & Dijk, 2016). A hospital environment is what it is and it is almost impossible for nurses to change it. The findings show that nurses can, however, make small changes in the environment. Practicing flexibility when possible is a key factor in reducing stress in dementia patients because small things can have a large effect on them. For instance, patients can be soothed significantly simply by adjusting lighting (Loughlin & Brown, 2015) or room temperature (Varnam, 2011).

According to Hynninen (2016), it is of uttermost importance to uphold ethical principles in the care of a dementia patient. One example of this in the findings is the need to treat dementia patients individually. Nurses should try to understand the reality and behavior of dementia

patients and build a nurse-patient relationship with them, no matter how difficult it seems at first (Doherty & Collier, 2009). Patients may display very challenging behavior (Rantala et al., 2014) but their autonomy must be respected as dementia patients are in principle capable of making decisions about their own care unless otherwise specified in their care plan.

This thesis was designed to identify and present only the challenges of nursing guidance in postoperative patients with dementia, not to offer solutions and interventions to them. Nevertheless some of the findings do offer some solutions, but only when it was necessary or justified to include them since they brought up some challenges that would not have been addressed otherwise. These challenges are many and they are difficult, but while all of them can never be overcome completely, nurses must confront and answer them to the best of their ability. Like Weitzel et al. (2011) state, each dementia patient is unique, as is the outcome of their hospital care.

6.2 Trustworthiness and limitations

Aveyard (2010) refers to Lincoln and Guba (1985) to determine trustworthiness: it is a combination of credibility, transferability, dependability, and confirmability. These terms and how well they are applied determines the "truth value" of a qualitative study. However, there are differing opinions among researchers as to what defines trustworthiness and a good qualitative study. Aveyard (2010) also mentions the argument of Morse et al. (2002) that validity and reliability are terms better suited for determining a high trustworthiness for a study.

In order to ensure a good trustworthiness for this literature review, a systematic method was used to the extent that is applicable in a Bachelor's Thesis as explained in Section 4. Every step of the process has been explained. A high number of search results (1,930 articles) were quickly reviewed to include as many relevant studies as possible. Only peer-reviewed articles were included in the search and hence, the results.

Ultimately 26 articles were chosen for thorough data analysis. These articles were from different parts of the world (e.g. United Kingdom, United States, Finland, Japan), so they do not focus only on hospital care from a specific area. A data appraisal was performed using the CASP tool to have an understanding of how trustworthy each article was. Finally, with a large pool of raw data, it was possible to see credibility and consistency in the findings because several articles reported the same issues.

According to Aveyard (2010), it is also necessary to acknowledge one’s limitations to let the reader understand the faults of the research and put the results into a wider context. Just

like data appraisal must be performed to assess the value of the source material, the value of the final work must be similarly assessed.

As previously stated, the authors aimed for the data collection for this thesis to be extensive, but by no means was it completely thorough. A limited amount of databases and keywords were used, obviously preventing a lot of material from being discovered. Similarly the search was limited to English-language material from the last ten years even though there surely would have been good material that was only slightly older or written in a different language. Furthermore, search had to be limited to material that the authors had free access to. Because of these points, it would be an exaggeration to call this thesis a systematic literature review. Even though it was written using systematic principles, it is not completely systematic.

The CASP tool was used to increase the trustworthiness of the thesis by critically appraising the literature, but it was not applicable in all articles. Thus there remain a large amount of findings that stem from an article that was not critically appraised.

Finally, the authors of this thesis are not professional researchers, but rather inexperienced in conducting academic research. Thus some limitations of the thesis could perhaps have been avoided by more experienced researchers.

As stated in the discussion, the purpose of the thesis was to describe challenges that postoperative patients with dementia pose to nursing guidance, not to offer solutions or interventions to them. Further research is needed to identify these solutions and to offer concrete nursing interventions and implications to the nursing field in question.

6.3 Ethical considerations

In the working methods of this thesis it was fundamental to act ethically when collecting and selecting data. Skewing findings towards certain types of outcomes was not practiced. When collecting data it was kept in mind that some previous research might have been conducted unethically or lack proper ethical considerations.

Plagiarism means using somebody else's words without acknowledgment or permission and claiming them as own original work (Wager & Wiffen, 2011). Plagiarism is against all rules of academic research and for that reason it was not practiced in this thesis.

The authorship of the thesis presents another ethical consideration. When there is more than one author in a Bachelor's Thesis, ideally all authors should do the same amount of work, and if one author is putting considerably more effort to the thesis than the other, it is somewhat unethical to credit both of them equally at the end. So special care was taken to make sure that both authors contributed equally (Wager & Wiffen, 2011).

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Figures

Tables

Appendices

Appendix 1: Content analysis from raw data to minor categories

Raw data	Minor categories
- Difficulty determining changes that have occurred postoperatively. - Dementia training inadequate. Staff lacks sufficient knowledge. - Difficulty to identify pain. Patients' communication skills deteriorate. - Nurses feel they lack the skills and knowledge. - Training not provided by experienced nurses. - There is a lack of understanding of dementia by ward staff. - There is a lack of dementia care in education. - Dementia is not recognized correctly. - Pain is not recognized in patients with dementia. - Nurses knowledge of dementia could shorten hospital stay. - Recognizing dementia, knowing assessment tools, lack of information delivered and time are some challenges when caring for dementia patients.	Insufficient knowledge
- There will be more surgical patients with dementia in the future. Knowledge of dementia and the care of it is important. There is not enough guidance given to the staff working with dementia patients. - Non-cognitive features of dementia are mood disorders and behavioral disturbances. Surgery can exacerbate these. - Any condition causing pain should be assumed to cause pain in patients who cannot report it. Pain can go unrecognized, hence untreated because it cannot be communicated. - Pain scales don't always work perfectly. - Patients are not able to indicate pain. - Pain is not recognized in patients with dementia. - Depressive symptoms in demented patients may go unnoticed. - Patients are not able to indicate pain and treatment is difficult. - Recognizing pain in patients is not easy. - Pain manifests in different ways and because of communicational issues needs are not being expressed clearly or recognized. - Patients are not able to indicate pain properly and the treatment need isn't recognized. - Successful pain assessment requires time and knowledge of the person.	Unrecognized treatment need
- Dementia can affect nurse-patient relationship. Respecting and understanding demented patients as individuals helps to keep their dignity. - Organizational culture may affect the way dementia patients are treated. - Nurses could not understand patient's reality.	Failure to treat the patient as an individual
- Nurses don't understand or they belittle the patient. - Nurses don't understand or they ignore the patient.	Nurses' attitude problems
- Diagnosis of dementia should not be held back from the patient.	Withholding information
- While family members are helpful in the care of a dementia patient, they need additional support themselves from a nurse.	Not involving family in care
- Possible arrangements should be made if death is imminent.	Impending death
- Dementia patients require more time in their hospital stay and nursing care. - There is pressure on time. - There is pressure on time and staff shortage. - Nurses felt the need for more time. - Dementia patients' care requires more time to acquire information for the enhancement of their care. - Dementia patients' care requires more time and reprioritization. - Nurses have demands on time, this may result in dementia patients' behavioral changes. - Short stays of a dementia patient create a lack of in-depth knowledge to the nurse. - Nurses feel frustrated for the lack of time to spend with dementia patients. - Time management in a ward may contrast with time spent with patients.	Tight time requirements

- Individual with dementia may exhibit sensitivity toward environment and experience stress.
- Changes in behavior can occur of changes in environment and sensory overload. Patients with dementia tolerate poorly noise and sudden changes. Patients with dementia are sensitive to non-verbal cues. Patients may sense concern or calmness in a voice or manner.
- Bed moves cause distress and worsen confusion.
- Patients act in a way challenging to the nurses.
- Environment and routine changes may cause confusion and anxiety for a patient with dementia.
- Windows that allow good natural light are the most helpful.
- Environment may overstimulate patients with dementia.
- Demented person may experience difficulties due to environment.
- Dementia patients may become overwhelmed when approached by several people.
- Temperature is related to behavioral disturbances among the demented.
- Hospitalization affects the patient's usual communication and state of being.

Stressful environment

- It is difficult to ensure proper continuity of care.
- Delayed discharges occur in people with dementia, as their needs are not well understood.

Lack of continuity of care

- Patients with dementia are sensitive to effects of medication. Prolonged exposure to anesthetic agents can result in further complications in the postoperative period.
- Demented patients have difficulty answering questions.
- Effective ways of communication can save time.
- Patients reliving past experiences.
- Postoperative delirium is a common postoperative complication.
- Patients act in a way challenging to the nurses.
- Dementia patients have difficulty remembering.
- Dementia is a risk factor for delirium.
- Patients act in a way challenging to the nurses and forget to do important things.
- Cognitive impairment isn't always obvious.
- Anesthesia and surgery may cause or worsen cognitive impairment.
- Dementia patients are cognitively impaired in several different ways.
- It is not always possible to orient the patient.

Changes in the cognitive function

- Pain is a common symptom in dementia. Pain is under-recognized and under-treated. Dementia reduces a person's language skills. It is more difficult to know what that person is experiencing. Making observations and body language and behavior more important.
- Alzheimer patients have difficulty communicating.
- Cognitively impaired people are often unable to communicate discomfort.
- Communication can be problematic in persons.
- Postoperative pain management can be challenging in patients with dementia.
- Nurses were unsure about their help. Nurses feel powerlessness. Patients with dementia received the least amount of communication.
- Nurses identified it to be challenging to work with people with dementia. Particularly managing unpredictable behavior.
- Dementia patients have cognitive impairments.
- It is important to understand that disturbed behaviors are not always due to dementia. People with dementia show disturbed patterns of behavior.
- Nurses experience loss of communication with patients in circumstances.
- As dementia progresses, adjusting the ways of communication helps.
- As verbal communication deteriorates non-verbal communication may be helpful.
- As dementia progresses, communication and reporting pain become more challenging.
- Patients are not able to express their needs clearly.
- Demented patients have difficulty reporting pain.

Communicational issues

- Patients with dementia often have trouble with daily activities. - The patient's family members are often needed in the care. - Hospitalization affects the patient's usual communication. - What has not been communicated, cannot be known.	Communicational issues (continued)
- Care is based on assumptions, many of which a person with dementia may be unable to comply with. - Patients act in a way challenging to the nurses. - Dementia patients don't always understand their circumstances. This can lead to their irrational actions. - Dementia patients are at high risk of injuring themselves.	Changes in behavior
- Dementia is not the cause for hospitalization. Dementia patients' care is more complex. - Dementia patients are exposed to polypharmacy.	Dementia is a symptom
- Malnutrition is a major health problem of the people with dementia.	Malnutrition

Appendix 2: Content analysis from minor categories to main category