

Efficacy of communication among nurses and elderly patients suffering from the dementia of Alzheimer type

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<p>Abstract:</p> <p>Dementia is a syndrome. It consists of multiple cognitive deficits sufficient to interfere with social and occupational functioning. The most common cause of dementia is Alzheimer disease. Patients with dementia have trouble with intentional communication because by definition, they have multiple cognitive deficits. They have difficulty producing linguistic information because they have trouble in thinking, generating, and ordering ideas. They have difficulty in comprehending language because of deficits in the cognitive processes and degradation and loss of knowledge. Dementia makes some changes in auditory and motor speech systems of demented patient. Due to these changes, demented patient may have impairments in understanding and processing speech. Therefore, nurses face difficulties in understanding the demented patients, which in turn becomes a challenge for nurses to take care of demented patients according to the patient's preferences and demands. Effective communication is a powerful tool to address these problems properly. The aim of this research is to identify and examine the best means of communication between nurses and DAT patients. In order to achieve the aim of this research, the following research questions were formulated:</p> <ol style="list-style-type: none"> 1. What are the main challenges faced by nurses working with dementia patients? 2. Which nursing skills are essential for effective communication with dementia patients? 3. How can nurses improve their communication skills with demented patients? <p>The study is based on literature review. 14 articles were selected to conduct this research. The result shows that nurses have to face many problems in caring of demented patients such as communication, emotional and behavioral problems of patients, disruption of connection from 'no cure, no hope' advocacy of patient's family, ethical issues and insufficient knowledge of some nurses regarding dementia care. Nurses can minimize these problems by adopting appropriate communication strategies. However, advance education and training in field of dementia care is required for choosing suitable communication strategy, which is insufficient in new nurses. Therefore, it is concluded that new nurses should join the educational programs and training in dementia care to improve their communication skills. The effective communication and strategies offered in this study assist nurses to make successful evaluation of demented patients.</p>	
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1 INTRODUCTION

Dementia is a syndrome, which is progressive in nature. In dementia deterioration in memory, thinking and behavior of the patient occurs. In other words, it affects the memory, thinking, orientation, communication, comprehension, calculation, learning capacity, language and judgment of patients. However, the consciousness of dementia patients is not affected (WHO, 2013).

My interest for this study came about after having two practical periods of training in wards where most of the patients were old and suffered from dementia. It provided me with a good chance to observe how the nurses cared for these patients. This led to me developing an interest in the subject. Most of the patients in these wards were women suffering from Alzheimer type dementia (DAT). Hereafter, I shall use DAT as an abbreviation for Alzheimer type dementia. These DAT patients could not express their feelings, wishes and issues about care verbally to doctors, hospital administration and their families and whether the nurses were behaving well or badly towards them. During my time working with these patients I saw some nurses cannot meet DAT patient's needs very well. They felt demented patient's care as a burden. In the meanwhile, I frequently observed that these nurses have poor communication skills. As the needs of patients were not met, the patients were not satisfied and the nurses could not make effective health care assessments. This meant that the health of the patients did not progress in a positive direction. Nurses possessing weak communication skills might become desperate or sometimes aggressive. By seeing this situation, I was greatly shocked because I know that one day I too will become old and the same procedures may be repeated with me as well if the problem is not solved. In my view, measures should be initiated to uproot this problem by improving communication skills of health care professionals. The reason for choosing this topic of concentration is that I believe the problem could be reduced by improving the communication skills of the nursing staff.

The aim of this study is to investigate the challenges met by nurses in caring for people living with Alzheimer type dementia. These challenges may be reduced by enhancing

the communication skills of the nurses caring for DAT patients. The study hopes to show how the nurse can improve their communication skills so that they can understand the needs of patients.

2 BACKGROUND

Mutual dialogues regarding dementia can be used to improve the communication skills of nurses. In order to understand the demands of the patients, I must become familiar with the nature of dementia, its connection with communications and nursing interventions while caring for patients with dementia.

2.1 DEMENTIA

Dementia is not a specific disease. It is a set of symptoms in the human brain and reduces the thinking power of the patients affected. It further disturbs routine activities such as eating or dressing. A major symptom of dementia is memory loss. This does not mean that all persons with memory loss are suffering from dementia. The declining cognitive abilities found in dementia patients are much more than what might be expected with normal aging. However, dementia is very common in elderly persons. Other various diseases such as stroke etc. may also cause dementia (National health institutes, 2014).

Dementia is an umbrella term, associated with many declining abilities and functions of the brain. As a result, thinking ability, memory, cognition, language skills, understanding and judgment may be reduced. Persons with dementia may also suffer from other problems, such as being unable to control their emotions and behavior. In this situation, they need the help of their family, friends and nurses in making their decision. They may eventually become apathetic to their environment (Ananya Mandal, 2014).

2.1.1 FACTS ABOUT DAT

The main risk factors for DAT include age, family history, lifestyle and environmental factors. If the age of person increases then the risk of dementia also increases. Therefore

the age effects related to dementia are directly proportional to the age of patient. This disorder usually starts after the age of 65. Some people may inherit DAT as a genetic disorder. Body mass index (BMI 25 kg/m^2) is also an independent risk factor for an increased risk of dementia. There are also other lifestyle habits including the use of alcohol, lack of exercise, smoking and excessive usage of drugs, which may increase the risk of dementia. Furthermore, if there is an accident and the brain is damaged then the resulting brain injury may cause the condition (Manjari et al, 2010).

2.1.2 SIGNS AND SYMPTOMS OF DAT

Dementia affects every person in a different way. In the early stages of DAT, people suffering from dementia display different varying symptoms in life activities compared to normal people, though both groups display similar symptoms to a degree. Therefore, comparisons have been made between normal people and those affected by dementia. It is commonplace that a person may occasionally forget where his or her keys are, whereas an affected person may put keys in odd places such as in the fridge, dishwasher etc. Searching for casual names and words are normal things that everyone does, but a person with DAT can easily forget the names of his close relatives such as his own wife, son, or daughter and may call them using inappropriate ones. A normal person may forget some parts of speech he or she has heard, but a person suffering from dementia may not be able to recall even a single part of the conversation. It is a normal part of our daily lives when we cannot find a recipe, but individuals suffering from DAT may not be able to follow the recipe instructions. Sometimes we do not remember to maintain our financial records, but a demented patient may not be able to manage a checkbook and will be unable to solve even simple problems. Such sufferers face many difficulties in the shops while buying things. Normally we cancel the date of some plan due to an urgent piece of work, but an individual suffering from dementia may no longer have any interest in daily activities. He may sit in the front of the TV for a longer time. He may go to bed for abnormal periods of sleep. Normally, people may become sad on certain occasions, but a person suffering from DAT may become sad suddenly, or may begin to laugh abruptly without any appropriate occasion (Robinson et al., 2014).

2.1.3 STAGES OF DAT

According to the Reisber Scale, there are seven stages of DAT (Table 1), which include following dimensions:

Table 1. Stages of DAT

Stage 1	No impairment. Memory and cognitive abilities remain normal.
Stage 2	Minimal Impairment/Normal Memory loss: In this phase, memory and cognitive abilities are affected to a minimum extent. Friends, family or nurses may have noticed the changes in thinking.
Stage 3	Early Confusion/Mild Cognitive Impairment. Some difficulties have started which are recognized by the person. These difficulties have an impact on the function of the person. The individual tries consciously or subconsciously to cover up his or her problems in areas such as recalling words, planning, organization, misplacing objects and not remembering recent learning. The person may feel depressed. His attitude may also change. This phase lasts about 2 to 7 years.
Stage 4	Late Confusion/Mild Alzheimer's. Patients lose memory progressively. They forget recent events and conversations. At this stage, they may recognize themselves and family members. They may face problems in daily routine tasks like cooking, driving and matters of sale and purchase. Sometimes they may become aggressive, cause big difficulties for someone, and then deny the problem. This phase may last about 2 years.
Stage 5	Early Dementia/Moderate Alzheimer's disease. Deterioration occurs more rapidly. The sufferer may forget about familiar places such as the address of his own house. Mathematical and judgmental skills will have declined severely at this stage, which makes them vulnerable to safety issues. Such persons need supervision to carry out their basic daily living tasks such as eating, dressing etc. This phase may last about one and a half years.
Stage 6	Middle Dementia/Moderately Severe Alzheimer's disease. Short term memory is impaired seriously. Sufferers may also lose ability to take care of their hygiene themselves, but they can still respond to nonverbal stimuli and pain via physical body language. Hallucinations sometimes occur in evening or late afternoon. The majority of these sufferers cannot remember close family members, but they know that they are familiar. The duration of this stage is about two and half years.
Stage 7	Late or Severe Dementia and Failure to Thrive: This last stage of dementia is the most severe. The sufferer's ability to communicate, walk and stand becomes severely limited. At this point they need an assistant all the time to carry out daily living activities. This stage lasts from one to two and half years approximately.

(Robinson et al., 2014)

There is no single test to diagnose dementia. The most commonly used tests to diagnose the condition are an examination of medical history, physical examination, neurological examination, mental status testing and brain imaging (Alzheimer's Association, 2014). An explanation of the above-mentioned tests can be found in appendix 1. A doctor does not perform all of these tests. Nurses perform some tests such as MMSE and the mini-cog test, which help nurses to evaluate the mental status of patients. These tests are as follows:

Mini mental state exam (MMSE): During this exam, the nurse asks a series of questions from the patient. In this way a physician is able to evaluate the mental skills. Maximum scores for this test are 30. Scores between 20-24 suggest mild dementia. However, scores of 13-20 exhibit moderate dementia. While scores less than 13 show

severe dementia. The score of a person who is suffering from Alzheimer disease will decline by 2 to 4 points every year.

Mini-cog. In this examination, a health care professional asks the individual to complete two tasks to evaluate his/her mental status.

1. Remember and repeat the names of three common objects within in few minutes
2. Draw diagram of a clock showing all 12 numbers in the right places and a time specified by the examiner (Alzheimer's Association, 2014)

2.1.4 CARE OF DAT PATIENTS

There is currently no remedy to stop the progression of DAT. Medical experts are conducting research into how to stop the disease. They are looking for modern solutions and medicines. Nurses can facilitate these under the guidance of doctors. At the moment, the goal for DAT care is as follows:

- To come to a diagnosis as soon as possible
- To optimize physical health, cognition, activity and well-being
- To identify and treat accompanying physical illnesses
- To detect and treat behavioral and psychological symptoms
- To provide information and long-term support to medical staff (WHO, 2012)

There are different causes of DAT. It is important to identify the main cause of DAT, because the care of the sufferer depends upon its cause. However, there are certain drugs available, such as antipsychotics, anticonvulsants, antidepressants and benzodiazapines in pharmacies that may temporarily improve the symptoms (alz.org).

Nurses can care for patients living with DAT by providing them with adequate food and liquids, so that malnutrition and dehydration can be avoided. Nurses can also assist the patient through pain management, preventing patient wandering and patient falls (Jane et al., 2006).

There is no doubt that nurses play a very important role in caring for elderly patients suffering from dementia. Their care is obviously a burden for health care professionals

as well as for patient's families. For example, a patient needs physical care and safety, which may be against the will of patient due to communication barriers and in understanding the core needs of that patient (Edberg et al., 2008).

The main goal of a nurse is to address the problems associated with DAT properly and make sure that demented patients have taken adequate food, nutrition and water in order to maintain their nutritional health and to avoid malnutrition and dehydration. The nurse must have good screening skills by which he/she checks the patient thoroughly in order to prevent other problems such as bedsores, weight loss, poor wound healing, infection and so on. Nurses also need to try their best to promote enjoyable activities for the patients. Nurses should take the patient's cultural values and preferences regarding food into consideration. At the same time nurses should observe the patient carefully, to assist the nurse in evaluating the health and well-being of the patients (Jane et al., 2006).

Many demented elderly people feel severe pain, which can be easily treated with pharmaceutical and non-pharmaceutical therapies. If the pain is not treated properly then it may lead to behavioral symptoms, which may in turn force the unnecessary use of psychotropic drugs. For the treatment of pain nurses will need to utilize various approaches to avoid the conditions that cause the pain such as bed sores, skin tears, infections and so on. Beneficial non-pharmaceutical approaches to ease pain and promote well-being include relaxation, repositioning and physical activities. If non-pharmaceutical strategies are not sufficient, then the nurse will need to manage the pain with medication as prescribed by a doctor. Afterwards nurses will need to note the positive and negative consequences of the treatment (Jane et al., 2006).

All patients require care with dignity that maintains their self-esteem. It is the goal of nurses to provide entertainment and fun to patients during daytime such as sitting under sun, watching television, decorating room, listening music, communicating etc. These occasions give a sense of community to patients. Nurses need to respect the preferences and choices of patients during the provision of these opportunities even if their choices and preferences are solitary. Nurses need to engage the patient in meaningful activities, which involve physical movement and mental capability and provide interest in social interaction, spiritual and cultural values. This means that nurses should encourage the patient to utilize their functional abilities in their daily activities as independently as

possible. For instance, if the nurse is decorating the room on some special occasion then it will be better to encourage the patient to participate in the decoration as independently as possible under his/her supervision instead of merely watching the process. Or for example, the nurse may read the life history of a patient or listen to his/her family and may come to know that the patient likes music and religious songs, then the nurse can engage that patient by singing a religious song (Jane et al., 2006).

Nurses should encourage the patient to be mobile. This may include the behavioral expression (table 2) of a basic human need such as necessity for social contact, response to environmental stimulus, physical embarrassment and psychological suffering. Sometimes, it may be dangerous for a patient when he/she enters into an unsafe place where there is a high risk of getting injured or having an unpleasant incident. During this process, the nurse has to keep safety precautions in mind in order to prevent unsafe mobilization. The nursing goal is to encourage, support and maintain the patient's mobility as independently as possible. This keeps the patient's body systems effective and functional and even promotes them (Jane et al., 2006).

Table 2. Mobilization and communication

<i>Mobilization as form of communication</i>	<i>Cause of mobilization</i>
Physical or psychological needs	Feeling thirsty or hungry, wanting to go to the bathroom, taking exercise, wanting to meet with family, relatives, friends or children
Environmental stimuli	Too much noise, unfamiliar surroundings, puzzling and dangerous visual stimuli, shift changing of nurses
Medical and emotion conditions	Feeling pain, urinary infection, constipation, side effects of drugs, suffering from depression, experiencing hallucinations and loneliness
Longing for more physical stimulation	Propensity for fresh air, wanting to sit under the sun, to visit the garden to see plants and greenery

(Jane et al., 2006)

2.2 COMMUNICATION WITH DAT PATIENTS

Communication can be defined as the sharing of information by means of a symbol based system. This is considered linguistic when words are used, and non-linguistic

when other symbols such as mathematical notation are used. To communicate either linguistically or non-linguistically, a person has an idea to share and a symbol system through which to express the idea. For example, a nurse may give instructions to the patients or his/her colleagues by waving his/her hand (non-linguistic). Linguistic as well as non-linguistic communication can be impaired as a consequence of dementia. Demented patients may communicate unintentionally by many means such as with their posture, facial expression and eye contact (Kathryn et al, 2007).

The major clinical factor of dementia is the impairment of communication. Patients may have difficulty in expressing their own needs to others. Communication disorders related to dementia are caused by changes in the nervous system (appendix 3) (Kathryn et al, 2007).

The auditory system of human beings is affected with aging. In a normal elderly person hearing ability may be impaired, but in DAT patients not only hearing ability, but also the knowledge of sounds heard is severely impaired. Hearing ability can be improved by utilizing hearing aid devices. Lack of the knowledge of sounds in DAT patients can manifest as an inability to recognize and attach the meaning to sounds (such as the ringing of a telephone). Nurses can manage these symptoms by showing the patient what the sounds mean (Rosemary et al, 1995).

In dementia the jaw muscles and tongue become dysfunctional. Due to stretching of the jaw muscles and difficulty in moving the tongue, the intensity of the voice is reduced in the patient. Demented patients also require many medications. The side effects of these medications must be considered while evaluating motor speech. The severity of the disease can also be observed through impairment of voluntary movement including speech. Voluntary and involuntary movements are very much associated to each other. Each variable must be considered very carefully and separately in the evaluation of motor speech (Rosemary et al, 1995).

3 THEORETICAL FRAMEWORK

The theory of humanizing nursing communication is used as a theoretical framework in this research. Bonnie W. Battey developed this theory in 1996. There is no doubt that

nurses have to communicate with patients, patient's families, peers and colleagues constantly throughout their nursing practice. Therefore, communication is an integral part of nursing care. It is the basis for establishing a good and trusting relationship between the nursing staff and patient.

Many nurses have high qualities and excellent ideas about how to make a trustful and effective relationship with patients in order to provide them with the best possible nursing care. However, it has been noted unfortunately that some nurses do not have this quality. In this regard the first step is to use what Bonnie W. Battey describes as humanizing communication with the patients by nurses. In humanizing communication the patient is communicated with as an individual. It is the duty of the nurse to understand the sufferings of the patients. Nurses can improve patient satisfaction by showing them more empathy and meeting their demands better.

Philosophical assumption: Bonnie W. Battey's theory starts by making some philosophical assumptions about the nature of human beings. The basic assumption assumes that human beings have minds and eyes, through which they observe the things in their surrounding environment. As a result humans gain experiential knowledge, which is processed in the mind. They believe in the reality that exists around them. Nobody can oppose reality and it is contrary to all that is imaginary, delusional or merely a dream. This is known as existentialism and is a characteristic of human existence. Individuals possess various existential characteristics, such as being, choice, freedom, responsibility, solitude, and loneliness among other traits, and these are associated with humanism.

Human beings retain unique characteristics and to accept these characteristics in order to establish good interpersonal relationships between the people is known as humanism. When these traits are not acknowledged, then what is known as dehumanization occurs. In Battey's view, existential elements are directly affected by communication. When a person suffers in a critical situation it is imperative to deal with the existential elements of the individual. The only tool for this purpose is effective communication. As age progresses, existential elements of an individual also change according to one's choice. In their work health care professionals have to deal with the patient, the patient's family, their peers and colleagues. They need to discuss and share the characteristics of human

beings with their clients. As a result, communication occurs among them (Bonnie W. Battey, 1996).

The core assumption of this theory is that nursing aims to restore the health of the client by providing good nursing care so that he can perform his own daily activities as independently as he possibly can. It is also a duty of the nurse to satisfy the client through providing excellent degree of nursing care and engaging in appropriate communication. All too often due to the bureaucratic and complex nature of the present health-care delivery systems, the communication between the patient and health care professionals fall into a dehumanizing pattern that leads to a rather abrupt therapeutic relationship. It is necessary for nurses to learn humanizing patterns and attitudes of communication. After learning these patterns and attitudes, nurses will be able to replace the dehumanizing communication with humanizing forms of communication that lead to restoring the therapeutic relationship (Bonnie W. Battey, 1996).

During interpersonal communication nurses should be very sensitive and attentive to:

- The patient's health status and well being
- The relationship of the patient to his or her environment
- The patient's potential (Bonnie W. Battey, 1996).

Concepts: The focus of the nursing profession is the human being. Different professions have defined human beings in different ways according to the characteristics that are particularly relevant to their disciplines. However, in the nursing field, human beings can be defined according to eight unique characteristics that are specifically related to nursing. According to this view a human being: 1) is a living being, 2) is capable of symbolizing, 3) is capable of talking about the symbolic negative, 4) is able to transcend his environment by invention, 5) orders his environment, 6) struggles for perfection, 7) makes choices, and 8) engages in self-reflection. These eight unique characteristics of human behavior are of great importance in the health care field. According to humanistic nursing communication theory, the most important factor in the concept of the human being is that the nurse, patient, peer and colleagues are all human beings (Bonnie W. Battey, 1996).

In our society, different people play different roles. According to Humanistic Nursing Communication Theory (HNCT) individuals playing a significant role in the health care system include nurses, clients, peers and colleagues. In this framework, a nurse is a person who carries out the nursing process (assessment, planning, implement and evaluation). After that, he/she makes a nursing care plan for a client or specific group of clients. A nurse has a specific education and license that is accepted by society. Nurses perform their duties in collaboration with other staff (peers, colleagues). Also within the framework a client is a person who is confronted with a critical life situation regarding his/her health. He/she may experiences the situation in such a way that he/she feels threatened by the health care professional. Other existential elements are typically more prominent and apparent such as the disease like cancer, or an injury and so on. Then we see peers, who are in fact other nurses who have the same status as the nurse. Finally in the framework are colleagues, who are those persons who may have a different status from the nurse, but work in collaboration with nurses such as physicians, administrators etc. (Bonnie W. Battey, 1996).

According to humanistic nursing communication theory, communication can be of, or fall between the following two types and dimensions:

TYPES OF COMMUNICATION

- Humanizing communication: This refers to a form of communication in which human unique characteristics are taken into special consideration.
- Dehumanizing communication: This refers to a type of communication in which human unique characteristics are ignored.

DIMENSIONS

- Attitudes (as shown in Table 3)
- Pattern of interaction (as shown in figure 1)

Table 3. Attitudes

Dialogue (humanizing)	Monologue (dehumanizing)
Individual	Category
Holistic	Parts
Choice	Directive
Equality	Degradation
Positive regard	Disregards
Acceptance	Judgment
Empathy	Tolerance
Authenticity	Role playing
Caring	Careless
Irreplaceable	Expendable
Intimacy	Isolation
Coping	Helpless
Power	Powerless

(Bonnie W. Battey, 1996)

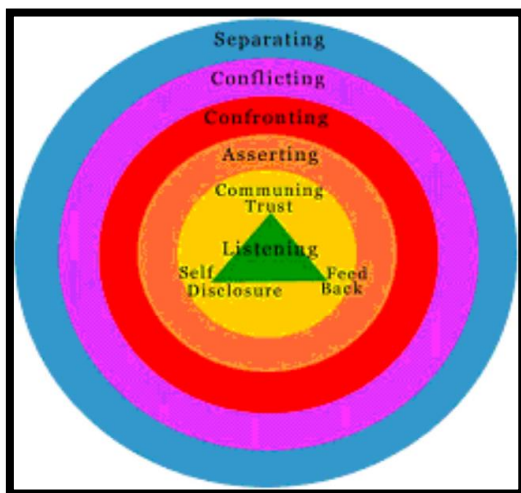


Figure 1 Patterns of interaction (Source, Bonnie W. Battey, 1996).

Patterns of interaction (Figure 1) are skills that are utilized by a person to communicate.

They consist of communing, asserting, confronting, conflicting and separating.

Communing: This refers to communication which occurs between persons who are aware of the presence of each other. It is very important for nurses to engage in humanizing communication because patients will reveal things to the nurse, which are expected to be not disclosed to anyone else. Communing further consists of following three sub elements (as shown in table 4 and Figure 2):



Figure 2 Communing (Source, Bonnie W. Battey, 1996).

- Listening & trust
- Self-disclosure
- Feedback

Table 4. The Tripod of Communing

Listening & trust	Listening is the central element of communing. It involves a conscious effort to attend to what the other person is saying especially regarding feelings, thinking and implications. Trust involves relying on another person in order to reach the desired goal. It occurs when there is uncertainty on how to achieve the goal and may involve potential loss in attempting to achieve the goal. There is a greater risk of loss if the trust is violated.
Self-disclosure	The patient takes the risk of rejection in disclosing what he/she is thinking, feeling about current event.
Feedback	After listening, the nurse describes the feeling, thinking, behavior and so on of the patient as disclosed by the patient and also provides an evaluation regarding his/her own beliefs.

(Bonnie W. Battey, 1996).

Assertiveness: This refers to the expression of feelings, thoughts and beliefs while respecting the views, opinions and considerations of others. For example, if a patient is going to get up from bed after post operation, then the nurse will need to adopt the required assertiveness while guiding the patient about getting up from the bed (Bonnie W. Battey, 1996).

Confrontation: This means providing feedback about behavior and requesting some modifications in it. If the communication is carried out in a humanizing way then it will be “confronting with caring”. For instance, a nurse may be caring for a person suffering from diabetes. While taking care, the nurse may need to confront the patient about taking insulin, wearing well-protected shoes and adhering to the diabetic diet (Bonnie W. Battey, 1996).

Separation: This refers to the termination and break up of a relationship due to change, choice or circumstance. If communication occurs in a humanizing way then it will be separation with sadness. For example, two persons may separate after their graduation. After some years, they may meet together again and start their communication where they left off. On the other hand, if two friends are parted from each other and the communication has occurred in a dehumanizing way they may never come back to meet again, especially, when one of them feels harassed or distressed (Bonnie W. Battey, 1996).

There are several of patterns of interaction, which have high significance in maintaining, restoring and ending relationships among people. If the nurse knows his/her own choices and preference in using appropriate patterns of interaction then he/she has a high degree of communication skills, which tend to result in foreseeable consequences in establishing, maintaining, restoring and ending interpersonal relationships. By studying this theory nurses may become able to gain highly important skills in humanizing communication. Nurses can restore therapeutic relationships with clients, peers and colleagues by using these communication skills. These relationships assist the nurse in forming an effective team and tend to direct the health of the patient in a positive direction (Bonnie W. Battey, 1996).

4 AIM OF THE STUDY AND RESEARCH QUESTIONS

The aim of this research is to identify and examine the best means of communication between nurses and DAT patients.

In order to achieve the aim of this research, the following research questions were formulated:

4. What are the main challenges faced by nurses working with dementia patients?
5. Which nursing skills are essential for effective communication with dementia patients?
6. How can nurses improve their communication skills with demented patients?

5 METHODOLOGY

The methodology refers to the techniques by which we approach the research questions and find the answers to those questions. This depends on how the data relating to specific topics and themes is collected by using various databases and how one analyzes this data by compiling these databases (Taylor et al., 1984).

The method used was literature review with content analysis as a method of analysis. The literature review is a survey of important articles that are related to the subject of the research. It gives an overview of the topic, expressing what is current in the field of study. The literature review plays a very important role in assessing the existing knowledge in this field of study. It also helps in the development of the theoretical foundation (Wesleyan, 2014).

5.1 DATA COLLECTION

The data used in this study was collected from the Academic Search Elite, EBSCO, Science direct and CINAHL databases. Most of the data was drawn from the EBSCO and CINAHL databases. When I started to look for data about communication, dementia and caring as a trial by using the EBSCO and CINAHL databases - 589 articles appeared in the result.

Key words (“Communication”, “Dementia” and “Care”) were used as abstract terms for full text articles in the English language and in this way 172 articles were produced. I was interested in studying the more recent articles, so I limited my search to the past 15 years, i.e. 1999 – 2014. As a result, I obtained 164 references from the more limited search. I briefly reviewed all the articles and selected 9, which would be utilized for finding the answer to my research questions. I also selected one article from Science Direct by using the key words “dementia” and “communication”. Additionally, I used the terms “dementia” and “care” as key words and selected 4 articles in order to find

answer to my first research question. The reason I selected the articles was that these articles were highly relevant to my research and they delivered significant information in the development of my study. After selecting the articles, I evaluated the content of selected articles and then underlined the important contents which were related to the subject matter of my research. The data collected helps and supports me in attaining the aim of the research because the materials utilized in this research focuses on the communication between the patient and the nurse and how the nurse makes this communication effective.

5.2 PRESENTATION OF SELECTED ARTICLES

The selected articles are presented with the names of the authors, the year of publication and the article titles:

Table 5: Article number, year, authors' names title of the articles, answers of my research questions & summary

ART.	Year	Author	Title of articles	Answers of my research questions	Summary
Art.1	2000	Goff, Marilyn	Caring for a person with dementia in acute hospitals	Q.1: Disrupt the connection from 'no cure, no hope	Nursing a demented patient in the hospital is a great challenge. Provision of advance education, various discipline approaches and suitable ward environment to nurses are positive steps to improving care for demented patients
Art.2	2009	Birch, Deborah; Stokoe, David	Caring for people with end-stage dementia	Q.1: Family's understanding about dementia care	Communication with demented patients as well as their families is very important to provide them the best care
Art.3	2009	Chang et al.,	Challenges for professional care of advanced dementia	Q.1: Lack of knowledge and skills	Nurses need advance knowledge and skills of dementia care. In this way the nurse becomes able to respond demented patient's needs appropriately
Art.4	2011	Jootun Dev McGhee, Gerry	Effective communication with people who have dementia	Q.2: Use of communication process Use of strategy	Communication is very important for nurses to engage demented patients in positive activities and enhance their outcomes
Art.5	2012	Chapman, Alan,	Patient with dementia require holistic communication	Q.2:Ability to adopt holistic communication	Basic concepts of holistic communication are to center yourself, listen wholeheartedly, empathize, pay attention and be respectful.
Art.6	2013	Jing-Jy Wang, Pei-Fang Hsieh, Chi-Jane Wang,	Long-term Care Nurses' Communication Difficulties with People Living with Dementia in Taiwan (From science direct database)	Q.1: Communication difficulties with DAT patients in some nurses	Dementia communication education in curriculum increases the communication abilities of student nurses. Working of junior nurses in long term setting with senior nurses also enhances the communication skills of junior nurses.
Art.7	2005	Frazier-Rios, D, & Zembrzuski, C	'Try this': best practices in nursing care for hospitalized older adults with dementia. Communication difficulties: assessment and interventions	Q.2: a. Ability to assess DAT patient b. Skill to interpret behavior of DAT patient	Behavior is a form of communication.
Art.8	2011	Haberstroh et al.,	TANDEM: Communication training for informal caregivers of people with dementia	Q.3: TANDEM model to enhance communication	TANDEM model enhances the communication skills of nurses
Art.9	2013	De Vries, K	Communicating with older people with dementia	Q.2: Non-verbal communication Q.3: Nurses need to participate in communication skills programs	Educational and training programs increase the communication skills of nurses. As a result, the nurse can encourage the demented patients to express their needs.
Art.10	2012	Varner, J	Managing Communications and Behavioral Challenges in Dementia	Q.1: Handling behavioral problem	Challenges in caring for demented patients are alleviated with communication abilities of nurses.
Art.11	2011	Hammar, L, Emami, A, Engström, G, & Götell, E	Communicating through caregiver singing during morning care situations in dementia care	Q.2: Singing (music) or singing (gesture) as a form of communication	Singing is a form of communication. It attracts the attention of demented patients easily.
Art.12	2011	Blackhall, A, Hawkes, D, Hingley, D, & Wood, S	VERA framework: communicating with people who have dementia	Q.3: Communication guide for nurses	VERA framework elaborates the communication process step-by- step. It leads nurses towards delivering compassionate and caring feedback
Art.13	2004	Gleeson, M, & Timmins, F	Touch: a fundamental aspect of communication with older people experiencing dementia	Q.3: Touch is an effective method of non-verbal behavior	Touch stimulates the emotions of individual which in turn restores his lost personhood
Art.14	2005	Trevor Adams & Paula Gardiner	Communication and interaction within dementia care triads: Developing a theory for relationship-centred care (sage journals)	Q.3: Educational program related to dementia care for nurses	Professional educational programs have underpinned the attention to the experience of people with dementia and their carers. These programs promote communication skills of professionals that enable them to participate in dementia care actively and engage the demented people into positive activities.

5.3 DATA ANALYSIS

In this study, deductive content analysis was used to analyze the data. Content analysis is a data analysis process that is helpful in analyzing the data when research is based on earlier and prior knowledge (Kyngäs & Vanhanen, 1999). I initiated the research by reading the articles I had selected many times. In the next step, I underlined the vital and significant parts in the selected articles. These segments are sentences, expressions or words. The desired aim of my research helped and directed me in choosing the imperative objects for analysis. The selected fragments were analyzed. Content analysis is the main tool used to identify the existence of certain ideas, notions or concepts in different books, articles and websites investigated (Carol et al., 1994 - 2012). Content analysis is a method that may be used with either qualitative or quantitative data and in an inductive or deductive way. Qualitative content analysis is often and commonly used in nursing studies, but little has been published on the analysis process and many research books generally only provide a short description of the method. A deductive approach is useful if the general aim is to test a previous theory in a different situation or to compare categories at different time periods (Elo & Kyngäs, 2008).

Research has been carried out about communication with demented individuals for many years, and also about how nurses communicate with demented patients effectively. That is why I used a deductive content analysis method to examine the literature I found. I read all articles very carefully and underlined the sentences related to my aim of research. After that I got the main categories based on my research questions and the underlined sentences of articles. The first main category chosen was *challenges for nurses* and for this category sub categories were selected; these were dementia care practice and nursing knowledge. The second main category was *communication skills* and under this came the subcategories of effective communication, non-verbal communication (SOLAR), volume, pitch, rate of speech, hand gestures, body language, touch eye contact, actions, music and holistic communication. The third main category was the *methods for improving communication skills* and this category had subcategories of presentation, attention, comprehension, remembering, validation, emotions, reassurance, activity, educational programmes and training. I did this by utilizing markings and concepts obtained from the underlined sentence of 14 articles. I read the articles, sentences were underlined, condensed

categorized. For instance, challenges for nurses was marked with red, communication skills with brown and methods for enhancing communication skills with yellow.

5.4 TABLE OF CATEGORIZATION OF THE ARTICLES

Below is an example of how the sentences from the articles were chosen, condensed, and the subcategories and main categories created.

Table 6: Categorization of the articles

MAIN CATEGORIES	SUB CATEGORIES	CONDENSED MEANING UNIT	MEANING UNIT SENTENCE
Challenge for nurses	Dementia care practice	Nurses need to consider four things such as the carer, environment, approach and past history and life style of demented patients while caring for them in hospital.	Demented patients have limited mental capacity to logically reason as to what is happening around them, hospitalization may well be a very frightening experience. Patient safety, family carer frustration and staff concerns are important issues.
	Nursing knowledge	It is very important to provide appropriate staff education if nursing challenges are to be reduced	A concerted effort by health professionals and hospital administration to provide appropriate staff a multidisciplinary approach, liaison with family carers and access to experts in psychogeriatrics, as well as a suitable ward environment are positive steps in improving care for demented patients.
Communication skill	Effective communication	The basic requirements of effective communication include contents, structure, word structure and appropriate language.	Communication is considered effective if the sender is clear about the purpose of the message, what it is supposed to be achieved and has carefully considered the recipient when encoding the message.
	Non-verbal communication (SOLER)	S- Sit facing the patient O- maintain an Open posture L- Lean slightly forward E- establish Eye contact R- adopt a Relaxed posture	The acronym SOLER can be useful when communicating with people who have dementia. Nurses use it when they engage the demented patients in non-verbal communication.
	Volume Pitch Rate of speech Tone of voice	Nurses have to use these features well to ensure that the dementia care's objectives are achieved	The paralinguistic features expressed by the sender and the receiver influence the flow of conversation. Nurses need to have an understanding of how these features may affect the meaning of a sentence.
	Hand gestures Body language Touch Facial expression Eye contact Actions, music	Nurses have to adopt non-verbal communication approach to understand needs of the demented individuals because demented patients cannot express well their feelings verbally	When people cannot understand language, non-verbal communication with care-givers whom they trust is of primary importance. Communication approaches should follow attentiveness, responsibility, competence, responsiveness and trust
	Holistic communication	Basic concepts of holistic communication are to center yourself, listen wholeheartedly, empathize, pay attention and be respectful	Holistic communication helps the nurse to acknowledge the demented patient as a human being.
Methods for improving communication skills	TANDEM model Presentation Attention Comprehension Remembering	The TANDEM model is one way of enhancing communication skills of nurses	Nurses are able to ensure patients and satisfy patient families that patient is getting comprehensive care
	VERA Validation Emotions Reassure Activity	Several methods and approaches must be adopted and applied depending upon the situation in order to understand needs of the patient	VERA describes the communication step-by-step and develops a logical approach in both nurses and demented individuals, leading nurses towards an interpretation of communication
	Educational programs Training	Experience and knowledge of dementia care enhances the reflective skills of nurses	Educational programs regarding caring of demented individuals and practical training of junior nurses with senior nurses offer junior nurses insights to facilitate good communication within dementia care

5.5 ETHICAL CONSIDERATIONS

Ethics is a branch of philosophy in which the values and customs of a group or individual are studied, such as the values of a dementia caregiver. After analyzing these values and customs along with application of concepts, a conclusion is drawn about what is right and wrong, good or evil in the procedure of giving care (Onuoha, 2007).

Prior to starting writing the research, I read and understood the Helsinki Declaration. The material used in my research consists of scientific articles and books, which reflects truth, fact and reality all through the study. Material attained directly from scientific articles is written in quotations and in italics. I have mentioned all the sources I obtained the ideas, concepts and thoughts from used in this research.

6 PRESENTATION OF RESULTS

The results have been divided into the following four parts according to the research questions:

6.1 What are the main challenges faced by nurses working with demented patients?

The answer to this question has already partially been described in background. In my deductive content analysis I found strong statements by Goff (2000) referring to the main category of challenges for nurses and especially subcategory of dementia care practice. In these statements Goff explains four important areas nurses should consider in. Secondly I found arguments made by Birch et al. (2010) regarding the advocacy of demented individual family. In these arguments they stated that nurses face difficulties to advocate the demented patient families regarding the standard of dementia care. This argument is strongly related to my main category of challenges for nurses. For the main category regarding *challenges for nurses* I found strong statements by Varner (2012) and Chang et al., (2009) regarding the subcategory of nursing knowledge.

A major challenge for nurses is to change the attitude of ‘no cure, no hope’ to one of meeting and facilitating the needs of the patients who are living with dementia, and thus

presenting and displaying how assistance can be delivered in an innovative way. Goff (2000) suggests that nurses need to consider four important things. Firstly, if the patient suffering from dementia has been cared for at home or some other place by some people before coming to hospital, then these people hold valuable and precious information related to the care of the patient, such as personal care needs, the patient's preferences and other care suggestions such as how to avoid constipation etc. Nurses need to capture this information, which can deliver a rapid degree of orientation for when complications arise or may prevent complications from happening in the first place. The role of family members in care has a significant impact from both a physical as well as emotional perspective, especially as the patient may experience a loss of linkage with their loved ones whilst in care. Therefore, loved ones and family members can provide valuable help and support to the nurses as they provide a familiar face for the patient.

Secondly, according to Goff (2000) a demented patient sees the hospital environment as an overly large and unfamiliar place. Thus, a further challenge for a nurse is how she/he (the nurse) can help the patient to cope with his/her surroundings in order to minimize dysfunctional behavior. Nurses can assist the patient in numerous ways for example by providing headphones to the patient with familiar music, which in turn provides a soothing distraction. They may also provide direction to the toilets by placing a picture on the door, for instance, or place a favorite item (e.g. a flower) on the wall near the bed creating a comfortable way for the patient to find his way to his bed back easily, and help prevent delusion by ensuring the room is well-illuminated.

Thirdly, Goff states that most behavioral problems may arise because the patient suffering from dementia does not comprehend what is expected from them. Therefore, they become frustrated because they cannot understand themselves and get other people to understand them. Most demented patients have difficulty expressing themselves. During communicating with people living dementia, Goff proposes that nurses need to consider how they present themselves to the patient. Keeping the discussion simple, speaking gently, calmly and clearly and using familiar words & phrases assists the patient in reducing anxiety. Demented patients are usually conscious and attentive of non-verbal gestures so making gestures such as frowning enhances their anxiety. Many patients find a gentle touch on the shoulder encouraging and supportive because it conveys the message that you are helpful and caring. Fourthly, it is also an imperative

consideration for a nurse to have a fair degree of knowledge about the patient's spoken language, rituals, customs, cultural and religious habits.

Birch et al. (2010) point out that a major challenge is associated with families and their awareness and understanding of the standard of dementia care. The progression of dementia leads to increased physical weakness in the patient. This may include rigidity and motionlessness, with high chances of pressure sore development. Refusal to eat & drink and damage to the swallowing reflex can cause the weight loss and lead to the development of bedsores. When the nurse shares this information about the patient with families, then serious complications may arise. In order to reduce these complications, the nurse should communicate with the patient families about the status of patient and the care they are receiving over the passage of time so that supporting family does not get a sudden shock at end of life phase.

There is no doubt that impairment in cognitive, linguistic ability and memory in demented patient makes it more difficult for nurses to provide effective care. On the other hand, Jing-Jy et al. (2013) point out that communication difficulties with people suffering from dementia have also been identified in some nurses. Dissimilar language, comprising of repetitive responses and inability of language harmony, block messages, comprising of complications in assessing the emotions and in perception of needs are major problems for nurses.

Handling troubling behavior of a demented person is a big challenge for nurses. Such behavior includes wandering around, agitation, sleeplessness, as well as having difficulty with eating, bathing and dressing, in addition to having hallucinations and engaging in repetitive speech or actions (Varner, 2012).

Dementia care is very complex both physically and emotionally. A major challenge associated with dementia care is the insufficient knowledge of nurses about the dementia disorder. Other problems identified in some nurses are the lack of skills in providing dementia care. They possess inadequate caregiving techniques (Chang et al., 2009).

6.2 What nursing skills are required for effective communication with dementia patients?

Effective communication plays a significant role in improving the quality of care. It also influences the quality of the relationships between the parties engaged in communication. According to the text I examined by Jootun et al. (2011), nurses who are taking care of demented patients should demonstrate their understanding of this effect. Human beings share their feelings, needs and wishes by communication. However, in the case of dementia when communication is impaired the nurse should demonstrate a sense of identity and encourage the patient to communicate in whichever manner or mode he likes. Nurses have to be good and skilled communicators in order to engage the patients into positive activities and establish a therapeutic relationship with them in order to improve their care. In the view of Jootun et al. the effectiveness of nursing communication skills depends upon two things:

- The ability of a nurse to utilize the communication process effectively
- The capability of a nurse to adopt suitable communication strategies

The communication is process, which is like an active river. This river is flowing constantly and continuously and varying from minute to minute. If any person wants to analyze the river by taking out a bucket of water from it then that person cannot succeed in understanding the river entirely. The same thing is associated with communication. A person's gestures, words and sentences can only be understandable when they are observed as a part of continuing stream of events and happenings. Therefore, it is essential for a nurse to consider communication as a dynamic process. The communication process will be effective if the sender is clear about the aim of communication, and wisely considers the receiver while encoding the message, and involves the in the interaction eagerly. After adopting a suitable communication process a nurse needs to adopt suitable strategies that encourage and support effective communication in dementia care as shown in Table 7 below (Jootun et al., 2011).

Table 7. Strategies to promote effective communication with demented patient

No	STRATEGIES
1	Talk to the patient from the front and ensure that you have eye contact with patient while speaking.
2.	Always initiate conversation by using the name of patient.
3	Make sure that the environment is quiet with no noise that may distract the patient.
4	Adopt the usage of simple and common language. Speak slowly and then give sufficient time for the patient to decode the information and to respond.
5	Avoid judging the patient rapidly about what he/she is trying to express
6	Support the patient to write what he/she is trying to express and read it loudly.
7	Use a pictogram grid. The patient may find it useful to write answer on it by filling it out.
8	Use suitable facial expressions such as smiling while talking about cheerful occasions.
9	Never correct the patient if he/she says anything wrong. Do not argue with patient
10	Avoid forcing the patient to reply
11	Support and motivate the patient to use any mode of communication that suits him/her such as using gesture or writing.
12	Use 'yes or no' rather than open-ended questions.

(Jootun et al., 2011)

In the text I examined by Chapman (2012) the author proposes that nurses need to adopt holistic communication to communicate effectively while caring for a demented patient. Most nurses fill only the information which is mentioned on the form while admitting the patient. Then they inform the patient of their room and bed. However, this is not enough. In Chapman's view, nurses have to think one-step ahead. Basic concepts of holistic communication are to center yourself, listen wholeheartedly, empathize, pay attention and be respectful. With the help of these holistic communication skills nurses can become able to acknowledge the demented patient as a human being, view the patient as a whole and explore the underlying issues of the illness.

The text I included in my analysis by Frazier-Rios et al. (2005) mentioned that demented patients have badly impaired language skills and emphasized that, therefore, it is the responsibility of the nurse to facilitate the patient in communication. For this, the nurse needs to make a patient assessment in order to identify the kind of language deficit (LD) the patient has, because LD varies from patient to patient in dementia. This assessment should be based on observation, background history and the patient's family

discussion. Outcomes from the assessment will assist the nurse in constructing effective interaction with the patient in such a way to compensate for the language deficit, encourage the remaining capacities and facilitate understanding.

Usually the behavior of demented patients is also a form of communication. For examples nervousness, restlessness, hostility and being quarrelsome are all non-verbal behaviors, which indicate some unmet demands, such as pain, the need of water, food or toileting. Therefore, in the view of Frazier-Rios et al. it is the responsibility of the nurse to try to understand and interpret the behavior rather than terminating the communication and putting the behavior down as symptom of dementia.

De Vries (2013), in the material I examined, mentions that demented people lose their ability to understand language. In this case, non-verbal communication is of great importance for nurses. Nurses can understand the demented patient with signaling. They should always be sincere and kind towards the patient. The patient will trust the medical staff and will show the real situation of disease. There are various types of non-verbal communication. However, the most important of them are shown in Table 8 (Types of non-verbal communication) below:

Table 8: Types of non-verbal communication

No	Non-verbal cues	Examples of non-verbal cues
1	Facial expression	Sadness, happiness, fear, disgust display emotions.
2	Body movement and posture	Sitting, walking and standing affect our perception.
3	Gestures	Waving hands, head etc. supports communication. Gestures have different meanings in different religions and cultures. Be careful to avoid misunderstandings.
4	Eye contact	Expresses interest, friendliness, aggression or attraction.
5	Touch	A light handshake and tap on the shoulder convey messages of sincerity and kindness.
6	Interpersonal spacing	Standing too close to the patient makes him uncomfortable during communication.
7	Voice	The tone of voice (how loud or low it is) indicates anger, affection and anxiety.

(De Vries, 2013)

The study shows that music is a potential tool for engaging patients and stimulating reminiscence. Hammar et al., 2011 found that it reduces agitation, loneliness and

depression and stimulates participation in a variety of activities. Music liked by demented patients produces a beneficial effect on their behavior and reduces their noisemaking. Nurses can obtain information about the music preferences of the patient and this provides a means for turning off unwanted music. Their study also illustrates that music generates positive feelings not only in demented patients but also in nurses. It makes them comfortable, active and relaxed. It reduces their aggression during caregiving. It also promotes patient centered care. It makes the process of communication effective and creates a joint sense of vitality between a nurse and patient.

6.3 How can nurses improve their communication skills with demented patients?

In answer to this question, my research revealed a number of areas that nurses can improve their communication skills in. Haberstroh et al. (2011) found that training in the TANDEM model (detail of the model is in appendix 2) is highly beneficial in enhancing the communication skills of nurses and is greatly relevant to dementia care. With the help of this model, the nurse is able to ensure patients and satisfy their families that patients are getting good comprehensive care. This means that the care is patient-centered and holistic. This model promotes the effective communication skills of nurses. It assists the nurses in understanding the demands of the patient. Haberstroh et al. say that it is a recommendable option for nurses to practice this model in order to promote their communication skills with demented patients and their families.

Additionally, Blackhall et al. (2011) found that the VERA (validation, emotion, reassure, activity) communication framework is also very helpful for nurses (for detail see discussion). It elaborates the communication process step-by-step and develops a logical approach in both nurses and demented people, leading nurses towards an interpretation of communication. The framework is not a therapy which makes permanent modification or improvement, rather it is envisioned in a therapeutic sense that positive changes will occur at some level. In this way, it provides some relief to patients suffering from dementia. However, compassionate communication is a short-term relief because dementia is a progressive disorder. Therefore, any relief to a demented patient through sympathetic communication has a high level of significance.

One study by Trevor et al. (2005) highlights that nurses should participate in educational programs based on caring with demented patients. After this, they should work with older nurses. In this way, they will gain experience of working with demented patients. Experience and knowledge of dementia care enhances the reflective skills of nurses. These programs offer nurses insights to facilitate good communication within dementia care.

In my research I found that Gleeson et al. (2004) mentioned that touch is the most essential form of non-verbal communication in nursing profession. It is very effective method of communication with people suffering from cognitive communication disorders. It gives patient a peace of mind and hope. It comforts, shares compassion and supplies stimulation to patients with limited cognitive function.

The study by De Vries (2013) which was examined in my research indicates that freshly graduated nurses receive very little training in communication with demented patients. Therefore, according to De Vries, they need to participate in communication skill programs with demented patients. These programs improve nurse's understanding of patient's needs. They also assist nurses to adopt an appropriate communication strategy according to patient's condition. Research shows that such kinds of programs have positive effects on verbal as well as non-verbal communication outcomes for nurses and patients with cognitive deficit.

6.4 FINDINGS RELATED TO THE THEORETICAL FRAMEWORK

In order to explore the issue well and to provide support and insight into the topic I selected Battey's humanistic nursing communication theory (1996) to formulate the theoretical framework for the project. In this framework Battey highlights the significance of communication in the nursing profession which led me to formulate three questions which I subsequently based my research on. The framework also helped me to describe more accurately the pattern of interaction which plays an important role in maintaining, restoring and ending relationships among people. In my study I carried out a literature review followed by a more in depth analysis of a number of selected texts. In her theoretical framework Battey mentions the importance of philosophical and

physical concepts of being human and communication. I used humanistic communication theory to make theoretical framework of my project. In her theory, Battey (1996) describes the challenges nurses face in dealing with clients to satisfy them through providing an excellent degree of nursing care and engaging in appropriate communication. In my research, I found that Goff (2000) described the main challenges such as having to satisfy the demented patient and his family, being able to understand the patient's needs, having to meet physical and emotional demands of the patient, and being able to handle ethical issues. Jing-Jy et al. (2013) pointed out two significant causes (poor communication and aggressive behavior of the patient) behind these challenges. According to Varner (2012) troubling behavior of demented people is also a form of communication. It may feel saddening, frightening, dreadful or troublesome for nurses. Varner also suggested that the patient's declining ability to communicate can be the most depressing, painful and troublesome problem for nurses and patients alike. Due to this, nurses are likely to feel stressed and burdened with taking care of demented patients. However, Goff (2000) identified that nurses can alleviate these challenges and problems by utilizing and adopting an appropriate communication strategy according to the prevailing conditions and preferences of the patient.

I will now turn to these findings in more detail in my discussion below.

7 DISCUSSION

The background section to my research paper shows that dementia is not a specific disease. It is a collection of mental disorders, which is progressive. With the passage of time, it negatively affects an individual's ability to remember and recall basic everyday facts, for instance dates, names, addresses etc. It also steadily and constantly affects the individual's communication.

The results that arose from the chosen articles in this study are further discussed here. Results/findings related to the theoretical framework exhibits the most important challenges faced by nurses in caring for demented patients. After identifying these challenges, I moved to my second research question, in which I tried to find out how these challenges can be approached and managed. For this, I began to look at articles which were related to communication strategies. I applied deductive content analysis to

the text of the articles and underlined those parts and sentences which were relevant to communication skills. Jootun et al. (2011) mentioned that human relationships depend upon effective communication. They elaborated on the communication process and suggested important communication strategies. They stated that these strategies assist nurses a lot to promote effective communication. In the view of Chapman (2012), nurses can communicate effectively if they adopt a holistic form of communication in which nurses listen wholeheartedly, empathize, pay attention and show respect to demented patients. Chapman stated that holistic communication assists nurses in maintaining the self-esteem of demented patients. According to Frazier-Rios et al. (2005), demented patients have problems expressing themselves with language. They proposed that nurses should facilitate demented patients with words according to their observation and assessment. They also suggested that nurses should understand patient dysfunctional behavior such as restlessness and nervousness because this dysfunctional behavior is also a form of communication. De Vries (2013) highlighted types of non-verbal communication which assist nurses in meeting the needs of patients. Hammar et al, (2011) found that music has positive effects on patients suffering from dementia. They found that demented patients felt comfortable and relaxed by listening to music. They pointed out that music makes the communication process more effective. In the theory of humanistic nursing communication, Battey (1996) described patterns of interaction such as asserting, conflicting, confronting and separating. She stated that it is a valuable communication skill for a nurse to be able to use the most suitable pattern of attraction according to the situation. She mentioned in her theoretical framework that the therapeutic relationship between the nurse and patient depends upon the accuracy of the selection of appropriate patterns of interaction according to the environment.

After discussing communication strategies in my second question, I go forward to my last research question in which I attempted to identify how nurses can improve their communication skills. In the view of Haberstroh et al. (2011), understanding the needs of demented patients and adopting relevant communication strategies will assist nurses in making their communication more effective. For this reason, they introduced the TANDEM model to understand the needs of demented patients and to adopt relevant communication strategies. Haberstroh et al. suggested that nurses should use this model frequently to increase their communication skills. In their view, communication

between the nurse and the demented patient will become efficient and effective by using this model.

One important framework which came to light in answer to my third question was the VERA framework mentioned by Blackhall et al. (2011). VERA is a framework, which enhances the communication skills of nurses with elderly patient suffering from dementia (Blackhall et al. 2011). It consists of four stages i.e., validation, emotion, reassure and activity. Validation is the first stage of the VERA framework. In validation, the nurse tries to get into the inner emotional word of the demented patient and attempt to develop an awareness of the patient's emotions and hidden meaning in the patient's actions. Emotion is the second stage of the VERA framework. In this stage, the nurse attempts to associate with the patient through empathetic feedback. For this Blackhall et al. (2011) proposed that nurses should be good listeners and observers. They also stated that nurses should concentrate on body language, facial expression, vocal tune and other sources which convey messages about the emotional state of the patient. Reassurance is the third stage of the VERA framework. It is a verbal or non-verbal response to communication in order to minimize the anxiety of the demented patient. This could be for instance, simply giving a smile or just saying you are safe. Activity is the fourth stage of the VERA framework. In this stage, the nurse tries to engage the demented patient in some positive actions.

In order to understand the VERA framework, consider following case:

Case: A patient, Khalida, is shouting in the elderly home she resides in. She is shifting chairs and tables about. When you ask her what the problem is, she replies that she is again late for work today and now afraid that she will lose her job.

I am going to apply VERA framework to the above case.

VALIDATION: You are looking so worried about your work Khalida. Please tell me about your work. (This will encourage the patient to demonstrate the underlying meaning of her action.)

EMOTION: I would be depressed too if I thought I was going to lose my job. (This will associate the nurse with empathetic understanding of the fear that Khalida experiences.)

REASSURE: You are safe here Khalida. (This simple sentence exhibits that no harm will come to Khalida.)

ACTIVITY: We have some work to do here Khalida. Can you help me clean the table? (The nurse selects an activity which correlates with Khalida's work and steers her anxious behavior in a positive direction).

In humanistic nursing communication theory, Battey (1996) mentioned a tripod of communication. Battey states the tripod of communication assists nurses in engaging patients in humanizing communication because patients will reveal things to the nurse which are expected to be not disclosed to anyone else. She emphasized that the tripod of communication enhances the communication skills of nurses.

I have noticed and observed from the above discussion that humanistic nursing communication theory is an ideal framework of research because it defines philosophical assumptions and concepts of being human very well. It then further illustrates the relationships by comparing the assumptions and concepts with each other. The main objective of this theory is to be familiar with the eight unique characteristics of human beings and associating with the individual with empathy and kindness. The primary goal of a nurse is to provide patients the best quality nursing care possible. By studying this theory in depth, I found that the key component for the best quality in nursing care is effective communication between nurses and their patients. Battey (1996) mentioned that humanizing and effective communication is a powerful tool for a nurse in helping to make a trustworthy assessment of the patient. In her view, the nurse becomes able to evaluate the satisfaction of the patient after engaging in this form of communication. Therefore, it is very clear that there is a very strong and durable relationship between patient satisfaction and humanizing communication. The main benefit in using this theory is knowing how to use humanizing communication in order to enhance patient satisfaction. On the other hand, I get all required information with the method used in collecting data which makes this method reliable. A method may be reliable but not valid if it is continuously measuring the same thing. The results could be varied if the study is conducted in an institution depending whether the data would be acquired through interviews from various professionals. Therefore, I come to a point that this study is more reliable than valid. However, further research is required to discover advanced communication strategies in caring for demented individuals.

8 CONCLUSION

The results of this study indicate that nurses can enhance their communication skills with the provision of advanced education and training in dementia care in a long-term setting. Results also indicate that nurses can minimize the problems faced in caring for demented individuals by adopting appropriate communication strategies. This study reveals that VERA framework mentioned by Blackhall et al. (2011) and TANDEM framework stated by Haberstroh et al. (2011) assist nurses to understand the needs of patients. Thus, I have come to a conclusion that both frameworks are the good methods for enhancing communication skills of nurses. My research also indicates that new nurses have insufficient knowledge about dementia care. Therefore, one of the conclusions of this research is that joining educational and training programs related to dementia care by nurses enhances their ability to choose suitable communication strategies according to the condition of the environment and the patient's preferences. This will enable nurses to achieve patient satisfaction regarding care, which in turn generates positive effects on the patient's health as well as on nurses.

9 RECOMMENDATIONS OF NURSES TAKING CARING FOR THE DEMENTED PATIENTS

Dementia is a disorder that affects brain progressively. Over the time, effected person loses his ability to perform the daily activities independently. This means he/she becomes dependent on others (family, nurses) with the passage of time. Based on the findings from this study my recommendations for nurses regarding the caring for demented patients are as follow:

1.BASIC CARE: Nurses need to recognize the basic signs of dementia through observation and assessment such as memory changes, visual changes, language barriers and auditory changes in patients. Demented patients need more time to understand. Nurses must give enough time to the demented patients. Nurses should use communication techniques such as using of short sentences, pictures, gestures and

visual cues etc. In this way demented individuals feel a sense of community. Nurses should provide appropriate hearing and visual aid devices to the demented patients if they need. Demented people exhibit behavioral symptoms such as hallucination, anxiety, depression etc. Nurses should try to identify the cause of behavioral symptom and then monitor it carefully. They must provide enough information about dementia care to patients and their families who can make best decision regarding care. Nurses should make effective care plan based on their assessment. Care plan is focused on patient abilities to carry out daily activities. Family members of patient are included in this plan. The people with dementia commonly experience the pain which causes unpleasant physical, emotional, social and spiritual responses. Nurses should make effective pain assessment and measure vital signs. Nurses should adopt useful measures to ease pain such as changing position, room temperature, relaxation and physical activity. If these measures are not working then nurses should give routine pain medication to patient.

2.PERSONAL CARE: Demented patients lose their ability progressively to take care of themselves. Nurses are responsible for their personal care. (A) Bathing: Nurses should give bath to patients according to their preferences such as use bathtub or shower. Nurses must respect patient's dignity. They should never leave the patient alone in the washroom. (B) Dressing: Nurses should provide clean and comfortable clothes to the patient. They should assist patients in dressing. (C) Toileting: Nurses should help and guide the patient to find out the toilet. After toileting nurses must ensure that patient is cleaned and dried. They also assess urinary leakage signs (D) Oral health: Nurse is responsible to brush the teeth, clean the dentures and gum of patient after every meal. It will prevent eating and digestive problems. (E) Eating and drinking: Nurses must monitor that patient has taken enough food and liquid. They also help patients in taking food. (F) Prevention of fall: Demented patients are greater risk of falling. Nurse can minimize the fall related accidents by removing restraints, providing well-lighted ways and drying surface of the floor. Nurses should encourage patients to perform daily exercise which promotes the ability of patient to move.

3.END-OF-LIFE CARE: When dementia is diagnosed in any person then future planning about care including end of life care has been started. Nurses should meet the needs of the patient in such a way that patient feels comfortable. Nurses should change

care plan if the condition of patient worsens. They should respect patient's beliefs regarding the end of life care. Religious and cultural beliefs should be taken into account in the care planning. Respecting to these beliefs decrease the patient's emotional and spiritual distress and increase the patient's comfort and well-being. The nurse should explain end of life care plan to the demented patient (if appropriate) and his/her families so that everyone knows patient's choices about end of life. The nurse supports the families while their patient is dying by addressing his needs and dying process. Nurses should express to the patient's families his own experience with the dying demented patient.

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Appendices

Appendix 1: TEST FOR DAT

Medical History: During the medical history examination, the caregiver asks the patient about his current and past diseases, what kinds of medication he or she is taking, and whether there are any family members who have been affected by Alzheimer's disease.

Physical exam: During the physical exam the doctor may ask the patient:

- What kinds of food he or she is taking?
- Also about the usage of alcohol and smoking.

The doctor may also:

- Review all medications.
- Check the vital signs such as temperature, blood pressure, heartbeat and pulse.
- Perform other procedures to determine the current health status of the patient.
- Take urine and blood samples.

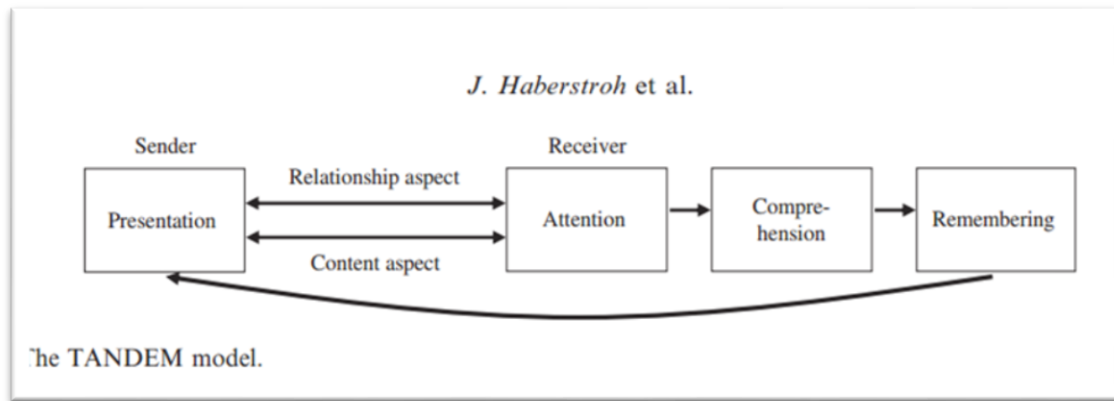
Neurological Exam: During this exam, the doctor will look for signs of small or large strokes, brain tumors, fluid accumulation in the brain, and other illnesses that may impair memory or thinking. The doctor may check following:

- Relaxation
- Coordination and muscle tone
- Eye movement
- Speech
- Sensation

Mental status test: During this test, the ability of patient to solve simple problems can be checked. For example, this may include whether the patient knows what is wrong with him/her, or whether he or she knows what the time or date is. It may also include whether the person can remember a short list of words for a few minutes, follow instructions and perform a simple calculation?

Brain imaging: The last step diagnosing Alzheimer's disease is brain imaging. The most commonly used form of brain imaging is CT or MRI. By scanning the brain the physician is able to get a structural image of the brain. These structural images show defects of the brain clearly such as a tumor, the results of small or large strokes, the extent of damage to the brain (great or small), storage of fluid in the brain and trauma (Alzheimer's Association, 2014).

Appendix 2: TANDEM MODEL



The TANDEM model shows that communication consists of four steps:

1. PRESENTATION

The first step is presentation e.g. a spoken sentence "The weather is pleasant". If the patient cannot say simple sentences like this one then it shows that he suffers from expressive disorder. This is early stage DAT. Communication does not stop at the first step, however. Eye contact also presents some information. We need to go to the next step in order to understand the underlying meaning of this sort of information.

2. ATTENTION

In the second step, the receiver pays attention to the message. If the receiver does not pay attention then communication fails at this stage. For instance, if a man watches TV continuously while his son is asking him something, this means that the man is not able to pay attention to the TV and his son simultaneously. This shows that the man suffers from an attention deficit.

3. COMPREHENSION

In the third step, the receiver needs to understand the underlying meaning of given information, for example, "Lay the table!". This is very simple sentence but it contains some complex information. In the sentence the complex information behind the simple sentence "Lay the table!" includes simple pieces of meaning such as bring fruit from basket and put it on the table, take out some spoons from the drawers and put them the table, bring some dishes from the cupboard and spread them on the table and so on. If a person cannot divide complex information into simple pieces then it shows that the person may suffer from a receptive disorder.

4. REMEMBERING

This is last stage of communication process. In this stage the receiver has to remember given information. If the receiver repeats questions after every about 10 minutes then it shows that his/her working memory is impaired.

Appendix 3: STRUCTURE OF NERVOUS SYSTEM

The nervous system consists of many components. Each part plays a unique role. These components are connected by special cells called neurons (Kathryn et al, 2007).

Communication disorders related to dementia are associated with the nervous system, therefore it is important to learn the brief structure and function of the nervous system in terms of communication disorders. I shall start this with the basic unit of the nervous system, the neuron.

The human brain consists of almost 100 billion neurons. The nervous system uses these cells to process and transmit information. Every neuron has three parts, dendrites, a cell body (soma), and axon. Dendrites are branches extending from the cell body. The function of the dendrites is to collect information from other neurons and transmit them to the cell body. The axon is a long fiber from each neuron, which transmits information away from the cell body. Metabolism occurs in the cell body and in this way the neuron gets the energy required for its function. Each axon has special ending which connects to other neurons at synapse. A synapse is the space where information is transmitted from one neuron to another in the form of special chemicals called neurotransmitters (Kathryn et al, 2007).

The nervous system consists of the central and peripheral nervous system. The central nervous system (CNS) is composed of the cerebrum, brainstem, cerebellum, white matter, meninges, ventricles and spinal cord while the peripheral nervous system (PNS) is made up of spinal and cranial nerves (Kathryn et al, 2007).

In the CNS, the cerebrum is the largest part of the brain and consists of the right and left hemisphere. Each hemisphere has white matter pathways, a limbic system and an outer layer of cerebral cortex, which is divided into five lobes i.e. the frontal, parietal, occipital, temporal, and limbic lobes. These lobes perform different functions. In general, the frontal lobe controls our emotions, planning, problem solving ability and parts of speech. The parietal lobe is located at the backside of the frontal lobe. It is concerned with somatic sensation and awareness. The occipital lobe is located at the back of brain and is responsible for visual processing. The temporal lobe is found above the ear and controls auditory information. It also contains special structures, which are

responsible for specific memory. Limbic lobes are involved in many complex cognitive functions. The limbic system consists of the thalamus, the basal ganglia, hippocampus and amygdala. The thalamus is a collection of nuclei and is located in the middle of the brain. All information reaching the cortex comes into the thalamus first. The function of the thalamus is to organize the information and send it into different parts of the cortex according to their reliability. The thalamus plays a major role in communication and cognition. If damage occurs in various nuclei of the thalamus then it leads to impairment in speech, language and motor control. Basal ganglia are subcortical structures of hemispheres, which are associated with the production and modulation of movement. The hippocampus is located anterior to hippocampi. Functionally, it supports the consolidation of new memories. Damage to the hippocampus or progressive loss of hippocampal cells as in Alzheimer's disease can cause amnesia, wherein the individual is unable to create new memories for facts and events even though memories created before the damage remain intact. Another important substructure of the each hemisphere is the amygdala, which plays a significant role in emotional response and learning (Kathryn et al, 2007).

The cerebellum (little brain) is associated with planning, regulation and coordination of movement. It consists of two hemispheres which are divided into two lobes that are anterior and posterior. Cerebellar damage has been implicated in impairments of emotional process, behavior, language, error monitoring, planning, abstract reasoning and working memory. White matter consisting of myelinated axons carries information to or from the cerebral cortex to the other structures. The meninges form a membrane around the central nervous system to protect and support the brain and spinal cord. It contains three tissue layers that are the dura mater (outer), arachnoid (middle), PIA mater (inner). The dura mater is very tightly connected to the skull so there is no remaining space. If space is created due to some unpleasant incident (head injury) then blood accumulates in that space and causes trauma. The brain is like a gel. This means that when it is taken out of the skull and placed in a tray, it quickly loses its shape under the force of gravity. Thus in the skull, the brain floats in cerebrospinal fluid (CSF), which enables it to maintain its shape and reduces the impact of external forces. There are two C-shaped lateral ventricles filled with CSF (one in each hemisphere). Primary blood supply of the brain comes from internal carotid arteries and vertebral arteries (Kathryn et al, 2007).

Different areas of language can be impaired depending on the site of the damage. Damage to the language-dominant hemisphere (left hemisphere) due to a stroke, trauma or disease typically results in disordered language. This condition is called aphasia. Aphasia is classified on the basis of the behavior displayed. It is a useful tool for communicating relative areas of impaired and preserved language functions. Four parameters are used to differentiate the aphasia types such as naming, fluency, auditory comprehension, and repetition. These parameters help health care professionals to classify the individual with different types of aphasia. When certain pathways of the brain are damaged then it leads to a new condition called agnosia. In agnosia the primary sensory cortex is intact and thus perception of sensory information is normal, however, recognizing the meaning of what has been perceived, is impaired. The main types of agnosia are visual, auditory, and tactile agnosia. For example, auditory agnosia is a lack of knowledge related to sounds, which can manifest as an inability to recognize and attach the meaning to sounds (such as ringing of a telephone) (Kathryn et al, 2007).

Appendix 4: HUMAN UNIQUE CHARACTERISTICS

- 1. LIVING.** This refers to living systems of human beings. With the help of these systems, humans are able to function biologically and physiologically as a viable entity. They also maintain their lives with other processes such as reproduction, oxygenation, mobility etc. When a person meets with an unhappy incident such as injury, infection or other malfunction, there is a chance that these systems may be destroyed, which may lead in turn to the death of that person. Human beings also display physiological responses to stimuli such as the fight or flight response to danger. They also interact with their own species (Bonnie W. Battey, 1996).
- 2. COMMUNICAITON.** Communication refers to labelling things and talking about them when they are present. Human being use symbols to a large extent. In this way, they are able to save information and learn from their ancestors and transfer this knowledge from one generation to another. Human beings also express their feelings and thoughts to their friends, relatives and other people via communication. There are many forms of these expressions such as crying when seeing some unhappy incident, screaming in danger, expression through music, painting and other forms (Bonnie W. Battey, 1996).
- 3. NEGATIVING.** This refers to the ability of human beings to understand nothingness or talk about what will exist or happen in the future. According to the recent studies, it seems that animals do not have this ability including being able to know about their own deaths. Our children also learn the word “no”. Human beings have made codes of conduct, laws and rules, which guide them on how to live in an environment. They plan for their lives. They also have the capability to know that every living organism has to die one day. They also have some expectations for the future. They also expect that certain situations should not happen in future. For example, when a woman becomes pregnant then she expects a healthy baby but there is also the possibility that the fetus may die (Bonnie W. Battey, 1996).
- 4. INVENTIING.** This refers to the ability of human beings to invent tools. After invention, some people study these tools and become highly skilled in their use, for example in the use of transports (airplane, driving buses), communication devices (radio, television, computer), fertilizer (to enhance the production of food), technology (atomic energy) and so on. However, some inventions have unanticipated effects such as pesticides, surgery, alteration of food genetically etc. Thus the inventive ability of human beings holds high significance for human health (Bonnie W. Battey, 1996).
- 5. ORDERING.** This refers to the ability of human beings to make categories according to values and themes. They are able to introduce the system to the environment and have the tendency to systematize life and relationships

according to specific goals. Some human beings engage in competition and attain high status in society and power by controlling other people and the environment (Bonnie W. Battey, 1996).

- 6. DREAMING.** This refers to the ability of human beings to consider things as they could be or should be if all were perfect. Every person is capable of having some expectations and hopes for the future. When these hopes and expectations are not fulfilled in their lives then people become frustrated and hopeless. For example, a person starts to earn money from a young age and saves up. He later may spend his money on his child and send him to school for education. The person has expectations for his child but becomes frustrated when his child becomes addicted to drugs (Bonnie W. Battey, 1996).
- 7. CHOOSING.** Choosing is the ability of human beings to consider different alternatives, compare the implications for the future and then select an appropriate alternative that seems to be most desirable for the future according to selected values and themes. Human beings also possess the capability of choosing long-term or short-term goals for a better future. Accountability and responsibility are important factors in choosing a desired goal. Responsibility in choosing the appropriate health care plan may lead to good health and avoid an unnecessary early death (Bonnie W. Battey, 1996).
- 8. SELF-REFLECTING.** This refers to the ability of human beings to talk and think about their own views, bodies and behavior. The most common elements included in self-reflection are freedom, responsibility, struggle, pain, loneliness, uncertainty, health and death. Self-reflection becomes more apparent when a person faces a critical health situation (Bonnie W. Battey, 1996).