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Nurses' communication with dementia clients in a nursing home.

A systematic Review

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Nurses' communication with dementia clients in a nursing home

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Dementia is considered to be a broad public health challenge irrespective of social, cultural, and economic background of particular population; individuals, communities, groups and societies are all affected by this disorder (Alzheimer's society, 2009). Both men and women suffer from the disease irrespective of age or cultural background.

The inability of individual to interact or communicate depend on the stage at which they are in the disease process; based on the author's experience while working at the dementia unit, It was discovered that the client's inability to express their thoughts could bring about negative reactions which can be totally misunderstood, if a nurse does not have good communication and interpersonal skills. Understanding the required strategies needed by nurses to effectively communicate with dementia clients in a nursing home cannot be overemphasize.

The purpose of the thesis was to describe nurses' communication with dementia clients in a nursing home. The method of literature review was adopted by searching articles through Cinahl (EBSCOhost), Laurea finna, and scienceDirect databases in order to answer the research question: What is nurses' communication like with dementia clients in a nursing home?

The databases were made available in Laurea University of Applied Sciences library. A total number of 2,831 articles were initially reviewed briefly; articles that were relevant to the research question were selected for full text. Only 8 articles were finally selected for critical review and data analysis using the inductive content analysis

It was gathered from the findings that communicating with demented clients in a nursing home is challenging, but many nurses' focuses on task completion rather than interacting with the clients, thereby making it difficult for the nurses to understand the clients. Focus on the emotional impact of dementia on the client just begun lately according to Draper (2011).The major concentration of the psychiatrists was on the brain activities, while the psychologists on the other hand focused more on the cognitive processes, but nurses concentrated their efforts on the clients' behaviour and support of daily activities.

Good therapeutic relationship with people living with dementia would help generate positive outcome that could assist clients withstand agitations that comes with the disease. However, further research is recommended to identify and offer solution on the emotional impact of dementia that could affect nurses' communication with the clients.

Keywords: Nurse, Dementia, Communication, Nursing home

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A single word that describes several symptoms associated with a decline in memory and thinking abilities, that is severe enough to the point of reducing individual ability to perform usual daily activities is known as dementia ((Draper, 2011). “Dementia is a syndrome where there is chronic or progressive impairment of memory and cognitive functions of an individual which is characterised by memory deficit, dissociated thought-process, loss of orientation of space and time, aphasia and behavioural changes” (WHO, 2012). Likewise, according to WHO (2012), dementia could not be termed to be a specific disease. The major common symptoms of dementia include, but not limited to language and emotional problems, decrease in motivation, and irregular behaviour (Wierenga and Bondi,2011 P.37).

Alzheimer’s association (2018), stated that dementia takes a toll on the clients suffering from the disease, it makes life miserable, and makes individual depend on caregivers and family members in making decisions and performing activities of daily living. It was also indicated in the statement released by WHO (2012), that most of the people suffering from dementia lives in a nursing home, where they can get round the clock care, especially when activities of daily living become almost impossible. Dementia affects the way people think, orientation, communication and language as well as learning capacity; even though, the disease does not affect their level of consciousness (WHO, 2012).

Erkinjuntti, Alhainen, Rinne and Soininen (2006), explained that dementia is becoming a fast-growing health problem, and currently there is no single therapy to prevent its’ growth: Alzheimer’s disease is considered to be the most common type of dementia and it constitutes 65-70% of all dementia patients. On the other hand, there are other types of dementia disease which are: vascular dementias (approximately 15%), mixed dementia and lewy body dementia (approximately 15%), frontotemporal dementia is said to be the less common type of dementia (less than 5%) (Erkinjuntti et al., 2006 p.357). Nurses are constantly faced with the need to reduce sufferings faced by the dementia clients and improve their quality of life. A major part of this task of reducing sufferings and improving quality of life is the ability to communicate effectively with the clients.

At an early stage of dementia, verbal and more cognitive communication is usually at a reduced rate. It is essential that nurses possess a greater communication skills and related medical capacities to effectively improve the quality of life of the dementia clients in the nursing home (Elkins, 2011). Wierenga and Bondi (2011), emphasized that the means by which people communicate with each other is by speaking and writing, through signs, symbols, pictures, and body language. However, people suffering from dementia have difficulty to comprehend written or spoken language, because as the disease progresses, the communication skills of a dementia client declines, subsequently creating more difficulty for the client to effectively express thoughts and emotions.

Communicating with people suffering from dementia is of great challenge to nurses. Dementia is a progressive disease that affects the cognitive ability of a person to comprehend or even remember most common facts of life such as: names of family members and friends, places, events, time and dates (Draper,2011). Erkinjuntti, Alhainen, Rinne. & Soininen (2006), dementia clients find it difficult to process ideas; the sense of reasoning also changes over the period of time. Due to the nature of the disease, it is important that nurses communicate with dementia clients in such a way that effective transmission of information that will eliminate unnecessary anxiety and promote self-respect will be achieved. A well-trained nurse is aware and understand that communication challenges often leads to frustration, and should be prepared to address any changes that may arise by making necessary adjustment that will improve communication.(Erkinjuntti et al., 2006).

2 Theoretical framework and core concepts

2.1 Peplau's theory of interpersonal relations

Hildegard Elizabeth Peplau is one of the earliest theorist to explore communication and nurse-patient relationship in nursing. The concept of Peplau's theory of interpersonal relations furnishes medical practitioners with a contextual framework needed to understand many difficulties that associated with professional nursing practice in terms of dilemma that may arise in the course of relationship and communication (Peplau, 1952). Peplau also explained that, the foundation of nursing process is based on nurse-client relationship; an inter-personal model that is beyond just giving treatment according to doctors' order.

Similarly, the relationship depends on the interaction of thoughts, feelings and actions. All the needs of the patient must be fully considered while promoting quality health. (Peplau, 1991). The non-segmentation of psychological and physiological aspect of human existence such as connection of mind and spirit in the promotion of health and patient maintenance, is what dignifies nursing profession (D'Antonio and Buhler-Wilkerson, 2013). The use of Peplau's interpersonal relations theory is adopted in this thesis to help shed more light on effective communication as a means to improve nurses' communication with dementia clients in a nursing home.

2.1.1 Peplau's seven nursing roles

Nurses' roles are numerous in developing therapeutic relationship with the clients. Peplau defined nursing as "human relationship between an individual who is sick, or in need of health services, and a nurse specially educated to recognize and respond to the need for help" (Peplau, 1952). Although, the theorist is of the opinion that, a nurse could take roles such as tutor, safety agent, administrator, consultant, mediator, observer, and researcher.

However, the following are the seven primary roles as identified in her theory: 1) Stranger role: a nurse receives the client the same way one meets a stranger in other life situations, offering an accepting atmosphere that foster trust. 2) Resource role: such as providing answers to questions in a professional manner, interprets clinical treatment data and also provides information. 3) Teaching role by giving instructions and training that gives analysis and promote learner's experience. 4) Counselling role that helps client integrate and understand the significance of current life situations, offers guidance and motivation to make changes. 5) Surrogate role: a role that clarifies domain of dependence, interdependence, independence and also acts on client's behalf as advocate or solicitor. 6) Active leadership: offering direction and assists client in taking full responsibility of meeting treatment goals in a way that is mutually satisfying. 7) Technical expert role: demonstrate clinical skills by providing care and also operate equipment as mentioned above, Peplau presumed that nurse could take many other roles, but these roles were not clearly defined (Peplau,1997.)

2.1.2 Peplau developmental phases of the nurse-client relationship

Four overlapping phases were pointed out in nurse-client relationship, each of these phases have its own peculiar features of orientation, working and termination. As explained in Peplau's theory of interpersonal relations, these phases are therapeutic and emphasizes on interpersonal interactions (Peplau,1991.)

Orientation phase

The orientation phase as described by Peplau, is the first stage of nurse-client therapeutic relationship. Nurse takes critical evaluation of the client, identifies problem and discuss care plans with the client. Trust is the foundation of building strong nurse-client relationship. In other to achieve this, the nurse is expected to introduce herself by name and professional status when meeting with the client. The formal names of the clients can be used to address them at the initial stage, the nurse can later inquire from the patient what name they would like to be called (Peplau,1997.)

The next thing to be done after the introduction phase, is to highlight the goal and nature of the relationship. Clients are given information relating to appointment, and describes the nurses' role. The nurse also makes further enquiries about the clients' relevant information that will help in their treatment plans. Anxiety level reduces as soon as clients knows what to expect and how to participate in the therapeutic relationship. Collection of data needed for nursing assessment takes place at the orientation phase, it is important that client is actively involved so as to help identify state of health and functioning (Peplau,1991.)

Identification phase

This phase is necessary, because client problems are identified at this phase and possible solutions are explored, applied and evaluated. The feelings of client and consistency that will help foster client's sense of security are considered. The nurse helps client develop coping skills that encourages independence, attitude that is appropriate and adaptive should also be promoted. Another major concept of this phase is privacy, the nurse must ensure also that the needs of client are met. Furthermore, genuineness must be shown while communicating with the client by listening actively, eye contact with a smile at intervals to eliminate fear and intimidation should be maintained (Peplau,1991.)

Exploitation phase

It is at this stage that the practical work of nurse-client relationship starts. The client is supported and guided in the use of available health services. At times, client might exhibit an internal struggle to be dependent or independent, demands and exploitative sides of the client must be put into consideration at this stage. Achievable new goals through client's effort could be introduced at this point. The client makes use of their resources and identified strength to originate solutions and regain command (Peplau,1991.)

Resolution phase

The resolution phase focuses on the growth event during the relationship, by encouraging client to take responsibility of his decision making. Though it is unethical to promise the client that the relationship will continue, professionalism must be maintained to the end of the relationship. Purpose and time frame are the original goal of the relationship, Peplau emphasizes that resolution phase starts at orientation, a phase that signifies time and length of nurse-client relationship. In other words, there must be an end or resolution to either short or long-term therapeutic relationship (Peplau,1991.) Satisfaction that is rewarding for both the nurse and the client when ending nurse-client therapeutic relationship should be the target (Sheldon,2013).

2.1.3 Relevance of Peplau's theoretical framework to the study

This theory was chosen because it promotes effective communication skills needed by nurses during encounter with people who are vulnerable due to illnesses such as dementia. Communication in this context requires complex features such as environment, apart from practices, attitudes and beliefs. The theory also promotes nursing intellectual reasoning from "what is being done to clients to what must be done with clients", by respecting the opinion of the client in care plan. Furthermore, it encompasses communication pattern, which strengthen effective nurse-client interpersonal relationship. According to Peplau's theoretical framework, all the qualities mentioned above are essential to this study. The study focuses on raising awareness about

importance of effective communication with dementia clients. It is important that nurses examine the skills and mechanisms that are required in effective communication with dementia clients in a nursing home. Attention should be given to potential obstacles obstructing effective communication.

2.2 Nurse

Registered nurses perform sensitive and lucrative roles in healthcare system, they are charged with the responsibilities of coordinating patient care, taking vital signs, prepare clients for medical tests, update client's information as well as administer medication to clients and observe clients in case of likely side effects, all of which makes the demand for nursing profession increase on daily basis and exponentially (D'Antonio and Buhler-Wilkerson, 2013). According to Kankaanranta and Rissanen (2008), in Europe, it requires a bachelor degree to work as a registered nurse. However, a three and a half year of rigorous studies with the total number of 210 credits is what is required to be a registered nurse in Finland.

Registered nurse competency as explained by Crisp, Douglas and Rebeiro (2013), professional qualification is directly related to the trust that exists between them and the patients served. The delivery of specialized care required to provide dignified treatment is consistent with the holistic care model that underpins nursing practice, which addresses all aspects of a client's physical, social, emotional and mental health (Crisp et al., 2013).

Kankaanranta and Rissanen (2008), stated that in Finland, an estimation of a quarter of the Finnish population will be over 65 years old by the year 2020. As a result of this, there will be high demand for healthcare workers (Finnish nurses' association). Technology and medical facilities will also advance; this will facilitate the expectation of the public about the healthcare system thereby leading to an increase demand for registered nurses (Kankaanranta and Rissanen, 2008 p.2).

According to World Health Organisation, nursing profession is supported and also recognised as the bedrock of healthcare systems worldwide (D'Antonio and Buhler-Wilkerson, 2013). In order to achieve holistic and client-centred care, it is important that nurses have profound insight of the effective communication skills (Bach and Grant, 2009). The choice of words used by nurses and clients has a great effect on how they understand themselves during care encounter. Attitude, tone and gestures complete the message being communicated, while words reveal only a part of it (Lambrini and Loanna, 2014).

2.3 Dementia

Dementia is becoming a fast-growing health problem, and currently there is no single therapy to prevent this growth, it is known to be a typically progressive disease that affects the brain and causes the sufferer to lose the ability to perform the activities of daily living (Quinn, 2013). Lack of effective communication and poor environment can trigger unpleasant or distress behaviour in people suffering from dementia. Quinn (2013), further indicated that in dementia, the neuro-pathological and neuropsychological effects deprive an individual from performing activities of daily living, making the patient progressively not competent to handle their emotional and physical situations, subjecting them to all forms of vulnerabilities.

According to Kivipelto (2015), the risk of having dementia has also been linked to traumatic brain injury, diabetes, smoking, obesity, cerebrovascular disease; meanwhile, the risk of developing Alzheimer disease can be reduced by higher level of literacy and Mediterranean diet. Cerebrovascular effects, parenchymal destruction, type 2 diabetes, stress and mental stimulation are all possible means of developing dementia (Reitz and Mayeux, 2014). However, it is very important that nurses in various clinical settings understand the impact of dementia on the clients and their significant others. In acute situations, at least 97% of nurses take care of dementia patients (Alzheimer's Society, 2009).

2.3.1 Epidemiology of dementia

In public health today, dementia is presently a household name for memory loss disease. The total number of people living with dementia has been estimated to rise from 46.8 million to 74.7 million by 2030, and 132 million by 2050 (World Alzheimer Report, 2015). According to World Alzheimer's report, the global estimated cost of dementia treatment by 2015 was \$81 billion; the cost is estimated to increase to \$300 billion. Similarly, in the same report, dementia care would be the 18th largest economy in the world if it is considered as a country (Wortmann,2012). In United Kingdom, the cost of diagnosing dementia amounts the country's economy of £26 billion per year, while the cost of treatment is about £4.3 billion of National Health Service.

At the early stage of Alzheimer's disease which is considered to be the most common type of dementia, the brain function is impaired, thereby leading to the deregulation of brain cell activities. The neurodegeneration in brain function would lead to distorted motor functions known as apraxia, language disorder known as aphasia and also disorientation (Draper, 2011). As the illness progresses, it has been estimated that between 20% and 92% of people living with dementia will suffer from at least one or more behavioural problems. Behavioural abnormality in dementia patients will however depend on how other people interpret the behaviour and the situation that leads to such behaviour (Osborne, Simpson and Stokes, 2010 p.505.)

Based on statistics, equivalent of 47 million people was suffering from dementia globally as at 2015; new diagnosis will be made every 3 seconds, the total number of dementia clients will rise to 75 million by 2030 and by 2050 it will be 132 million (Lee et al., 2017 p.2). Studies according to Alzheimer's Association (2018), have shown that location plays a major role in the rate at which dementia affect senior citizens. The prevalence of dementia in developing countries is higher than developed countries. Moreover, the percentage differs from rural-urban population globally.

The prevalence of dementia at the rural India and China for instance, is considered to be lower when compared to the urban areas in these countries. The reasons have to do with the daily life styles, socio-cultural activities as well as technological background of the geographical locations (Youn et al., 2005 p.1). Figure 1 compares dementia rate in low, middle income countries and high-income countries. (World Alzheimer report, 2015).

In Finland, it was estimated according to Finnish medical journal (2008), that 85,000 people suffers from moderately severe or severe dementia, while 35,000 out of the Finnish population were estimated to be living with mild dementia. 13,000 clients suffer from one form of dementing disease or the other every year, over 25,400 clients were reimbursed in 2005 for Alzheimer medication in Finland; furthermore, 6% of the 51,8 thousand million Euros spent on social and healthcare services in 2004 went for the treatment of memory disease (Finnish medical journal, 2008).

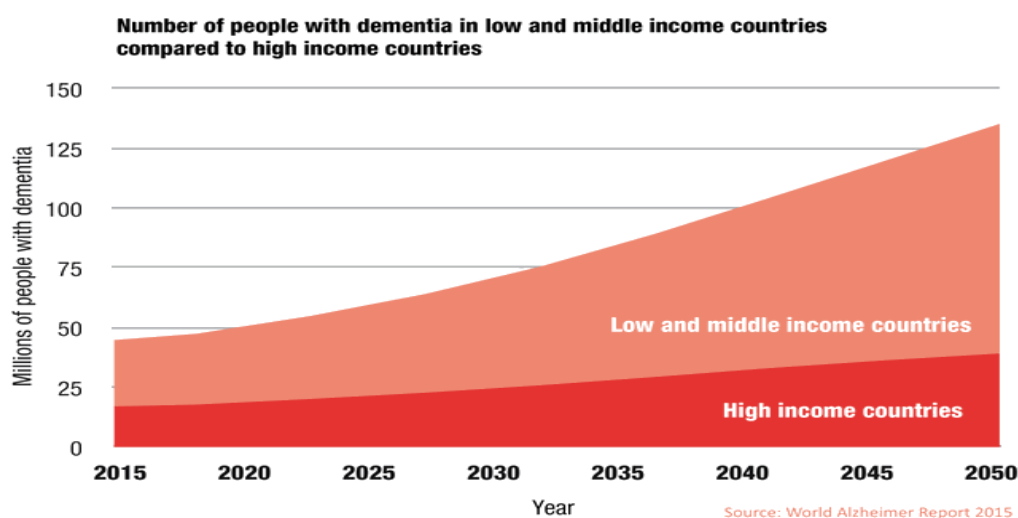


Figure 1: Comparison in the number of dementia patients between low, middle and high income countries (World Alzheimer Report, 2015).

In the statement issued by World Alzheimer (2015), the aging population is predicted to increase drastically in Africa, Asia and other developing countries, while 0.1% of clients below 65 years of age are diagnosed with dementia based on genetic reason, genetics are not the cause of most dementia cases, but some studies showed that environmental factors have a huge effect in the growth of dementia. Chronic diseases, daily activities and diet are the main causes of dementia. The number of people living with dementia is increasing as the aging population in many countries is also increasing (Alzheimer’s Association, 2018). In Europe, 600,000 people are diagnosed with dementia every year, fged 65 years and above, the prevalence rate has been stated to be 5.9 to 9.4 percent (Alzheimer’s society, 2009). Figure 2 below shows the global estimated incidence rate of dementia according to geographical locations.

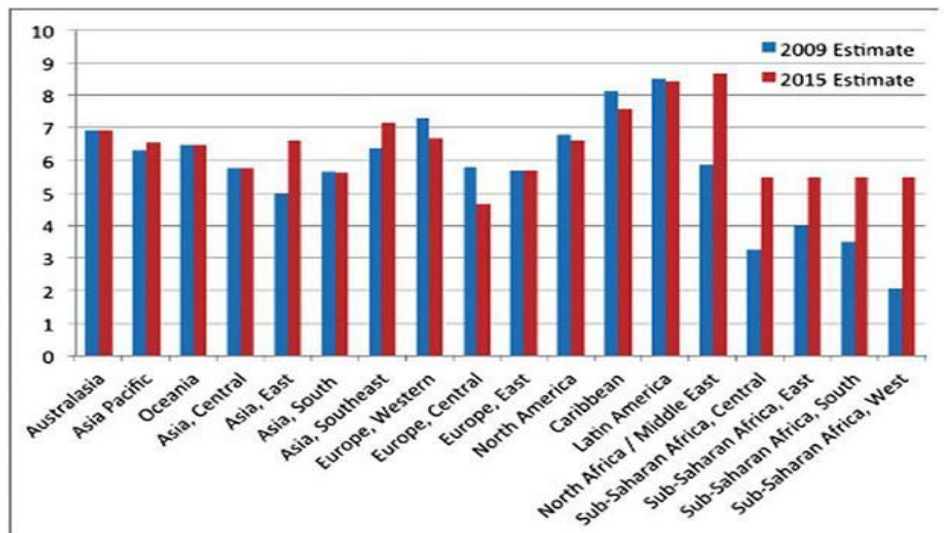


Figure 2: Global estimated incidence of dementia (World Alzheimer Report, 2015).

2.3.2 Risk factors for Dementia

Dementia like other chronic diseases, has its own risk factors which are: traumatic brain injury, hypertension, cerebrovascular disease, type 2 diabetes and so on (Draper,2011). Men who suffered from traumatic brain injury are at the higher risk of developing memory loss than their female counterparts (Fleminger,2003). Findings according to Menchola et al. (2015), have shown that dementia disorder can be categorized under two major factors namely: modifiable and non-modifiable.

Diets, lifestyles and medical history constitute modifiable risk factors, while the non-modifiable factors are age and genetic factors. Focusing on activities of daily living, dietary, medications and cognitive behaviour should be the priority when caring for dementia clients (Menchola and Weis, 2015 p.5). Dementia disorder is also connected with lifestyle choices as emphasized by Kivipelto (2015), the major factors shown in the diagram below are smoking, alcohol unhealthy etc.

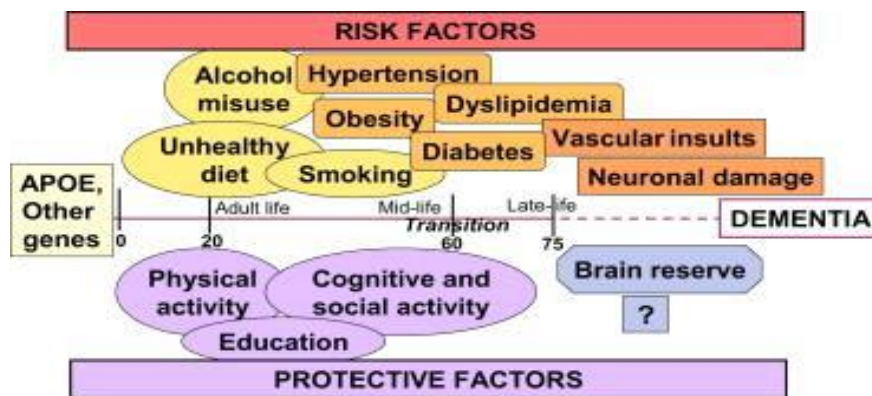


Figure 3: Risk factors for dementia (Kivipelto,2015)

The diagram above shows how life style, vascular diseases, genetic and declined neurological status causes dementia. According to the diagram, the risk factors originated from adult life to mid-life and continue to late-life. The diagram also shows the protective factors against dementia such as cognitive, physical and social activities that improves brain function (Kivipelto, 2015.)

However, evidence-based studies according to Scarmeas, Stern, Mayeux, Schupf and Luchsinger (2009), also suggested that Mediterranean diets characterized by vegetables, whole grains, moderate intake of red wine, low intake of red meat among other components will help minimize the prevalence of Alzheimer disease.

2.3.3 Diagnostic criteria for dementia

The Alzheimer association (2018), emphasizes on neuropsychological testing, client's medical history, physical examinations and laboratory results as yardsticks in diagnosing dementia. In most cases, dementia clients experience impaired function in performing activities of daily living.

Dementia diagnosis revolves around the cognitive and behavioural abnormalities in minimum of at least two of the following areas: i) impaired ability in remembering names, events or appointments. ii) Impaired ability to recognise relatives, friends, perform simple tasks. iii) Impaired ability in inference such as poor management of finances, inability to make decisions, inability to understand risks and inability to make plans. iv) Change in personality that affects mood such as agitation, apathy, anxiety, obsessive compulsive disorder and other socially impermissible behaviour (McKhann et al., 2011 p.265).

Similarly, therapies such as modifying the environment, routine activities that aim at reducing confusion as well as prevention of falls and managing behaviour could help in treating dementia symptoms and behavioural abnormalities. Furthermore, music therapy, aromatherapy using fragrant plant oils, massage therapy and art therapy that has to do with creating art, not minding the outcome but focusing on the process would also help in reducing anxiety in dementia clients (McKhann et al., 2011.)

2.3.4 Care of Dementia clients in Finland

In 2008, the European parliament made a declaration, that national care and treatment programme must be provided for people living with dementia. Considering this declaration, the Finnish Ministry of Social affairs and health outlined a national plan that aim at addressing the challenge of Alzheimer disease. The general motive behind this plan was to advocate for strategic care plan and treatment that will help the country in the prevention of public health crisis. According to the plan, working age population of about 5,000 to 7,000 were estimated to be victims of the disease (Finnish Ministry of Social Affairs and Health, 2013.)

As earlier discussed in the risk factor section, one of the factors that causes dementia is alcohol. However, statistics from adult population showed that about 2% of women and 8% of men are victims of alcohol dementia. According to the Finnish Ministry of Social Affairs and Health (2013), estimation of 46,000 euro per person was said to be the national cost of dementia in 2010. Therefore, the plan emphasizes on prevention, early diagnosis and supporting the clients at home as a means of reducing the dementia cost (Finnish Ministry of Social Affairs and Health, 2013.)

In relation to Finnish national plan for memory loss disease, comprehensive care and intervention could help minimize the incidence of onset of Alzheimer disease. The national plan advocates an early implementation of interventions care measures to reduce the incidence of dementia. It is also important to prevent risk factors such as high cholesterol, high blood pressure, diabetes and obesity. According to the national plan, the care mechanism is mostly based on rehabilitation in Finland. Healthy diets and physical activities are recommended to be considered in the care plan of dementia clients in Finland.

2.4 Communication

Communication can be studied from different perspective due to its complex phenomenon (Roter and Frankel, 1992). Communication can be defined as “the act or process of using words, sounds, signs, or behaviours to express or exchange information or to express your ideas, thoughts, feelings, etc., to someone else” (Merriam-Webster Online). England and Morgan (2012), also described communication as an important part of an individual, it is a double action that involves receiving and giving out information as also explained in figure 4 below. It comprises the verbal part which has to do with language, as well as the nonverbal such as eye contact, body movement, posture, touch, etc.

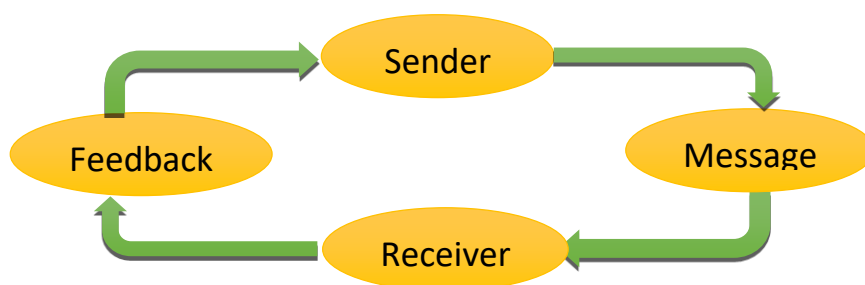


Figure 4: Flow chart of Channels of communication

When caring for dementia clients in a nursing home setting, communication is essential in evaluating the needs of the clients, while making nursing intervention that is provided towards individual needs. Communication challenges are one of the most difficult obstacles faced by nurses caring for dementia clients. Communication help to understand individual ability and enhance methods to improve their situations (Bach and Grant, 2009.)

Moreover, Manning (1992), stated that people have peculiar way of interacting, everyone learn how to interact through social relationships and life experiences. People can also be influenced by their environment when communicating. Individual daily encounters and way of interacting can be influenced by the environment and societal norms under which a person operates. In other to achieve quality care, nurses must possess good way of interacting verbally and non-verbally with dementia clients, even though disease can compromise the client's ability to communicate. Cognitive impairments, functional limitations, and sensory deficits are factors that could make communication to be more complicated between the nurses and dementia clients (Manning, 1992.)

2.4.1 Verbal and non-verbal communication

As individual, our ability to effectively communicate with one another has a greater effect on our success than when we are unable to clearly express our thoughts and feelings. Verbal and non-verbal communications are the most common types of communication that are used in day-to-day activities. Verbal communication helps clarify misconstrued impression and provides missing information (McCabe and Timmins, 2006). Verbal communication can as well be categorized into two major categories: Oral and written communication.

1. Oral communication- occurs through spoken words, conversations, or exchange of information. Oral communication is relevant in a situation where direct interaction, or face-to-face conversation takes place. There is transparency and high level of understanding when people communicate orally. It is flexible, gives room for feedback, saves time, and considered to be the best form of communication to settle disputes when there is conflict (McCabe and Timmins, 2006.)
2. Written communication- with the help of written communication, it is possible to express the activities of the mind. Writing is more official and formal than spoken words; it is unique, valid and reliable. Various organisations' uses written communication to set rules and standards. Although, unlike oral communication, feedback is delayed in written communication and a lot of skills in vocabulary and language are need (McCabe and Timmins, 2006.)

Non-verbal communication on the other hand, helps individual to express feelings, thoughts or emotions by making gestures, eye contacts, or movements of the body. It does not necessarily require spoken words or written words. It is more challenging to understand non-verbal communication in most cases, ability to understand non-verbal communication depend on the circumstances that surround its' occurrence in terms of place or individual involved.

We all have to be cautious when communicating non-verbally due to the emotional nature attached to it. Non-verbal communication is more complicated than other forms of communication; a lot of people do not pay close attention to their non-verbal communication and this may have a huge impact in communicating with others (McCabe and Timmins, 2006.)

However, verbal and non-verbal communications are essential in nursing practice, especially when caring for individual with cognitive impairments. Communication is needed to develop therapeutic relationship between nurses and clients, it helps nurses to understand the needs of the clients in accordance to their diagnosis. According to Shufeldt (2014), the use of "SOLER" is recommended when using non-verbal form of communication. The acronym "SOLER" as explained by Shufeldt (2014), is stated below:

S=Face the client while sitting down

O= Open posture must be maintained

L= Lean a bit forward

E= Maintain eye contact

R= Relaxed posture.

2.4.2 Effective communication

According to Berengere, Orlando, Julia and Debra (1997), communication is not unidirectional in healthcare in the sense that, effective communication is a dual process between the clients and care givers. It is a two-way road where both speaks and listens without either interrupting, both parties ask questions for sake of clarification, express opinions and exchange information, and also comprehend what other means to say (Boykins, 2014). Effective communication can help improve the speed at which client recovers, minimize pain and complication in healthcare (Belcher and

Fish, 2002). The client wellbeing, quality and outcome of his/her nursing care according to Peplau as described by Belcher and Fish (2002), can be determined by the nurse's behaviour when interacting with the client. However, to achieve therapeutic relationship between the client and caregiver, effective communication is indispensable.

Failure to acknowledge and follow the pathway of communication will lead to poor generalizations of attitudes, resulting from ineffective communication (Moussas, Karkanias and Papadopoulou, 2010 p.152). For instance, medical practitioners make use of medical terms to relay information accurately with other team members. Meanwhile, using such medical terms with the clients as explained by DiPrete et al. (1995), will be inappropriate; because scientific and medical terms may be confusing to the client.

The agreement between verbal and non-verbal communication is of great importance most especially when working under stressful conditions, to see and understand change in the non-verbal messages from the clients might be challenging (Papagiannis,2010). Communication is fundamental to human existence, we all communicate, but not everyone effectively communicate. Berengere et al. (1997), states that for communication to be effectively productive, attention must be on its core in nursing practice. Effective communication involves the interaction in which the sender displays also as receivers respectively.

Furthermore, Ennis et al. (2013), stated that it is possible that caregivers get frustrated and confused when there is no common language between them and the client, a situation where client verbally communicate in local dialects, slang and accents: the available caregiver would need to pay more attention in other to clearly understand the client's accents, most especially where there are no other professionals that might easily understand such client. Conclusively, effective communication remains the yardstick for improving therapeutic relationship and the rate at which clients' recovers (Bach and Grant, 2009). Effective communication involves a perfect understanding of the clients and their feelings. In other words, professionalism and genuine attention of the nurse to understand clients' concerns are required (Berengere et al., 1997).

2.4.3 Communication barriers in healthcare.

As discussed in the previous sections, communication is the means by which words are used to transmit and interpret messages. Two or more people are needed to achieve meaningful communication. The quality of care may be influenced by nurses' communication skills. Brown and Draper (2003), explained that factors that affects communication are: Environmental factors such as physical and social conditions that surrounds an individual with the potential to influence a person's health. In healthcare, client safety is of great concern.

Physical environment are indoor and outdoor surroundings; problems associated with physical environment such as noise, road obstruction, insufficient lighting, door bells, phones etc., must be dealt with in other to improve quality of care. Poor and noisy environments usually have negative impacts on clients' safety and quality of care. Also, reviewing and amending policies in healthcare with the aim of promoting clients' safety and satisfaction will help improve effective communication among the medical practitioners and clients (Brown and Draper, 2003 p.18).

Diseases and changes associated with aging such as difficulty in hearing, vision impairment, stroke as well as memory loss affects people's ability to communicate effectively. For example, Hampton, Craven and Heitkemper (1997), indicated in their findings that Alzheimer disease and other types of dementia gradually affects brain functions; It causes memory loss, language and communication problems, affects social skills, thinking and judgment capability as well as control of emotional reactions. Most of these changes are irreversible and thereby hinders people's ability to communicate effectively. Also, elderly clients who have age related problems such as skin disease are not sensitive to body reaction. It takes a lot of time for them to process information and give feedback when they are engaged in communication (Hampton et al., 1997.)

Language and cultural differences are also major barriers to communication in healthcare. Medical practitioners must possess good communication skills and cultural awareness in a multicultural society. By paying attention to cultural differences among clients, it will be easier to create an environment that is culture-oriented (Campinha-Bacote,2003). A nurse who have language problem will find it difficult to interact most especially with clients suffering from cognitive impairment (Campinha-Bacote,2003 p.184)

2.4.4 Communication with dementia clients

Communication is an important part of nursing; it is a means by which nurses relate with clients, significant others, colleagues and other medical professionals. However, ineffective communication will have negative impact in the quality of care given to dementia clients in a nursing home. Nurses in a nursing home are charged with the responsibility of communicating effectively with people living with dementia and also encourage communication among other medical professionals. Lambrini and Loana (2014), defined communication as a medium by which people exchange information, feelings and thought. Communication can as well be identified as the significant attribute in nursing as stated by Bach and Grant (2009), and a channel through which information, in the “care” context is relayed (Ennis et al., 2013 p.818).

Nurse provides care to dementia clients verbally and non-verbally by talking, touching, demonstrating, or acting. In our effort to co-habit as individuals, groups, religions, countries and cultures, our choice of words can either uplift or harm us (Vessey et al., 2010 p.143). In healthcare system, Vertino (2014), explained that medical professionals especially nurses are at the helm of advocating for the clients they are caring for, because most of these clients may lack the ability to speak for themselves due to their illnesses.

However, according to Pines et al. (2012), it is unfortunate that many nurses lack effective communication skills needed to impact and advocate for their clients, and this is found to be common among student nurses and newly graduated students. Moreover, some experienced nurses are also likely to be poor in communicating effectively with the client as explained by Raya (2005), because they might no longer be aware of their professional skills. In order to achieve effective communication in nurse-client relationship, client-centred communication should be an indicative mechanism of best nursing practice (Bach and Grant, 2009 p.20). Impaired communication is the main clinical component of dementia, a situation whereby clients find it difficult to communicate their needs as a result of alteration in the nervous system. Posture, facial expression and eye contact are the likely unintentional medium by which dementia clients communicates (Kathryn et al., 2007 p.89).

2.5 Nursing home

In Finland for instance, municipalities usually allocate and regulates the institutional care for those who are vulnerable and find it difficult to cope at home. Both the state and the municipalities are not under legal obligation to provide care for the elderly people, except in situations where coping at home is difficult or almost impossible. An elderly person gets referral to a nursing home most especially when difficulties arise in mental health, intellectual abilities and drug abuse (Ministry of Social Affairs and Health, 2008).

In a nursing home, maintaining and promoting functional ability is the key factor. The functional capacity comprises of the clients’ daily activities, movement, engaging in the social activities that promote sanity and wellbeing as well as healthy diets. These are achievable through mutual collaboration between the clients, significant others and multi-professional team among which are registered nurses, practical nurses, social workers, doctors, physiotherapists and occupational therapists (Ministry of Social Affairs and Health, 2008).

According to section 22 of the Finnish constitution (1999), the Finnish long-term care (LTC) system is operated with public funds; it is a common system that is made available to every citizen. The government is obligated to implement fundamental human rights. In Finland, public sector is obliged to provide the senior citizens with a dignified level of long-term care services; in which the National Framework for High-Quality services for the elderly, ethical principles guiding the

operations of Long-term care in Finland were outlined by the Ministry of Social Affairs and Health (2008).

These principles as stated by Ministry of Social Affairs and Health (2008), are (1) equality: which means discrimination should be averted by consistently following the principles of giving long term care should be followed and people should be accepted irrespective of their differences. (2) the right to self-determination: senior citizens be permitted to make choices and get necessary information needed to make choices about long term care. (3) Security: in form of safety and prevention of accidents and other hazards in the long-term care environment. (4) Participation: in the activities that promote development of the environment and society they live. (5) Individuality: this emphasizes the importance of treating each person as a unique individual. In order to achieve quality healthcare and fulfilment of special needs of the elderly, it requires services such as long-term care, assisted living, home care and nursing homes.

3 Purpose of the study and research question

3.1 Purpose

The purpose of this thesis is to describe nurses' communication with dementia in a nursing home.

3.2 Aim

The aim is to identify the best communication techniques that nurses in a nursing home can adopt to strengthen effective transmission of information, promote self-respect by assisting dementia.

3.3 Research question:

What is nurses' communication like with dementia clients in nursing home?

4 Research methodology

4.1 Literature review

A Literature review was adopted for this thesis. The aim was to identify the best communication techniques that nurses in a nursing home can adopt to strengthen effective transmission of information, promote self-respect by assisting dementia clients overcome unnecessary fears that are associated with the disorder. The traditional field of medicine from which nursing science obtained its sovereignty, suggests clinical practice recommendations to help clients and caregivers on a regular basis provide suitable health care depending on the situation (Lo and Field,2009).

According to Geurden, Stern, Piron and Gobert (2012), evidence-based medicine associated with nursing can be defined as “integrating the best available research evidence with information about client preferences, nurses’ skill level, and available resources to make decisions about the client’s care”. The process literature review according to Lichtenstein et al. (2009), involves five steps which are: 1) using predefined databases to search for articles, 2) assessment of the quality of study, 3) data extraction, 4) data analysis, 5) results presentation. Systematic literature review constitutes a comprehensive measure to make analysis and evaluation of evidence-based literatures, by paying attention to the methodological approach used, ensuring comprehensive documentation and transparency, confirming that the findings are not partial and accommodates further studies (Lichtenstein et al., 2009 p.40)

The aim of this study was to identify the best communication techniques that nurses in a nursing home can adopt to strengthen effective transmission of information, promote self-respect by assisting dementia clients overcome unnecessary fears that are associated with the disorder. (Kitchenham (2004), explained that research objective, research question, research strategy, study criteria, data appraisal strategy, and composition of extracted data are all the logical approach to a systematic review. Systematic review focuses on summarizing the best obtainable evidence on a particular research topic (Cronin et al., 2008 p.39). According to Kitchenham (2004), a systematic review involves a lot of efforts than traditional reviews. If reports provide harmonious results, it shows that the results from the review are valid and reliable making the phenomenon of the findings to be dynamic and transferable.

4.1.1 Literature Search

In order to find articles on nurses’ communication with dementia clients in a nursing home, electronic databases were conducted. Inclusion criteria were limited to full-texts, peer-reviewed articles published between 2008 to 2018. Keywords and phrases (Nurses’ communication and nursing homes and elderly, nurses’ communication and dementia clients, nurses’ communication with dementia clients and nursing home or long term care or residential care, effective communication with dementia clients, nurses and dementia clients, nurses and dementia clients and nursing home, nurses’ communication and dementia clients and elderly homes, dementia clients, dementia clients and nursing homes, dementia clients or communication and nursing home) related to research question were utilized to search the articles through Cinahl (EBSCOhost), Laurea finna, and scienceDirect.

Databases are accessible in Laurea University of Applied Sciences library. Cinahl (EBSCOhost) was chosen, because it is a reliable database for medical practitioners with rapid and uncomplicated access to relative articles, magazines, dissertations and reports. Laurea Finna on the other hand retrieves data from other journals that Laurea have access to. ScienceDirect database was also accessed, it has hand-full evidence-based scientific and medical journals. However, different databases may not have similar terms to search, but using alternative keywords that are synonymous might lead to further information (Cronin et al., 2008).

The titles and abstracts were diligently reviewed, and articles applicable to research question were selected for full-text. The process of filtering according to Wakefield (2014), requires the following main features: 1) Title: this is an important factor needed to determine if the topic is relevant to the author’s interest. 2) Abstract: When comparing the content of the abstract with the topic, inclusion and exclusion criteria must be considered to ensure that the articles are suitable. 3) Full text: To ensure that the articles meet all the requirements, the content of full texts must be compared with the topic. 4) Type of article: this is required to decide if the article is relevant.

However, after breaking down the research question into the main concepts- “nurses’ communication”, “dementia clients”, “nursing home”, “elderly homes”, “long-term care”, and “residential care”, further attempts were devised to identify abbreviations, synonyms, and other corresponding spellings to the main concept. As a result of insufficient materials produced by using the initial three main concepts - “nurses’ communication”, “dementia clients”, and “nursing homes”, the other three keywords- “Elderly homes”, “long-term care”, and “residential care” added to the search term were considered necessary.

Among the 2,831 articles found, selection of study was done by eliminating 1,373 articles that were not related to research question, 471 articles not related to dementia, 788 articles different from nursing home setting, 123 articles that were different from nurse-client/patient point of view. The illustrations about details of the primary search and how the keywords and the main concept were merged together during the search is shown in the table 1 below:

Science term	Science Direct	EBSCO Host	Laurea Finna	No. of articles found	Discarded articles	Articles for detailed review
Nurses’ communication & Nursing homes & elderly	279	166	77	522	503	18
Nurses’ communication & Dementia clients	55	12	8	75	69	6
Nurses communication with dementia clients & nursing home or long-term care or residential care	44	7	68	119	113	6
Effective communication with Dementia clients	144	9	0	152	149	4
Nurses & Dementia Clients	291	80	236	607	598	9
Nurses & dementia Clients & Nursing home	64	28	254	346	339	7
Nurses’ communication & dementia clients & elderly homes	15	2	35	52	49	3
Dementia Clients	320	221	5	546	532	14
Dementia Clients & Nursing Homes	226	102	31	359	354	5
Dementia Clients’ or communication & Nursing homes	12	14	26	52	49	3
Total	1160	641	740	2831	2755	76

Table1: List of databases, year range and search terms.

4.1.2 Data inclusion and exclusion criteria

After thorough reading of the abstracts of the 76 selected articles, only 8 articles were chosen for further studies, the other 68 articles were eliminated. The inclusion and exclusion criteria were based on the degree of relevance of the abstracts of these articles to the research question of this study. The similarity between the selected articles and the core concepts of this study was also considered. In view of the above yardstick, 2,755 out of 2,831 articles were eliminated due to the fact that they did not fulfil the predetermined inclusion criteria. The table 2 below shows the inclusion and exclusion criteria used in selecting 8 out of 76 articles that were found most relevant to the research question in order to make a data analysis and report the findings.

INCLUSION CRITERIA	EXCLUSION CRITERIA
Articles relevant to the research question and topic	Irrelevant articles to the topic and research question
Content is made up of nursing-practice	Nursing as a professional is the subject of discussion
Studies written in English language	Articles in languages other than English
Articles that were significant to female and male	Gender-specific articles
Articles on nurse-client communication/therapeutic relationship	Focus not on therapeutic relationship with demented clients
	Duplicated Literature

Table2: Shows the inclusion and exclusion selection criterion.

The inclusion and exclusion as found in the table 2 above were implemented in the data search process in other to retrieve the selected articles. In the process of retrieving data, keywords and phrases related to the research question were used.

4.1.3 Data appraisal

All the eight selected articles were thoroughly studied so as to ascertain their credibility in answering the research question: “What is nurses’ communication like with dementia clients in a nursing home”. When critically appraising literature, the three fundamental questions that must be asked are: (i) is the literature relevant? (ii) Does the literature have credibility enough to be included in author’s review? Has the literature been arranged hierarchically according to evidence? All these questions can be answered by carefully reading through the selected literatures (Aveyard, 2010). To also substitute research question into a research, and bring out the universal knowledge that is relevant to the contexts and concepts, a number of analysis procedure were followed, this will be presented and analysed in this study.

No	Reference	Research methodology	Source	Sampling size	Data collection method	Data analysis method
1	BARBER, J., MURPHY, K. 2011.	Literature review	International Journal of	Not mentioned	Electronic database search,	Qualitative

	Challenges that specialist palliative care nurses encounter when caring for patients with advanced dementia.		Palliative Nursing. 17(12).		Seminar article (1)	
2	Davis, B.A. 2014. Core communication competencies in patient-centered care.	Article	ABNF Journal. 25(2), 40-45	Not mentioned	Review	Qualitative
3	Elkins, Z. 2011. Communication bridges for patients with dementia.	Article	Academic Search Elite .21(10), 16-19.	Not mentioned	Group discussion	SWOT
4	Hammar, L.M., Emami, A., Engström, G., Götell, E. 2011. Communicating through caregiver singing during morning care situations in dementia care.	Action research	Scandinavian Journal of Caring Sciences. 25(1), 160-168.	12 Participants	Focus group/direct feedback interview	Qualitative content analysis
5	Machiels, M., Zwakhalen, S.M.G., Metzelthin, S.F., 2017. Towards better communication in nursing homes between nurses and people with dementia: design of a communication intervention.	Systematic literature review	BMC Nursing. 16(6-6).	9 participants	Focus group	Qualitative
6	Martin, A.M., O'Connor-Fenelon, M., Lyons, R. 2010. Non-verbal	Literature review	Journal of intellectual disabilities. 14(4), 303-314	Not mentioned	Electronic database search	Qualitative

	communication between nurses and people with an intellectual disability.					
7	Matziou, V., Vlahioti, E., Perdikaris, P., Matziou, T., Megapanou, E., Petsios, K. 2014. Physician and nursing perceptions concerning interprofessional communication and collaboration.	Action research (qualitative)	Journal of interprofessional care. 28(6), 526-533.	300 participants	Survey/direct feedback interview	Qualitative
8	Palos, G.R. 2014. Care, compassion and communication in professional nursing: Art, science, or both.	Article	Clinical Journal of Oncology Nursing. 18(2), 247-248.	Not mentioned	Review	Qualitative

Table3: Data appraisal parameters. (Aveyard, 2010)

For the sake of clarity, the appraisal tool called “Critical Appraisal Skills Programme” CASP, that was developed by the University of Oxford was also presented in table 3 above. One of the advantages of CASP is that, it facilitates the assessment of findings systematically. The screening /scoring of the selected articles is presented in the table 4 below:

No	CASP checklists	Barber, J., Murphy, K. 2011	Davis, B.A. 2014	Elkins, Z. 2011.	Hammar, L.M., Emami, A., Engström, G., Götell, E. 2011	Machiels, M., Zwahlen, S.M.G., Metzelthin, S.F., 2017.	Martin, A.M., O’Connor-Fenelon, M., Lyons, R. 2010.	Matziou, V., Vlahioti, E., Perdikaris, P., Matziou, T., Megapanou, E., Petsios, K. 2014.	Palos, G.R. 2014.
1	Was there a clear statement of the aims of the research?	Y	Y	Y	Y	Y	Y	Y	Y

2	Is a qualitative methodology appropriate?	Y	Y	Y	Y	Y	Y	Y	Y
3	Was the research design appropriate to address aims of the research?	Y	Y	Y	Y	Y	Y	Y	Y
4	Was the recruitment strategy appropriate to the aims of the research?	C/T	C/T	C/T	Y	Y	C/T	Y	C/T
5	Was the data collected in a way that addressed the research issue?	Y	Y	Y	Y	Y	Y	Y	Y
6	Has the relationship between the researcher and participants been adequately considered?	Y	Y	N	Y	Y	Y	Y	N
7	Have ethical issues been taken into considerations?	Y	Y	Y	Y	Y	Y	Y	Y
8	Was the data analysis sufficientl	Y	Y	Y	Y	Y	Y	Y	N

	y rigorous?								
9	Is there a clear statement of findings?	Y	Y	Y	Y	Y	Y	Y	Y
10	How valuable is the research?	Y	Y	Y	Y	Y	Y	Y	Y

Table5: CASP appraisal screening tools, abbreviations: Y=YES, N=NO, C/T=CAN'T TELL.

The author of this thesis adopted the CASP checklists in other to maintain consistency in assessing each study. Five out of the eight articles did not meet the criterion 4, because no justification was provided for recruitment strategy used in the study, two studies failed to meet criteria 6- researcher-participant relationship was not considered, one study failed to meet criteria 8, for not analysing data in a sufficiently rigorous manner.

4.2 Content analysis

The major stage of literature review process is data analysis. It requires the collection and detailed narration of the results of the chosen articles (Kitchenham,2004.) Data analysis aim at producing a new and integrative understanding of findings that is more concrete than the previous studies (Finfgeld,2003). Inductive content analysis method was adopted for analysing data; it allows the qualitative and quantitative method of analysing data. Elo and kyngäs (2008), explained that depending on the goal of analysis, content analysis can be done using inductive reasoning or deductive reasoning.

In a situation whereby, there is need to form a general concept from a number of specific relevant data, inductive content analysis can be adopted. According to Hsiu-Fang and Shannon (2005), content analysis is widely known in health-related researches as a means of analysing data that has been substantially used in recent years. There are different approaches for conducting content analysis as described by Graneheim and Lundman (2004), Inductive content analysis method will be used to analyse data in this thesis. This approach was chosen because it is centred on patient -care. Unit of analysis is one of the main importance of using content analysis.

The unit of analysis are the enormous variety of objects of study in literature, these objects are people, organization, hospital, community, or nation as a whole (Patton, 2002). Unit of analysis are made up of full text, which is also known as the article. In order to sort the data, it is important to identify recurring themes and group them under explicit main themes. Eight articles that were chosen for review were systematically analysed to answer the research question of this study. According Elo and Kyngäs (2008), the articles were repeatedly searched to find themes that answer the research question - “what is nurses’ communication like with dementia clients in a nursing home”. The figure 5 below shows the inductive content analysis followed in writing this thesis.

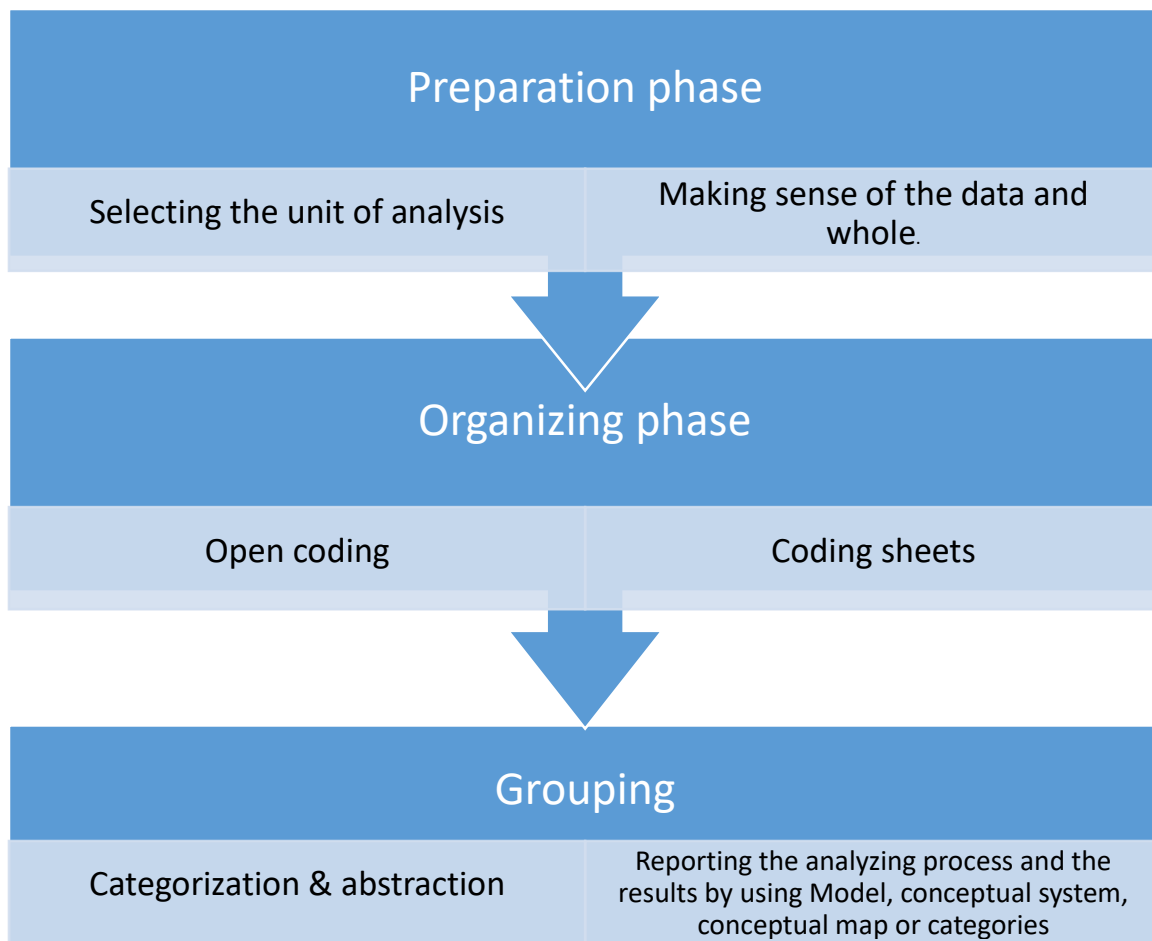
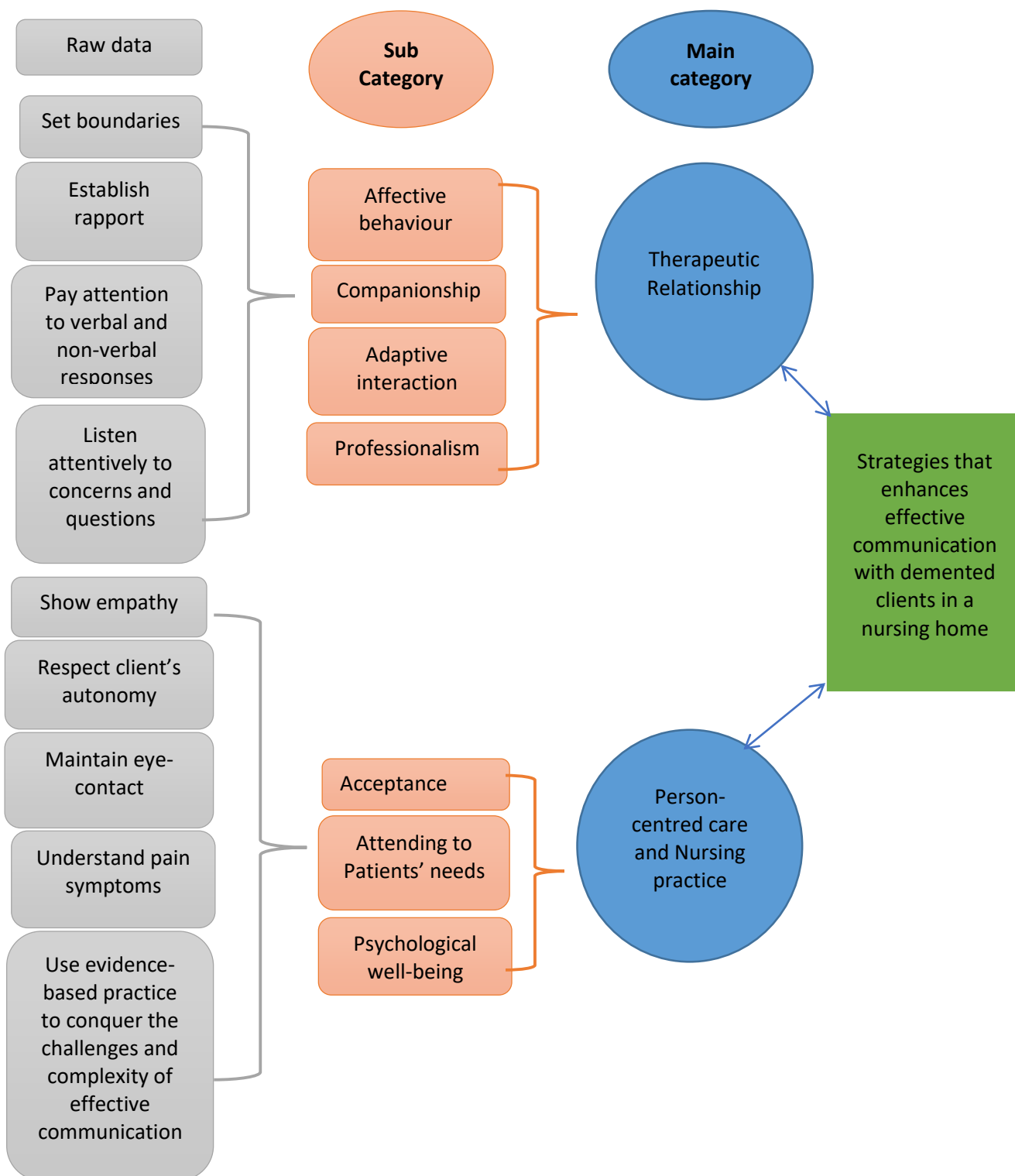


Figure5: Flow chart of inductive content analysis process (Elo and Kyngäs,2008)

4.5 Reading and coding

In this study, the aim is to review previous researches in the same area of specialization so as to gain an insight of the communication strategies that nurses can adopt when interacting with dementia clients in a nursing home. While reading through the selected articles, the author took notes on the margins of the printed articles by underlining the important and relevant data with the coloured pens.

In the figure 6 below, different colours signify different codes; these codes were appropriately arranged to arrive at raw data. The raw data must then be classified to sub-categories, by grouping codes with similar interventions as target group (Elo and Kyngäs,2008). The author maintained all the phases of preparation, categorization and reporting all through the analysis process in such a way that inductive content analysis was adopted for the purpose of developing abstract. The information was gathered from different sources using inductive approach to group the categories. The final categories in this thesis work were the various communication strategies that nurses in a nursing home could use in communicating with dementia clients.



Flow chart showing the summary of literature review findings.

5. Literature review findings

The purpose of this study is to describe nurses' communication with dementia clients in a nursing home. After a rigorous qualitative analysis process of the eight critically appraised studies, the author of this study will present the major categories of the data analysis in the orderliness by which they were classified in the above flow chart.

5.1 Therapeutic relationship

5.1.1 Affective behaviour

The purpose of this thesis was to describe nurses' communication with dementia clients in a nursing home. However, as a result of aging population across the globe, and considering the estimated number of people living with dementia, it is essential that nurses have a better understanding of the disease so as to enable them provide care and guidance. In establishing relationship with dementia clients, affective behaviour is an important component because it reveals the feelings and emotions of individual according to the reviewed literature.

In one of the studies, nurses reported situations whereby non-verbal means of communication was used to affectively interact with intellectual disabled people; people living with dementia in most cases may not have the ability to verbally express their thoughts, feelings and emotions (Martin, O'Connor-Fenelon and Lyons 2010.) According to Machiels, Zwakhalen and Metzethin (2017), it is worthy to note that contrary to emotion, each person displayed affective behaviour when their sub-conscious mind cannot be controlled.

Affective interaction based on theory-informed intervention method as developed by Machiels et al., (2017), helped in fostering interpersonal relationship between nurses and people living with dementia by using objects, pictures and pictograms in promoting communication. Palos (2014), suggested that clients can be engaged in recreational activities that alleviates sanity rather than activities that focus on client's physical discomfort.

The art of nursing comprises of three C's which are care, compassion and communication and this are reported to be necessary elements needed to guide clients on how to connect and relate with other people (Palos, 2014).

5.1.2 Companionship

In order for nurses to effectively communicate with dementia clients in a nursing home, companionship with dementia clients in a nursing home is expressed by means of nurse's approach and spending of quality time with the client (Machiels, 2017). This is important so as to understand the client's needs, experiences, behaviour, and to also pay attention to emotional needs.

It can be argued that dementia clients are likely to be isolated in a nursing home. The disorder makes individual vulnerable, thereby leading to constant attachment. Companionship was reported to have helped improve the quality of life of people living with dementia (Barber & Murphy, 2011). It is important that nurses show empathy by combining performance, skills, knowledge and positive attitude in making decisions that will lead to health promotion of clients (Palos, 2014).

Unlike in people without the disorder, it is very common for dementia clients to be depressed. Palliative care nurses reported many instances of severe depression in people living with dementia in an institutional settings, where there are no family members to relate with (Barber & Murphy, 2011). As explained by Elkins (2011), people living with dementia are concerned about their safety and security due to restlessness; they go around most of the time feeling agitated. Having nurses around to engage them in different pleasurable activities and conversation is essential so as to relieve depression symptoms and minimize the feelings of being abandoned.

5.1.3 Adaptive interaction

Barber and Murphy, (2011) admitted in their findings that nurses' communication with people living with dementia is important because, many people living with dementia has progressively declined to a point that walking or talking has become almost impossible. The use of adaptive interaction, which is a non-verbal means of communication using sounds and gestures, was mentioned to be the only means of communication (Machiels et al., 2017).

The nurse has to be familiar with the client and their non-verbal behaviours before starting a conversation when using adaptive interaction. In another study by Martin et al., (2011), nonverbal communication was established to be a successful medium that supported effective communication between nurses and clients with intellectual disability. Nurses expressed their intention to pay attention and learn nonverbal communication behaviour that would eventually get adapted to in order to facilitate interaction when performing activities of daily living (Hammar, Emami, Engstrom and Gotell 2011.)

5.1.4 Professionalism

According to Palos (2014), it was argued that the theoretical framework of nursing is based on care, understanding, and unity; a situation whereby the relationship between nurses and clients are intertwined. Professionalism in nursing entails the ability to maintain the concept, art, and act of caring upon which the nursing profession was grounded (Palos, 2014). As reported by Matziou, Vlahioti, Perdikaris and Petsios (2014), it was explained that establishing a good relationship between the physician and nurses is difficult in most of the time, because physicians in most cases does not recognise nurses' professional roles. It was also established in the findings reported by Matziou et al., (2014), that absence of absolute interprofessional collaboration between nurses and physicians would generate errors and omissions that may adversely affect clients' care.

Matziou et al., (2014) further emphasized how important it is for nurses to constantly integrate client's care in their decision making role; while both nurses and physicians were admonished to always endeavour to acknowledge the significance of effective communication by strategizing measures that will facilitate the development and implementation of interprofessional teamwork and thereby strengthening their collaboration culture (Matziou et al., 2014).

5.2 Person- centred care and nursing practice

5.2.1 Acceptance

Elkins (2011), reported that understanding of the disease by family members and acceptance of care without any form of agitation can only be achieved by reminding the clients of the positive memories from the past.

Nurses admitted to helping clients and their family members through therapeutic communication and holistic assessment as well as educational material needed to cope and encourage regular reflection throughout the phases of dementia (Machiels, 2017). A nurse who have a good understanding and knowledge of the disease is competent in providing assistive devices and support to the client and the significant others to prevent them from living in denial, but background studies according to Machiels (2017), revealed that many nurses are task oriented rather than person-centered care approach.

Each dementia client has entitlement to personalized care that will help minimize stigmatization that comes with dementia disease. Providing grounds for self-reflection in nursing practice was suggested by Palos (2014), to have helped in promoting dignified care by demonstrating genuine respect for the client, understanding the uniqueness of the client, and exhibiting the passion to assist the client achieve a better quality of life.

Nurses are the client advocates; they have a significant role in promoting public awareness of the prevalence of dementia. Result from Matziou et al., (2014), described that nurses and physicians did not share uniform views as regard collaboration. This of course was reported to have negative impact on the clients when it comes to educating them and their significant others in accepting the stage at which they are in the disease.

5.2.2 Attending to clients' needs

Effective communication between nurses and people living with dementia in a nursing home makes it easier for clients' needs to be attended to in order of individual preferences. Nurses expressed the need for further training on dementia disease so as to help understand how to attend to the needs of clients in a person-centred care manner (Matziou et al., 2014).

An important aspect of person-centred care is the identification of needs. According to one of the articles reviewed, there are no sufficient information for specialist palliative care nurses for instance about end-of-life care in advanced dementia (Barber and Murphy, 2011). In order to professionally attend to the needs of the clients, a nurse must be adequately informed about the disease and possess good palliative care skill when dealing with clients at the advanced stage of dementia.

It will be much easier to achieve quality, individualized and person-centred care when the needs are identified. Five articles showed corresponding evidences that experienced nurses with interpersonal and effective communication skills are satisfied with the job and have passion for what they are doing, than those who do not. Rather than paying attention to dementia diagnosis, the client should be the focus so as to eliminate judgemental attitudes.

Evidence based literature by Davis (2014), stated that as nurses are being prepared to work in different healthcare roles and systems, core competences in communication that will promote the needs of the clients should be established regardless of educational level as this will also foster patient-centered care and interprofessional collaboration.

It is crucial to consider that each person is unique. Diagnosing the client's dying phase, differences in care of family of client with dementia differs, delay in decision making and management of the disease as a result of poor dementia diagnosis are the other areas suggested by Barber and Murphy, (2011.)

5.2.3 Psychological well-being

Communication between nurses and dementia clients in a nursing home must be effective so as to promote the psychological well-being of the clients. Caring for people living with dementia in a nursing home is not limited only to coordinating and implementing care, but also entails support and promoting the health conditions, treatments, and psychological care of the clients. Dementia clients need both emotional and psychological support, which usually comes from medical practitioners especially, nurses to reduce distress as they go about the stages of dementia. The psychological well-being of people living with dementia in a nursing home can be supported through effective and frequent communication.

The results according to Elkins (2011), emphasized that correcting people living with dementia is of no use but rather encouraging the clients' sense of reality is more rewarding than passing judgement based on their mistakes. Irrational behaviours among dementia clients in a nursing home cannot be overemphasized; music therapy on the other hand is good measure to minimize such behaviours. As reported by Hammar et al., (2011), music therapy makes co-operation between caregivers and demented clients a lot more easier, thereby promoting the psychological wellbeing of the clients. In order to start a meaningful conversation with the client, some caregivers disclosed that the use of music therapy helped their interaction when getting dressed for the demented clients during care (Hammar et al., 2011).

In supporting the psychological wellbeing of people living with dementia, correction or confrontation is of no relevance. Evaluating the efficiency of interventions available to promote the psychological well-being of people living with dementia, it is essential to first assess their emotional feelings. In people living with dementia, the negative aspects of psychological well-being are evaluated more than the positive aspects, because therapeutic interventions are targeted more on the negative aspects (Elkins, 2011).

To achieve optimal psychological well-being of people living with dementia in a nursing home, the most suitable way is to encourage meaningful activities, since it is difficult for clients to initiate such activities by themselves. Nurses have to ensure that such activities are appropriately shaped to conform to the clients' strengths and abilities. According to Hammar et al. (2011), some individual for instance enjoy listening to music, while others may benefit from watching television. Music and visual display can be combined together to gain the attention of the clients, and these of course helped in providing relaxation while preventing agitated behaviour in dementia clients.

6 Discussion

The purpose of this thesis was to describe nurses' communication with dementia clients in a nursing home, while the research question was "What is nurses' communication with dementia clients like in a nursing home?" Both the findings from the analysis of the eight critically reviewed articles and the content of the theoretical framework established that communicating effectively with clients in nursing home is the fundamental of nursing care. A nurse should take full responsibility of securing the trust of the client, help people living with dementia understand their situation, provide necessary information relating to their care plan, and answer questions.

Results that arose from the selected articles, emphasized more on the importance of communication and its' effect on the health of dementia clients. As described by Machiels et al.,(2017), some nurses are said to be task oriented, without paying attention to communication behaviours, most especially in people with advanced stage of dementia. In this study, it was indicated from the findings that when nurses in nursing homes understand the strategies that are needed to enhance effective communication among people living with dementia, therapeutic relationship as explained by Peplau (1991), and client-centred care according to Davies (2014), will be achieved. Understanding the strategies will also help lessen the stress that is associated with interacting with dementia clients.

The aim of this study was to identify the best communication techniques that nurses in a nursing home can adopt to strengthen effective transmission of information, promote self-respect by assisting dementia clients overcome unnecessary fears that are associated with the disorder. In order to answer the research question: "What is nurses' communication like with dementia clients in a nursing home" two major themes unfolded in the process of data analysis: therapeutic relationship and client-centred care and nursing practice.

From the findings of this thesis, affective behaviour, companionship, psychological well-being, acceptance, attending to clients' needs, adaptive interaction, and professionalism are the strategies that can enhance nurses' communication with dementia clients in a nursing home. It was clearly shown in the findings that, there is a two-way relationship between effective communication and client-centred care. In other words, nurses who have effective communication

and interpersonal skills positively influence the rehabilitation process of dementia clients, and help them go through dementia journey while living a comfortable life in the nursing home.

Although, communicating with people living with dementia is challenging, but at the same time many nurses are task-focused than interacting with the residents in a nursing home. It is important to state at this point that, inability of nurses to professionally interact with dementia clients can make it difficult to understand individual needs. However, the study suggested two major components to promote effective communication between nurses and dementia clients in a nursing home. These major components are: therapeutic relationship and person-centred care and nursing practice.

As per the findings gathered from the articles reviewed, therapeutic relationship and client-centered care and nursing practice are intertwined. As individual, we all feel the urge to communicate with other people; at different stages in our lives we have the need to express our feelings. People living with dementia have difficulty to find the right word to express their thoughts, other sensory impairments such as hearing problem may likely to also be present, which can make communication to be almost impossible; the inability of the client to communicate effectively may lead to frustration, anxiety, depression, and even withdrawal in most cases (Elkinz, 2011).

Dementia clients in nursing homes sometimes demonstrate awkward behaviour simply because they are trying to express the thoughts or feelings they cannot say with words, and if a nurse is not diligent or have interpersonal skill, the care and support for dementia clients may be affected. A lot of patience, good listening skills and perfect understanding are needed when interacting with dementia clients (Family caregiver alliance, 2018).

The findings of this thesis also revealed that communication problem or inability of people living with dementia to interact depend on individual and the stage at which they are in the disease process. At the early stage of dementia, clients still have the tendency to make sense out of conversations and also participate in social activities; at the middle stage of dementia, which is usually referred to as moderate Alzheimer, it may be challenging for the client to communicate and more attention and direct care may be required at this stage; the late stage of dementia on the other hand is widely known as severe Alzheimer.

As cited by Barber and Murphy (2011), some palliative care nurses reported that the disease may last for many years at this stage, and this could make an individual to be more vulnerable. At this point, speech may be badly impaired, and people living with dementia may rely solely on non-verbal communication. Administering care with dignity is a key issue that must be put into consideration. In the statement issued by Alzheimer's association (2018), clients should be addressed from the front when using non-verbal form communication. The client may be asked to point or make gesture if it is difficult to understand what is being said. In some cases, it is better to ask "yes" or "no" questions, when spoken words seem impossible, written notes may also be considered (Alzheimer's association, 2018).

To improve therapeutic relationship with people living with dementia, nurses must endeavour to administer care with empathy considering individual devastating state. According to findings by Draper (2011), focus on the emotional impact of dementia on individual just begun lately; psychiatrists concentrated more on the biological activities in the brain, while psychologists focused on the cognitive processes, but the behaviour and activities of daily living have been the major concern for nurses (Burge and Fair, 2003).

Dementia clients in a nursing home depend on nurses for social contact, daily needs, and emotional supports. Good therapeutic relationship with people living with dementia will produce positive outcome that would help clients withstand agitations that comes with the disorder. Peplau (1952), theory of interpersonal relations in nursing stated that, a relationship advances in imaginable stages, and that the behaviour of clients improves as the relationship progresses.

Therapeutic relationship process with dementia clients depend on nurses' ability to promote personal growth that encourages individual understanding of their behaviours. Understanding the clients' feelings and needs will improve personal growth between nurses and the clients. Therapeutic relationship with clients has to do with encouraging and facilitating the emotional concerns associated with the disease, this in return will promote self-reflection and personal

growth (Peplau,1991). According to Frazier-Rios et al. (2005), It is expected to have negative responses at any stage of dementia disease, anxiety and depression are more common in people living with dementia. Interventions such as pharmacological and non-pharmacological treatments can be applied in the treatment of anxiety and depression.

Moreover, person-centred care in this context is more than just having individualized care plans for people living with dementia, the focus should be on the client not the disease (Kitwood,1997). Providing the clients with too many choices may be confusing, but allowing them to choose from the available choices one at a time would make clients of a nursing home feel more in charge of their life. The Alzheimer's association (2018), recommended person-centred care approach in the care of people living with dementia. Understanding the uniqueness in individual and their needs are the main concepts of person-centred care.

Client-centred care according to Kitwood (1997), is a means by which ideas and ways of working focuses on communication and relationships. Dementia can best be understood as an interaction between neurological impairment, psychosocial, health, individual psychology, and the environment associated with social context (Alzheimer's association, 2018). Medical approach to dementia disease may have negative and predictable effects due to the fact that it focused more on the disease rather than individual suffering from the disorder. Kitwood and Bredin (1992), came up with an idea for high-quality interpersonal care that guarantees personhood, in such a way that individual is recognised, respected, and trusted.

The needs of people living with dementia are not limited only to care, but love, comfort, acceptance, and identity. Dementia clients need to be carried along in their care. Nurses' focus should be on how it is done not on what is done, providing care in line with daily routines, or other stated criteria is good, but paying more attention to the recipient of care is more rewarding (Machiels et al., 2017 p.6) In general, the overall usage of language diminishes as the disease progresses, assisting people living with dementia to maintain their sanity through interaction and conversations are the key elements of person-centred care for dementia clients (Kitwood,1997).

In summary, effective communication between nurses and people living with dementia will pave way for good interpersonal relationship in such a way that clients will not feel intimidated to express themselves, and a sense of belonging will be maintained. Environment should be made conducive for interaction. It is possible for nurses to communicate effectively with people living with dementia if a holistic form of communication is adopted, the one that maintains the self-esteem of demented clients by listening passionately, pay attention, show empathy and respect (Chapman, 2012).

As explained by Frazier-Rios et al. (2005), nurses should try to identify dysfunctional behaviours such as restlessness and nervousness in clients, it is possible also that dementia clients' communicate with these dysfunctional behaviours. The findings of this study indicated that nurses' communication skills can be improved through training programs in the care of people living with dementia in a nursing home setting (Machiels et al., 2017 p.6) Adopting relevant communication strategies as mentioned in this study according to finding will help minimize difficulties encountered when caring for dementia clients in a nursing home.

According to Brooker (2017), nurses must also give time, because dementia clients need more time to process information. Appropriate hearing and visual aids according to clients' preferences should as well be provided in order to promote effective communication. Pain management is essential in caring for people living with dementia. Pain, if not properly managed in individual could cause undesirable physical, social, and emotional reactions. Nurses should assess pain and measure vital signs by using appropriate pain assessment scale from time to time, both pharmacological and non-pharmacological methods of managing pain should be administered to relieve pain. For bed ridden dementia clients, sleeping positions must be changed periodically to avoid pressure ulcers.

6.1 Trustworthiness

According to Liconln and Guba (1985), the purpose of trustworthiness in research is to establish that the research findings are “worth paying attention to”. The standard set to guide each stage of this thesis were strictly followed to avoid misinterpretation of results. Authenticity in some cases is also referred to as trustworthiness; trustworthiness ensures validity and reliability, reliability or dependability are considered to be a threat validity or credibility, questioning the same old qualitative reliability tests such as member checking or peer checking, as a means to ascertain that researchers properly analyse the results (Elo et al., 2014). Unlike quantitative data, extracting and analysing data is more complicated in qualitative method, there is no straightforward approach to develop data collected (Bryman, 2012). As a result of ambiguity associated with qualitative method, a lot of critics emerge in the research processes which often generate issues about the credibility of the data collected and uncertainty about the evidence provided to substantiate the claims. However, the aspect of trustworthiness is a means to minimize if not eliminate these doubt (Bryman, 2012).

Trustworthiness in a research work consists of four major components: (1) Credibility- has to do with how reliable a researcher is, in the final outcome of the study i.e. the truth and accuracy of the study’s findings, (2) Transferability- is the applicability of the findings to relative phenomena, populations or situations, (3) confirmability- in the sense that the researcher is not biased in analysing responses from the participants or results of the study, (4) Dependability- is the extent by which the study indicates consistency and also give room for other researchers to investigate the results and conduct further research (Bryman, 2012).

However, considering all the facts stated above, a thesis agreement and plan was written and accepted by the supervisor at the beginning of this study. Articles related to nurses’ communication with dementia clients published from 2008 to 2018 were extracted and reviewed, articles published before 2008 were excluded irrespective of their relevance to the topic of this study. Keywords and phrases related to research questions were utilized to search the articles through Cinahl (EBSCOhost), Laurea finna, and scienceDirect.

The databases were accessible in Laurea University of Applied Sciences library. Cinahl (EBSCOhost) was chosen, because it is a reliable research aid for medical practitioners with rapid and uncomplicated access to relative articles, magazines, dissertations and reports. Laurea Finna on the other hand, retrieves data from other journals that Laurea have access to. ScienceDirect database was also accessed due to the fact that it has hand-full of evidence-based scientific and medical journals. However, different databases may not have similar terms to search, but using alternative keywords that are synonymous might lead to further information (Cronin et al., 2008).

A thorough literature search, data appraisal, and categorization of themes were carried out without bias. The methodological approach used in this study was diligently studied by using systematic literature review guidelines. A total number of 2,831 articles were briefly reviewed initially; titles and abstracts were diligently reviewed, and articles applicable to research question were selected for full-text.

The process of filtering according to Wakefield (2014), requires that title as an important factor is needed to determine if the topic is relevant to the author’s interest, when comparing the content of the abstract with the topic, inclusion and exclusion criteria must be considered to ensure that the articles are suitable, to ensure that the articles meet all the requirements, the content of full texts must be compared with the topic, and also the type of article is necessary in order to decide if the article is required. In other words, among the 2,831 articles hit, selection of study was done by eliminating 1,373 articles that were not related to research question, 471 articles not related to dementia, 788 articles different from nursing home setting, 123 articles that were different from nurse-client/patient point of view.

Therefore, only eight articles were selected for critical review and data analysis following the inclusion and exclusion criteria. To have a better understanding of each article, a data appraisal was also conducted in this study. After reading the chosen articles carefully, extracted data were coded and compared to form different themes. Most of the articles used in this study were qualitative research studies where some were cross-sectional, randomized, survey and direct

feedback. The chosen articles were considered relevant following the inclusion and exclusion criteria, this study was not also restricted to a particular gender or race and this made the findings to be applicable to both male and female dementia clients in a nursing home. All these factors and the processes followed make the quality, as well as the results of this study reliable.

6.2 Limitations and recommendations

Acknowledging one's limitations in research work cannot be overemphasized; this is necessary so as to let the reader have a better understanding of the weaknesses of the research as well as the final assessment of the study (Aveyard, 2010). It was challenging for the author of this thesis to share ideas with anyone because the study was conducted alone. It was also time consuming, and there are chances that some data or problem go unnoticed which could affect the quality of the study. Besides, the author based the analysis of various approaches documented during data collection and extraction solely on limited understanding. This simply implies that; the author is not a professional in the field of research but only have basic idea and little experience in carrying out academic research.

Another limitation to this research work was the inability to statistically analyse qualitative data, the qualitative research method is conducted based on opinion. Despite the aforementioned limitations, the author was still able to achieve the aim and purpose of conducting this academic research. Communication with dementia patients is very broad, hence more studies are recommended to widen nurses' horizon and scope of practice. Even though the focus of this study was on dementia clients, the author realized in the process of the study, that communication in healthcare system is inevitable. Therefore, further studies are recommended to be carried out to enhance effective communication for instance in mental health care, home care, paediatrics, surgical, family nursing and so on.

6.3 Ethical considerations

The research was conducted by one author, with adequate feedback from the supervisor all through the process of carrying out this project. The author also ensured that duplicate studies were avoided through thorough searching on Theseus.fi, to be sure that no study has been conducted on the thesis topic which is "Nurses' communication with dementia clients in a nursing home". The author likewise sought for advice and guidance from the supervisor prior to the commencement of the study. In research, various fundamental factors which must be considered in order to protect the interest of the participants or observers is called ethics (Ezzy,2002). These factors are made up of informed consent and confidentiality etc. Permission was sought and obtained from Laurea university of applied sciences through thesis supervisor who approved the topic.

Although, there has been several other researches on communication and dementia clients, which made it a bit challenging for the author of this thesis to come to term on the suitable topic to be used, that will not make it difficult in arriving at the final results when conducting the research. With the help of the thesis supervisor, this riddle was resolved and also made the process of data collection go smoothly in arriving at desired and reliable findings during the data analysis. After breaking the topic down to derive at keywords that were used in searching data, scientific literatures were found from trustworthy databases through the Laurea LibGuides.

These articles were rigorously reviewed and credits were given to efforts made by other researchers. Furthermore, for the purpose of reliability and to avoid been biased, the author adopted the critical appraisal parameters by Aveyard (2010), as well as the critical appraisal skills programme (CASP) checklist that was developed by the University of Oxford to ensure consistency and facilitate the assessment of findings systematically. This also helped in avoiding involuntary misinterpretation of findings.

The author also made efforts to certify that findings from the results were reliable to an extent that allows future review of the process by other researchers. “Reliability and validity are conceptualized as trustworthiness, rigor and quality in qualitative paradigm” (Golafshani,2003, p.604). Triangulation on the other hand, is used to ensure that qualitative research is reliable and valid. The process of triangulation in literature review is to find the correlation between various sources of collecting data, in such a way that findings from the literature review are valid, reliable, and that different researchers have arrive at comparable results about the topic using different methods (Golafshani,2003 p.604).

The official databases provided through Laurea LibGuides were used during the data collection process, and in order to avoid plagiarism and conflict of interest, the author acknowledge the ideas and efforts of the researchers of the articles reviewed by carefully analysing the chosen articles in the process of content analysis. The review of chosen articles was done bearing the research question as well as the purpose of the study in mind, and this helped in achieving the aim of writing the thesis. Data from the articles were systematically grouped to arrive at main themes, that were finally used in discussing findings from the study.

All the findings gathered in the process of reviewing the selected articles were discussed in detail. More so, cautions were taken when selecting the keywords used while searching data in the databases to ensure they match with the concepts of the study. This was considered necessary to avoid ambiguity in answering the research question, and to also ensure that the articles chosen for review were relevant to the topic. According to the National advisory board on research ethics (2002), evidence based scientific practice should be the basis of new research; these comprises of reliability, taking necessary precaution during the research process, ensuring that research methods follow the scientific research and evaluation guidelines, and also acknowledging the efforts and findings of other researchers in one’s study (The national advisory board on research ethics, 2002).

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Summary of the 8 selected literatures

No	Author/Year of publication	Title	Purpose Statement	Summary of evidence
1	Barber, J., Murphy, K. 2011	Challenges that specialist palliative care nurses encounter when caring for patients with advanced dementia.	The goal was to identify how further research could improve the dying phase of patients with advanced dementia.	Evidence from the viewpoint of specialist palliative nurses showed that only a little information is available about end-of-life care in advanced dementia. The author also suggested other areas where research is needed apart from pain management, management and nutrition/hydration. The areas suggested are: diagnosing the dying phase, differences in the care of family of patient with dementia differs and other families, how decision making and management can be delayed due to lack of a formal dementia diagnosis and lots more.
2	Davis, B.A. 2014	Communication competencies in patient-centred care.	Goal was to discuss communication tools used in patient-centred care, interprofessional collaboration, and to also provide information on core nursing competences for effective communication.	Evidence suggested that, as nursing students are being prepared to work in various healthcare roles and settings, criteria for core competences in communication should be met regardless of educational level. Patient -centered care, interprofessional collaboration, and informatics are indispensable

				communication tools needed to improve patient outcomes and delivering high quality and safe care.
3	Elkins, Z. 2011.	Communication bridges for patients with dementia.	To describe how interaction can be improved and rules that nurses should observe when administering care for people living with dementia	The results showed that intact and positive memories from the past will go a long way in guiding people living with dementia to a state in which understanding and acceptance of care without any form of agitation will be achieved. Findings also showed that, it is of no use for caregivers to attempt correcting demented clients, encouraging people's sense of reality is more rewarding rather than reminding them of their mistakes.
4	Hammar, L.M., Emami, A., Engström, G., Götell, E. 2011	Communicating through caregiver singing during morning care situations in dementia care.	How caregivers and dementia clients interact verbally and nonverbally when getting dressed during care with or without music therapy was the aim behind this study.	The authors resolved that increasing awareness of music therapy would serve as possible intervention to minimize irrational behaviours of dementia patients. Findings also showed that music therapy would foster co-operation between the caregivers and demented patients. In this study, verbal instructions regarding dressing procedure were substituted with song lyrics.
5	Machiels, M., Zwakhalen, S.M.G.,	Towards better communication in nursing homes	To improve communication between nurses and demented patients by developing a	Behaviour Change wheel was developed and ideal

	Metzelthin, S.F., 2017.	between nurses and people with dementia: design of a communication intervention.	theory-informed intervention method.	communication was clearly defined according to previous studies as well as consultations of experts. Results showed that to achieve ideal communication, it should be person-centred. Emphasis was also made on the use of non-verbal communication which includes the use of objects, pictures and pictograms to interact with dementia patients. Findings also revealed that nurses' behaviours are more of task-oriented, rather than person-centred approach.
6	Martin, A.M., O'Connor-Fenelon, M., Lyons, R. 2010.	Non-verbal communication between nurses and people with an intellectual disability.	To ascertain what methods of nonverbal communication nurses use with intellectual disabled people	The results showed that with intellectual disability may not have the ability to verbally express their thoughts and feelings. It was also revealed that many studies mixed verbal and nonverbal communication together, and little concentration was specifically given to nonverbal communication. Since people with intellectual disability depend mostly on nonverbal communication, the authors emphasized on the significance of exploring the perspective and experience of intellectual disability nurse.

7	Matziou, V., Vlahioti, E., Perdikaris, P., Matziou, T., Megapanou, E., Petsios, K. 2014.	Physician and nursing perceptions concerning interprofessional communication and collaboration.	To investigate the perception of physician and nurses as regard communication and collaboration, and the factors that influence these activities.	Findings from the study showed that physicians and nurses did not share common views regarding collaboration, and this could have negative effect on the patients. The importance of acknowledging effective communication would help develop and implement interprofessional teamwork that will as well consolidate nurses' role in the decision process and patients' care.
8	Palos, G.R. 2014.	Care, compassion and communication in professional nursing: Art, science, or both.	The aim of this study was to provide a ground for self-reflection in nursing practice.	The findings suggested that nurses will be more treasured if they do not consider the art of nursing to be less valuable than the science of nursing. The science of nursing combines performance, skills knowledge, and attitude in making clinical decisions and evidence-based practice. The art of nursing on the other hand, includes care, compassion and communication. The three C's- care, compassion, and communication are needed to promote and optimize quality health.