ARCADA

DEPRESSSION IN THE ELDERLY

LITERATURE REVIEW

TANUI SHEILLAH JEPCHUMBA

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Author:	TANUI SHEILAH JEPCHUMBA
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Supervisor (Arcada):	SOLVEIG SUNDELL
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Abstract:
Depression affects many people in the world from the young to the old and of all races. It is of great concern that it has been a big challenge in the past, is in the present and it might also be one of the key problems in the society in the coming future. The aim of this research is to find out factors that enhance the existence depression among the elderly and the nurses' role in assessing this depression. The questions used in the research are; What factors causes elderly depression? And What is the role of a nurse in assessment and care of patients with elderly depression? Jean Watsons "Theory of Human Caring" was used in the as the theoretical framework. 11 articles were used and the method used was literature review and the analysis method; content analysis, deductive approach. The findings indicated that psychosocial factors for instance interpersonal problems and societal pressure were seen as the most important causes of mental disorder, depression. Other cause identified were stresses in the family and in the society, relationships, lack of support, marital conflicts and problems with children. Nurses are often seen as coordinators for depression care management. This is because they collect information about the patients' clinical and psychological history and discuss the patient's preferences .Thus, nurses are positioned to understand the social needs of the elderly and it therefore contributes to the assessment of the depressed patients requirements.

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TABLE OF CONTEXT

FOREWORD

It has been a great journey and I would like to acknowledge the support given to me from different areas. First is God almighty for the gift of life and knowledge. The daily encouragement from my husband. My sweet baby boy; whom we were blessed with during the writing process and gave me a peaceful time to finish.

In addition, to my supervisor, Solveiq Sundell. Your advice and great follow-up has been of much help and guide to my writing. Your availability has been so incredible. Despite being on holiday, you were there to correct my work. God bless you.

Depression is a big challenge to the society and we should try to overcome it by being social, improve your family relationship and friends for at one point or another, you need someone to talk to.

1 INTRODUCTION

Depression affects many people in the world from the young to the old and of all races. It is of great concern that it has been a big challenge in the past, is in the present and it might also be one of the key problems in the society in the coming future. It is with great interest that I chose to do a literature review about elderly people and depression. I got my motivation to research more on this because I have been working in the old people's home and I realized that many of the elderly people do suffer from depression leading to many illnesses for instance dementia and Alzheimer's disease.

Population of elderly age over 65 is increasing everyday compared to any other age group in a society. Swedish Statistics Bureau (2009) cited by Hedberg et al. (2010: p.757) state that "In Sweden, the population of those aged 85 years increases from 1990 to 2007 by 40%, and prediction is that by year 2050, the very old population will increase by another 50% compare with 2007".

Depression may be seen as a natural way of life to old people; as they grow old they should be depressed. Contrary to that, I tend to differ because I believe that if good care and observation is given to the elderly, then why should they be depressed? They deserve to live a good life even in their old-age. With compassion from family and community, the elderly will improve in respect to their well-being. In the later part of my study, I will focus on;

1. What factors causes elderly depression.

2. What is the role of a nurse in assessment and care of patients with elderly depression?

It is my joy to see the elderly aging peacefully; for we as human beings pass through a lot of things in life. If we age without depression, then what is left for us? Just enjoy the remaining part of life, for life is precious. This is the reason as to why I chose to pursue this topic.

This study is commissioned by lovisa and the main aim is to find out how depression affects the elderly people by focusing on the causes of depression.

2 BACKGROUND

I am going to focus on the definitions of the concepts that I will use in my study. Under this, I will be doing a literature review to bring out what other researchers have written about depression among the elderly.

Depression

According to WHO (2012), depression is a form of disorder which can be treated as a primary health care. The diagnosis and treatment is done by a non-specialist but if there is a minor group of people with complicated depression or are resistant to first-line treatments, then specialist care is given. It is also a mental disorder which can be characterized by; deprived concentration, guilt feeling, troubled sleep and having tired feelings.

Elderly

The elderly are defined differently according to many countries. It differs worldwide but according to my study I will focus on the elderly as any person from 60 years and above.

2.1 Previous Nursing Research done about geriatric depression

According to the research done it is expected that in the coming years, depression will continue affecting more people. Depression in the elderly is associated with functional decline which needs the implementation of providing homes or placements in facilities and also family stress is essential bringing in the issue of social well-being.

It has been viewed that a major mental health problem associated with old age is depression, depression is also linked with various illnesses affecting the patients themselves, their families, communities and also the economic factor. Prevalence studies suggest that there is a big difference in the elderly living with depressive symptoms by focusing in the community level, hospitalization and those in the long term care. These percentages shows the difference ; 14% to 20% of the elderly living in the community experience depressive symptoms, it`s higher with those in hospital being 12% to 45% and highest in those with long-term care being estimated at 40%. (Bonnie S. Wiese, 2011, pg 341-347)

According to Blazer D.G (2003 p.249), depression is the most frequent cause of emotional suffering in later life and thus decreases quality of life in older adults, with literature of late life depression exploding in recent years while many gaps in our understanding of late-life depression has been filled. He also concluded that, while treatment works, mood disorders in old age remains a big public health issue.

Depression is a major condition amongst older people, with a great influence on the well-being and quality of life. Many studies have demonstrated that the occurrence of depressive symptoms increases with age (Kennedy, 1996). Depressive symptoms have an important place as signs of psychological well-being and are also known as important analysts of functional health and durability. Longitudinal studies have proved that increased depressive symptoms are equally linked with increased difficulties with activities of daily living (Penninx et al., 1998). Community-based data indicate that older persons with major depressive disorders are at increased risk of mortality (Bruce, 1994). Moreover, there are some studies which suggest that depressive disorders may be linked with a reduction in cognitive functions (Speck et al., 1995).

The loss of physical functioning and independence is connected to depression. In addition, research has shown "that depression is an independent risk factor associated with disability in the elderly and in addition too, disability is a risk factor for depression " (Lenze, 2001, p. 113). It is true that disability restricts activity due to impairment. These restricted activities implies a reduction in social interaction and a lowered sense of feeling valued as a person, also, having a reliability on others in order to pursue day to day activities.

2.1.1 Brief medical point of view on geriatric depression

According to Wiese S. Bonnie (2011) there is a tool specifically used to screen depression in the elderly called Geriatric Depression Scale (GDS) and it is in two common formats either long form or short form rating scale. The long form is called 30-item while short-form 15-item. With the long-form it uses an 11-point limit and the short-form uses a 7-point limit.

It is easy getting the GDS in that you can find it online for free and in many different languages. Evidence shows that as cognitive impairment increases, the reliability of GDS reduces. In a situation where dementia or significant cognitive impairment is detected, CSDD is used as it is most suitable tool.

With the use of CCSD (Cornell Scale for Depression in Dementia), it only relies on taken interviews. The interviews can either be the patients or caregiver. It can be used with either the non-demented or the patients who have dementia. In addition, when diagnosing for elderly depression the criteria for a major depressive disorder that is set in the DSM-IV-TR must be met.

There are some diagnostic challenges that can emerge in the elderly; lack of depressed mood together with physical challenges and cognitive impairment .After the conditions set for assessing depression are met, its` severity should be noted if there are psychotic or catatonic symptoms, and also run a thorough suicide risk assessment. Other assessments done are; the presence of any allergies, if there are any medications prescribed and under use, assess the family situation and lastly, mental status examination, including an assessment of cognitive functioning.

2.1.2 Causes of depression

In this chapter, I will sample the causes of depression from past research done and also from some scientific educational materials.

Basing on previous researches done, depression does not have a single cause even with reviewing different age groups. In some research, the findings show that depression could be genetically. There are generally main causes seen in a broader perspective which are biological, social, and even psychological. These factors contribute mainly to elderly depression.

Basing on the research by Brian Krans (2012), there are some things which bring a hand to depression existence like serotonin and norepinephrine. The existence of traumatic life events and the presence of family history of depression.

There are some complications associated with aging which may add to depression specifically in the elderly. These are loneliness brought by isolation; change from work to retirement, loss of loved ones and chronic medical conditions.

Psychosocial adversity is among one of the circumstances that leads to depression. Often, there are some of the things or situations that lead to adjustment disorder in association with depressed mood for instance; decreased economic status, deteriorated physical health and being isolated. On the other hand, it may cause more severe depressive syndromes than the ones that persisted earlier as illustrated in (table 1). There are some psychological traits that pose some vulnerability to depression as shown in figure 1. The elderly who have major depression may result to wanting to commit suicide (Alexopoulos, G.S 2005 pg. 1963)

Heredity is seen as another cause of depression in the elderly. For instance, a study done to twins of older adults in Scandinavia provided the result in identifying heredity and environment as contributors to depression. In one of the countries, Sweden, the elderly twins' there was some accountability of certain percentages based on CES-D (Center for Epidemiologic Studies Depression Scale) such as 16% genetic influence and 19% somatic. It thus shows that not all depressive symptoms are actually caused by heredity.

According to Alderson *et al* (2014), one of the causes is chronic illness; the diagnosis of chronic illness is seen as a life changing event because it forces people to face mortality and potential disability. Moreover, other life events like bereavement or relationship breakdown are also justifiable as causes of depression.

The following is an example of how one patient from the article viewed depression ``*It's an horrendous illness, it's shocking, you feel totally useless, you feel that you're no use to your family, you're no use to your children, you're no use to yourself, you can't drag yourself out of it, you can't be happy, you can't do anything. Participant 20, male CHD, past depression*``

Through a research done, it has been viewed that childhood adversity may increase the risk of Major Depressive Episodes. It is so by observing the sensitization of stress responses. Based on the findings, it was seen that adults having a history of childhood adversity show rise reactivity in stressful circumstances. Also, parenting difficulties falling short of abuse have been revealed to be adversely linked with mental health (Scott B. Patten)

``In a study of cultural attribution of mental health suffering in Chinese-Australian patients, Hsiao et al. (2006) found that (p. 998). Two other relevant non-Taiwanese studies were identified. In the UK, Lawrence et al. (2006) carried out a cross-cultural study of the beliefs of older adults about the causes of depression. They reported that participants subscribed more to the social rather than the medical model of depression causation. The causes they identified were stresses in the family and in the society, relationships, lack of support, marital conflicts and problems with children`` (FU C-M. & Parahoo K. (2009))

According to Cleveland H.R *et al;* Psychosocial factors for instance interpersonal problems and societal pressure are seen as the most important. For a period of long time, it has been strongly confirmed that psychosocial stress is a major cause of mental disorders. In the research it was found that about half of the respondents also recognized biological causes, such as inheritance and still, around 20% considered personal failure to play an important role in the genesis of depression.

In Khalsa *et al* 2011research, it was found that the studies on beliefs concerning mental illness have given rise to many different causes that patients approve, this is for instance; the interpersonal problems , the developmental events , the personality or cognitive causes , the biological factors , the environmental factors and the religious causes .

2.1.3   Symptoms of depression (The elderly)

Mental disorder is a serious and common problematic disease in the elderly. Depression is one of these mental disorders which is often, underdiagnosed and undertreated. At many instances, most family members and caregivers frequently discharge depressive symptoms as a normal part of aging. Mortality rate increases from the suicidal point of view and medical illness with reference to depression. According to this, it affects the elderly by 4% and thus considered as a major cause of geriatric psychiatric inpatient admissions. (Spar, 2006) Some of the depressive disorders seen in the elderly is shortlisted in table 2.

Person suffering from depression at least have five to six of the following symptoms like: Feeling unhappy most of the time (but may feel a little better in the evenings), lose interest in life and can't enjoy anything, finding it harder to make decisions, not able to cope with things that you used to, feeling utterly tired, feeling restless and agitated, the lose appetite and weight (some people find they do the reverse and put on weight), taking 1-2 hours to get off to sleep, and then wake up earlier than usual, loss of interest in sex, lose your self-confidence, feeling useless, inadequate and hopeless. Avoiding other people, feeling irritable, feeling worse at a particular time each day, usually in the morning and thinking of suicide are other symptoms of a person suffering from depression.

(Royal College of Psychiatrists, 2013)

2.1.4 Lack of Social Skills during Major Depressive Disorder

According to Phillip W.L 1995-2014, social skills that are very essential for an individual to acquire a healthy social functioning. There are some social skills which patients with major depressive disorder lack such as self-confidence and being optimistic. The same social skills mentioned above are applicable to those with disorders like persistent depressive disorder and also social anxiety disorder.

Phillip W.L 1995-2014, further illustrated these social skills in table 3

3   THEORETICAL FRAMEWORK

Nursing theory is "….a relatively specific and concrete set of concepts and propositions that purports to account for or characterize phenomena of interest to the discipline of nursing" (Fawcett, 1989, p.23). The theory of Human Caring is what the author will be using as theoretical framework in this research work and basing on the concept of caring moment, occasion and caring (Healing) consciousness. This theory was developed by Jean Watson.

To the authors point of view, she found it interesting to keenly focus on how the major concepts of Watson's "Theory of Human Caring" brings great impact to the nurse and patient interaction or relationship in a clinical setting. The concept of caring moment in

Watson`s theory can be used in this research. This is due to the fact that they relate to the patient, health, and nursing.

When does the caring moment basically occur in a clinical setting? The caring moment occurs the moment when the nurse and the patient come together and share an experience. The one on one interaction in which they converse openly and freely. The caring occasion becomes transpersonal when "it allows for the presence of the spirit of both—then the event of the moment expands the limits of openness and has the ability to expand human capabilities" (Watson, 1999, pp. 116- 117). The interaction must be real, meaningful, and both people must benefit from the contact.

A caring moment involves an act and choice and this is from the nurse and patient. The moment of getting t interaction usually presents an opportunity of figuring how to be in the moment and what to do during the moment. At some instance when caring moment is transpersonal, both patient and nurse have a connection which exceeds time and space. This brings an opportunity for strong connection other than the physical interaction.

According to (Watson, 1985/1988, pp. 59-60) ``….we learn from one another how to be human by identifying ourselves with others, finding their dilemmas in ourselves. What we all learn from it is self-knowledge. The self we learn about …is every self. IT is universal – the human self. We learn to recognize ourselves in others…(it) keeps alive our common humanity and avoids reducing self or other to the moral status of object.``

According to Watson, "a person exists as a living, growing gestalt. The person possesses three spheres of being—mind, body, and soul—that are influenced by the concept of self. The mind and the emotions are the starting point, the focal point, and the point of access to the body and soul." The human connection that nurses make with the patient is the basis of Watson's Theory of Human Caring. Healing is a spiritual practice. The moment we come in touch with another person physically, the touch is more than just their body. The touch proceeds to their mind, we're touching their heart, and also their soul.

The transpersonal dimensions derived from the caring moment are affected by the consciousness brought up in the caring moment especially the nurse`s consciousness which affects the whole field of nursing.

Caring, healing and loving consciousness are embedded in caring moment. The individual offering the care and the one receiving are interconnected. In that caring, healing and loving consciousness of the nurse is transferred to the individual receiving the care which exceeds time, space and physicality.

4   AIM OF THE STUDY AND RESEARCH QUESTIONS

The aim of this research is to find out factors that enhance the existence depression among the elderly and the nurses' role in caring and assessing this depression. In order to achieve the aim of this research, the questions below were obtained:

1. What factors causes elderly depression.

2. What is the role of a nurse in assessment and care of patients with elderly depression?

5 METHODOLOGY

The methodology refers to the different systems where the author of a certain research chooses to approach the research questions and find the answers to those questions. It thus depends on how the given data relating to specific topics and themes is collected by using different databases and the analysis of this data by compiling the databases (Taylor et el., 1984).

5.1 Literature review

A literature review is a collection of various studies and theories and findings summarized as a report. These studies must relate to the selected topic. The final review should define, summarize, assess and explain this literature. Moreover, the literature should give a theoretical foundation for the research and it thus helps to determine the nature of the given research. In doing a literature review it is important to limit the number of works that rhyme with the research than having a large number of works that doesn't relate to the study done. (Boote, D.N. & Beile, P. (2005)

5.2 Data collection

The method used was literature review and the analysis method; content analysis. The data used in this study was collected from the Academic Search Elite, EBSCO. the articles were from EBSCO and Sage as the hits got were many enough to choose the articles related to the research.

The key words used were ``nurses role`` AND ``depression`` 152 hits were obtained. The limit was done to full text and 26 hits were obtained. 6 articles were then chosen. In Sage, the phrase used to search were ``Nurse Role in assessing depression`` 198 hits were obtained. Limiting the search to free full text articles, 100 articles were obtained and 5 chosen. The total of 11 articles is the one in the article presentation and also analysed in the categorization of articles section below.

5.2.1 Inclusion and exclusion criteria

The author saw it best to have some outlines to follow in choosing the articles. The articles that rhymed with the criteria were definitely included on the other hand; those that didn't rhyme were excluded. The basis followed is as shown in the table below.

INCLUSION	EXCLUSION
Scientifically approved articles.	Non-academic articles
Full text	Paid articles
Relevant articles for the study	Non-relevant articles for the study
Articles published in English language only	Articles published in another language other than English.

5.3 Presentation of selected articles

ARTICLE	TITLE	AUTHOR	CONCLUSION/SUMMARY
ARTICLE 1	Chronic care model for the management of depression: Synthesis of barriers to, and facilitators of, success	Anne Lise Holm and Elisabeth Severinsson	Depression is a socially- and physically-disabling condition. The Chronic Care Model (CCM) was developed to promote better management of long-term conditions, such as depression, in primary care settings. The aim of the study was to identify barriers to, and facilitators of, success when implementing the CCM for the management of depression in primary care. A systematic search was conducted in electronic databases from January 2005 to December 2011.
ARTICLE 2	Improving the Role of Nursing in the Treatment of Depression in Primary Care in Spain	Enric Aragonès et al	Primary-care nurses trained in clinical and therapeutic aspects of depression play a central role in care management, patient education, treatment adherence, and clinical monitoring.
ARTICLE 3	Managing depression in older people with visual impairment	Susan Wat-	The author describes depression management to those elderly people who have visual impairment. Depression

		kinson	is defined, major classifications highlighted, symptoms and treatment discussed too. Moreover, the nurse`s role is discussed.
ARTICLE 4	Including nurses in care models for older people with mild to moderate depression: an integrative review	Jutta Dreizler, Andrea Koppitz, Sebastian Probst and Romy Mahrer-Imhof	Nurses have a major role in various states of care. For instance in mental health issues, the nurses provide interventions to ease geriatric depression.
ARTICLE 5	Caring for patients with long-term conditions and depression	Mark Haddad	Long-term conditions are an increasingly important part of healthcare activity. The prevalence of these health problems is high and their personal and social effects are extensive, requiring an approach to health care that emphasises integration, continuity and self-care. The risk of depression is significantly increased among people with chronic illnesses. Recognising and assisting in the management of this aspect of care is a crucial part of the

			nurse's role.
ARTICLE 6	The contribution of nursing to public health practice in the prevention of depression	Stephen Wood	Depression is one of the world`s health problem increase yearly. Mild to moderate depression can be prevented by actions performed at different levels like individual and community.
ARTICLE 7	'Introducing yourself to strangers' Nurses' views on assessing older people with complex care needs (2007)	Susan Lambert, Valerie Thomas, Lyn Gardner	This study explored the use of instruments used in assessing the elderly with complex needs. These tools ought to be person-centred but it should not replace the professional judgements.
ARTICLE 8	Nurse–Patient Interaction A Resource for Hope in Cognitively Intact Nursing Home Patients (2013)	Gørill Haugan, Unni Karin Moksnes, Geir Arild Espnes	The study done shows the relationship between a patient and a nurse through interaction because it influences hope in cognitively intact nursing home patients.
ARTICLE 9	Caring for the Frail Elderly in the Home: A	Phyllis L.	As people live longer, maintaining independence in the home will become a signifi-

	Multidisciplinary Approach	Ehrlich	cant health care issue. This article explains how one home care agency developed a comprehensive multidisciplinary program to identify, screen, assess, and treat the four common geriatric syndromes that affect quality of life for older people and are often the cause for nursing home admissions. The four syndromes are falls risk, incontinence, dementia, and depression. By screening for these four syndromes clinicians can develop care plans that address the needs of the frail elderly.
ARTICLE 10	Randomized Controlled Trial of Problem-Solving Therapy for Minor Depression in Home Care	Zvi D. Gellis, Jean McGinty, Lynda Tierney, Cindy Jordan, Jean Burton, Elizabeth Misener	Data are presented from a pilot research program initiated to develop, refine, and test the outcomes of problem-solving therapy that targets the needs of older adults with minor depression in home care settings. Outcome data suggest significant improvements in depression symptomatology and problem solving abilities after problem-solving therapy for home care, relative to treatment as usual. The experimental group was also more satisfied with treatment as compared to the control condition

ARTICLE 11	Trust in nurse–patient relationships: A literature review	Leyla Dinc, Chris Gastmans	Evidence from this review suggests that the development of trust is a relational phenomenon, and a process, during which trust could be broken and re-established. Nurses' professional competencies and interpersonal caring attributes were important in developing trust; however, various factors may hinder the trusting relationship

5.4 Data analysis

According to Hsiu-Fang Hsieh and Sarah E. Shannon, ``Qualitative content analysis is one of numerous research methods used to analyze text data. Other methods include ethnography, grounded theory, phenomenology, and historical research. Research using qualitative content analysis focuses on the characteristics of language as communication with attention to the content or contextual meaning of the text``

According to Satu Elo & Helvi Kyngäs, ``Inductive content analysis is used in cases where there are no previous studies dealing with the phenomenon or when it is fragmented. A deductive approach is useful if the general aim was to test a previous theory in a different situation or to compare categories at different time periods`` In reference to this, the author used a deductive approach in analyzing this research.

In this research the author read the selected articles and noted the main points highlighted from the specific articles. These points are sentences, phrases and also words which were based on the aim of the research. I derived the main categories as per the research questions basing on the articles. The first category chosen was *Patients' quality of life* under which the sub-categories were *Supportive communication and care* and *Criteria of care.* The second category chosen was *Risk assessment and monitoring* under which the sub-categories were *monitoring* and *Nurse-patient relationship.*

5.5 Ethical consideration

A student should observe good practice and also follow the required ethical rules concerning the academic work under study. According to Arcada school guide, the rules are found in the document Good Scientific Practice in Studies at Arcada. If at any chance or situation academic cheating ought to be given a keen scrutiny by the relevant committee.

Ethics are the moral principles that are meant to govern a person`s behavior in conducting an activity or a branch dealing with moral principles according to the oxford dictionary definition.

According to David B. Resnik , there are some importance of observing the ethical norms for instance in a research work. These are; It promotes the aim of research; prohibit against fabrication and falsification; Promotes the value of essential collaborative work; such as trust and accountability; Promotes moral and social values; for instance if

a researcher fabricates given data pertaining a clinical trial, harm can arise to the patients leading to death.

In this research, materials used like the articles are scientific and other links used have been listed in the references. Direct saying have been put to quotations.

5.6 Results based on articles categorization

The table below shows how the author chose the articles in terms of main category and the subcategories.

MAIN CATEGORY	SUB-CATEGORY	CONDENSED MEANING UNIT	MEANING UNIT SENTENC-ES
		Family involvement	Providing psychosocial support to the older person and their family or caregiver, and imparting information and advice about formal counseling and emotional support services are all important aspects of care.
	Supportive commu-	Effective communication skills	By means of listening to the patients through communicating and being respectful to patients, acknowledging the patient as a person.

	nication and care		
Patients' quality of life.	Criteria of care	Information gathering	Nurses should accept patients' cultures, lifestyles and decisions without prejudgments
		Broad range of skills(Traits)	Nurses' personal qualities are important; honesty, trustworthiness, confidentiality, commitment to providing the best care, authenticity, sensitivity, humility and the ability to see the whole situation.
Risk assessment and monitoring	Monitoring	Suicide	Risk of suicide is an important aspect of depression and nurses must explicitly evaluate for all patients who appear depressed.
	Nurse-patient relationship	Trust	Trust is the basis of nursing care and patients generally have no choice but to trust health-providers, particularly in situation of critical illnesses.

6 RESULTS ACCORDING TO CATEGORIES AND SUB-CATEGORIES

The results below are based on the second question focusing on the categories and sub-categories. These categories *Patients' quality of life* and *Risk assessment and monitoring* were selected based on the articles. I read through the articles and I found that the articles were based on the quality of life of the depressed and also how to do the assessment so I decided to make them the base of my categories. I later chose the sub-categories *Supportive communication and care, Criteria of care, monitoring* and *Nurse-patient relationship.* I decided so because as I read deeper in to the articles, communication emerged in a collection of some of the articles as a method of improving the nursing care and also showing how to do the caring act thus landing on criteria of care. The rest of the articles were based on the monitoring point of view to observe keenly the behavior of the depressed person to avoid arising thought of for instance suicide. Lastly, I found some articles basing on the nurse-patient relationship I found it an interesting sub-category as it only focused on trust that it is the basis of the nursing care.

6.1 Patients' quality of life

Sub-category *Supportive communication and care*; generally, nurses are positioned to understand the social needs of the elderly and it therefore contributes to the assessment of their requirements. Nursing assessment is a person-centred activity this means that it emphasises on the significance of individuality and also quality of life when establishing the various needs. There are some measures that nurses ought to have when assessing older people; the range of skills, knowledge and experience that add positively to the care and well-being of older people. For in-stance, observational and supportive skills are important in order to improve and uphold relationship with patients. Assessment involves a broad collection of information concerning the elderly like; physical, psychosocial, biological and functional aspects. In addition to that, nurses' professional judgement should always match the use of assessment tools so that when caring for the elderly depressed, their needs are carefully acknowledged and understood in a profound way. (Lambert et al 2007)

Family involvement; the nurse can provide information and advice about counselling and emotional support services, self-help groups, patient support groups and other resources. It is essential be-cause family members often become depressed themselves when trying to cope with the person's anger, distress and frustration especially the spouses. (Susan Watkinson (2011))

Effective communication skills; according to Susan Watkinson (2011), psychosocial care is important in developing a trusting and therapeutic relationship with the patient. A nurse will need to use counsel-ling skills, active listening and positive responses. In order to eliminate any arising stigma and discrimination associated with depression, nurses ought to play a role in maintaining confidentiality and respecting the individual's privacy and dignity. A quiet environment can help to achieve this and promote more effective communication.

According to Aragonès E et al (2008), ``the therapeutic relationship is an interpersonal communication tool between the nurse and the patient and is the basis for nurse case management. Nurses intervene according to the needs of their patients, using the knowledge, aptitudes, and skills inherent to their profession. This relationship allows those receiving help to accept and deal with their situations and identify their needs. It also encourages self-help and relational skills. ``

Under the sub-category *Criteria of care* the following condensed meaning unit was highlighted *Information gathering* and *Broad range of skills (Traits).*

Information gathering; nurses should at all times maintain a close relationship with the patient and thus assessing or monitoring the patient's progress. There are specialised nurses whose work is to cover a range of psychiatric interventions, and retain close relationships with older person suffering from depression for long periods of time. Other practitioners like the mental healthcare team must provide consultation to primary care professionals. In addition to that, nursing interventions supports self-management in older people with depression and this achieved through patient education, counselling and behavioural interventions to patient and family members. Keenly observing the patient education; the focus is to provide information about depression by educating the patient and showing the treatment options that are available. In general nurses are often seen as coordinators for depression care management. This is because they collect information about the patients' clinical and psychological history and discuss the patient's preferences (J Dreizler et al 2013)

Focusing on *Broad range of skills (Traits)*; leadership and team work is essential in nursing. According to A. L. Holm and E. Severinsson (2012) In a nursing field, leader-

ship should be spread widely over multiple levels; these levels arise from the clinical leaders to various professional categories. New forms of team-work like; developing trust, communication, and stable, self-reinforcing work relation-ships is thus important to have in sharing vision of improved care and change among the leadership and clinicians at practice level. The Chronic Care Model for management of depression is crucial because it helps leaders to adjust to certain constraints and options resulting from organizational priorities.

Dinc̦ and Gastmans (2013) It is important to know a patient as a person first rather than as a patient. A holistic approach to caring involves preconditions necessary for creating trust. Nurses should; be in charge, meet expectations for the care and the needs of patients, be swift and act as the patient's advocate.

6.2 Risk assessment and monitoring

Maintaining confidentiality and respecting the individual's privacy and dignity are essential because of the possible stigma and discrimination associated with depression

The second main category was *Risk assessment and monitoring* under which two subcategories were got *Monitoring* and *Nurse-patient relationship* Reviewing the subcategory *Monitoring;* nurses should provide care to the depressed by following keenly their daily routine in order to establish and formulate the best suitable care strategy. A. L. Holm and E. Severinsson (2012) suggests that , care manager, which is a nurse, is mainly responsible for giving patients; support and encouragement, monitoring their depressive symptoms, and teaching them self-management skills. So, it is essential to overcome barriers, and in order to attain that patients must be involved as active members in the management of their condition. Another essential point is that the care manager's role is to educate patients as a means of disabling conflict and giving them in-

formation on the different causes, symptoms, and history of depression; treatment risks; benefits; outcomes; and early warning signs of relapse.

Suicide; risk of suicide is an important aspect of depression and nurses must explicitly evaluate for all patients who appear depressed. Depression that is not treated or put under care is risky to an individual in that it can lead to possible suicide. It is not unusual for depressed individuals to have judgments about committing suicide whether they intend to act on the feelings of committing suicide or not. Those who are severely depressed often lack the energy to harm themselves, but the urge arises when their depression kicks and they gain an increase in energy that they may be more likely to try suicide. So giving patients the support and encouragement, monitoring their depressive symptoms, and teaching them self-management skills is essential to fight the urge of suicide (A. L. Holm and E. Severinsson (2012))

Lastly, under the sub-category *Nurse-patient relationship*, *Trust* was the only condensed meaning unit obtained.*Trust;* according to Dinc¸ and Gastmans (2013) Nurses usually care for individuals who are most vulnerable when certain illness and various other conditions do not allow them to be autonomous. Moreover, they are also the closest health-care providers to patients. Patients generally have no choice but to trust them, particularly in situation of critical illnesses. Hence, trust is essential in nurse–patient relationships. There are some important conditions that are essential in developing trust. These include; accessibility of the nurse, feeling emotionally and physically safe, feeling at home and respected as an individual, feeling satisfactorily informed and respectful communication.

According to Haugan et al (2013), Nurse–patient interaction is necessary to patients in different areas; the patients sense of trust, comfort, and safety. The mentioned areas are found to improve meaning, self-transcendence, and also multidimensional well-being and even preventing and decreasing anxiety and depression. Inner strength alongside recalling ability of happy times and giving or receiving love and care might perform as internal personalities.

7 FINDINGS RELATED TO THE THEORETICAL FRAMEWORK

The theory of Human Caring is what has been used as theoretical framework in this research work and basing on the concept of caring moment, occasion and caring (Healing) consciousness. This theory was developed by Jean Watson. Relating to the categories and sub-categories from the articles, we can highlight some instances where Jean Watson`s theory is applied or can be applied. With a close look on *quality of life* focusing on *supportive communication and care*, there are some measures that nurses ought to have when assessing older people; the range of skills, knowledge and experience that add positively to the care and well-being of older people. For in-stance, observational and supportive skills are important in order to improve and uphold relationship with patients. (Lambert et al 2007) The skill of communication is of great importance in that it brings the patient and the nurse a chance to be open and feel safe to share one another's feeling basing on the care required at that moment. The occasion of caring, *Family involvement* is essential the nurse can provide information and advice about counselling

and emotional support services, self-help groups, patient support groups and other resources. (Susan Watkinson (2011)) The family are other members who contribute to the caring of the depressed patients as they are the ones close to them most of the times so counselling the family members enhances good caring.

In order to provide the required care, good *Criteria of care* should be put in place. *Information gathering*; nurses should at all times maintain a close relationship with the patient and thus assessing or monitoring the patient's progress. There are specialised nurses whose work is to cover a range of psychiatric interventions, and retain close relationships with older person suffering from depression for long periods of time. (J Dreizler et al 2013) Moreover, there is *Broad range of skills (Traits)* especially the traits of a good nurse should be put in place at the caring moment. New forms of team-work like; developing trust, communication, and stable, self-reinforcing work relation-ships is thus important to have in sharing vision of improved care and change among the leadership and clinicians at practice level. A. L. Holm and E. Severinsson (2012)

In addition, to enhancing good care relating to Watson`s caring moment and occasion, *Risk assessment and monitoring* should be observed. *Monitoring* the patient is to be keenly followed in day to day life in order to maintain the patient's progress. A. L. Holm and E. Severinsson (2012) suggests that , care manager, which is a nurse, is mainly responsible for giving patients; support and encouragement, monitoring their depressive symptoms, and teaching them self-management skills. So, it is essential to overcome barriers, and in order to attain that patients must be involved as active members in the management of their condition. Lastly, *Nurse-patient relationship* is of great foundation in caring. Obtaining the basis of care is achieved through *Trust.* Dinc¸ and Gastmans (2013) Nurses usually care for individuals who are most vulnerable when certain illness and various other conditions do not allow them to be autonomous. There are some important conditions that are essential in developing trust. These include; accessi-

bility of the nurse, feeling emotionally and physically safe, feeling at home and respected as an individual, feeling satisfactorily informed and respectful communication. According to Haugan et al (2013), Nurse–patient interaction is necessary to patients in different areas; the patients sense of trust, comfort, and safety. The mentioned areas are found to improve meaning, self-transcendence, and also multidimensional well-being and even preventing and decreasing anxiety and depression

According to Watson, "a person exists as a living, growing gestalt. The person possesses three spheres of being—mind, body, and soul—that are influenced by the concept of self. The mind and the emotions are the starting point, the focal point, and the point of access to the body and soul." The human connection that nurses make with the patient is the basis of Watson's Theory of Human Caring.

From the findings; A. L. Holm and E. Severinsson (2012) found that nurses' main role is being responsible to giving patients; support and encouragement, monitoring their depressive symptoms, and teaching them self-management skills.   Also, according to Susan Watkinson (2011) , In order to eliminate any arising stigma and discrimination associated with depression, nurses ought to play a role in maintaining confidentiality and respecting the individual's privacy and dignity. In Watsons theory, the touch between the nurse and the patient exceeds the physical dimension so the two articles illustrates that in order to attain the moment or occasion of this act of touch to happen, the nurse should thus observe some points so that the patient will be comfortable in such situations. Being in the caring moment entails things like maintaining good communication skills, developing trust, being kind to the patient and also family members, and more so being the patient advocate at all times. Meeting in the caring moment, the nurse should actually try to lower her or himself to be in the patient's shoes. At that moment the nurse`s mind should entirely be with the patient.

Alderson *et al* (2014), observation from one of the participant` `*It's an horrendous illness, it's shocking, you feel totally useless, you feel that you're no use to your family, you're no use to your children, you're no use to yourself, you can't drag yourself out of it, you can't be happy, you can't do anything. Participant 20, male CHD, past depression*`` in relation to this quote, a nurse should bring the caring act of empathy and try by all means to advice the patient about various forms of overcoming depression. Family support is also important and the nurse should inform the family about causes, treatment and care aspect for depression. This will definitely enhance good care to the patient.

In addition, according to Haugan et al (2013), The interconnection of body, mind and spirit enhances meaning of care and more so the interaction between nurse and patient. Due to long-term care for the elderly depressed the body, mind and spirit interconnection usually gives the nurses chance of caring opportunities for hope. By promoting patients` hope, the nurses impact mental, spiritual and physical well-being.

8 DISCUSSION AND RECOMMENDATION

Going back to the beginning of my research, at first it was difficult to find good question to select materials. After reconstructing my questions, it was easy to find the articles. The articles used where good in that, I got the answers to my questions and the method was definitely appropriate for I got good categories and sub-categories which I used to analyze the results. As seen from the articles, depression in old age arises from childhood or even the youth stage. If one had a bad childhood experience it can later develop to depression. Family members are a great support group or care givers for people suffering from depression. Giving good care to the depressed will actually make

them improve for instance in their negative thinking like committing suicide. With good care, the patient will see that there is hope in life and that someone really cares.

Nurses also play a key role in depression management. The nurse should play a role as an advocate for the depressed individual. Patient education is so important because the patient will know what causes this depression and the treatment options.

There are some goals for nursing a person suffering from depression. These are; It is important to develop a relationship with the person focusing on empathy and trust; Recognize and encourage the person's sense of positive self-regard; Encourage the patient to develop a way of problem solving skills in a manner that is empowering to the person; Educate the person on good health behaviors, which is medication and healthy lifestyle choices; Try to encourage the person's commitment with their social and upkeep network; Ensure that there is an effective way of collaboration with relevant provider by focusing on effective working relationships and communication; Support and promote the activities for both the families and those offering care for the person with depression.

Creating a trustworthy relationship and non-judgemental environment helps to deal with depression especially when working with them and their families. Try to see different treatment options with an optimistic mind, and explaining the different causes of depression noting that for sure one can recover; Inform them on the presence of stigma and discrimination which is related with a diagnosis of depression; Make sure that confidentiality and respect is there while discussing anything associated with depression involving the patient; ensure that the written information is available in the suitable lan-

guage and also it can be in audio format if possible; If there is difficulty in communication, provide and work skilfully with independent interpreters at the moment of need.

Moreover, in providing care for the depressed, trust is so important. Nurses' personal qualities are important traits in developing trust. These include; honesty, trustworthiness, confidentiality, commitment to providing the best care, authenticity and sensitivity, humility and understanding of patients' suffering, demonstrating care and tolerance, displaying a genuine and respectful attitude, accepting patients' cultures, lifestyles and decisions without prejudgement and finally, providing good advice, reassurance and encouragement.

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10 APPENDIX

TABLE 1. Differential Diagnosis of Depressive Syndromes

Depressive symptoms
1. Depressed mood
2. Decreased pleasure
3. Weight loss or weight gain
4. Insomnia or hypersomnia
5. Psychomotor agitation or retardation
6. Fatigue or reduced energy
7. Preoccupation with feelings of worthlessness or guilt
8. Poor concentration or indecisiveness
9. Morbid or suicidal thoughts
10. Substantial social or occupational impairment

Major depressive disorder
Either 1 or 2; at least 4 items from 3-9 for at least 2 wk;

Dysthymia
1; at least 2 items from 2-9 for at least 2 y;

Adjustment disorder with depressed mood
Identifiable stressor but symptoms out of proportion to what is expected
Not enough symptoms to meet major depressive disorder criteria
Substantial social or occupational impairment
Stressor within 3 mo, impairment not longer than 6 mo

Bereavement
Specific stressor: death of a loved one
Symptoms resemble major depressive disorder, but patient considers them appropriate
Major depressive disorder diagnosis is not given unless symptoms persist longer than 2 mo or include guilt not related to the dead, a preoccupation with worthlessness, marked psychomotor retardation, suicidal ideation, and prolonged and marked functional impairment
From *Quick Reference to the Diagnostic Criteria From DSM-IV-TR,8 with* permission.

A Generalist's Guide to Treating Patients With Depression
With an Emphasis on Using Side Effects to Tailor Antidepressant Therapy

Table 1; Depressive syndromes http://www.slideshare.net/discoverccs/antidepressants-side-effects-serotonin-syndrome-vs

Causal factors
- Age-related brain changes
- Disease-related changes—eg, arteriosclerosis, inflammatory, endocrine, and immune changes
- Allostatic response to adversity

Vulnerability
- Abnormalities in frontostriatal circuitry, the amygdala, and the hippocampus
- Heredity
- Psychological vulnerability

Psychosocial adversity

Mechanisms mediating depressed states
Hypometabolism of dorsal neocortical stuctures
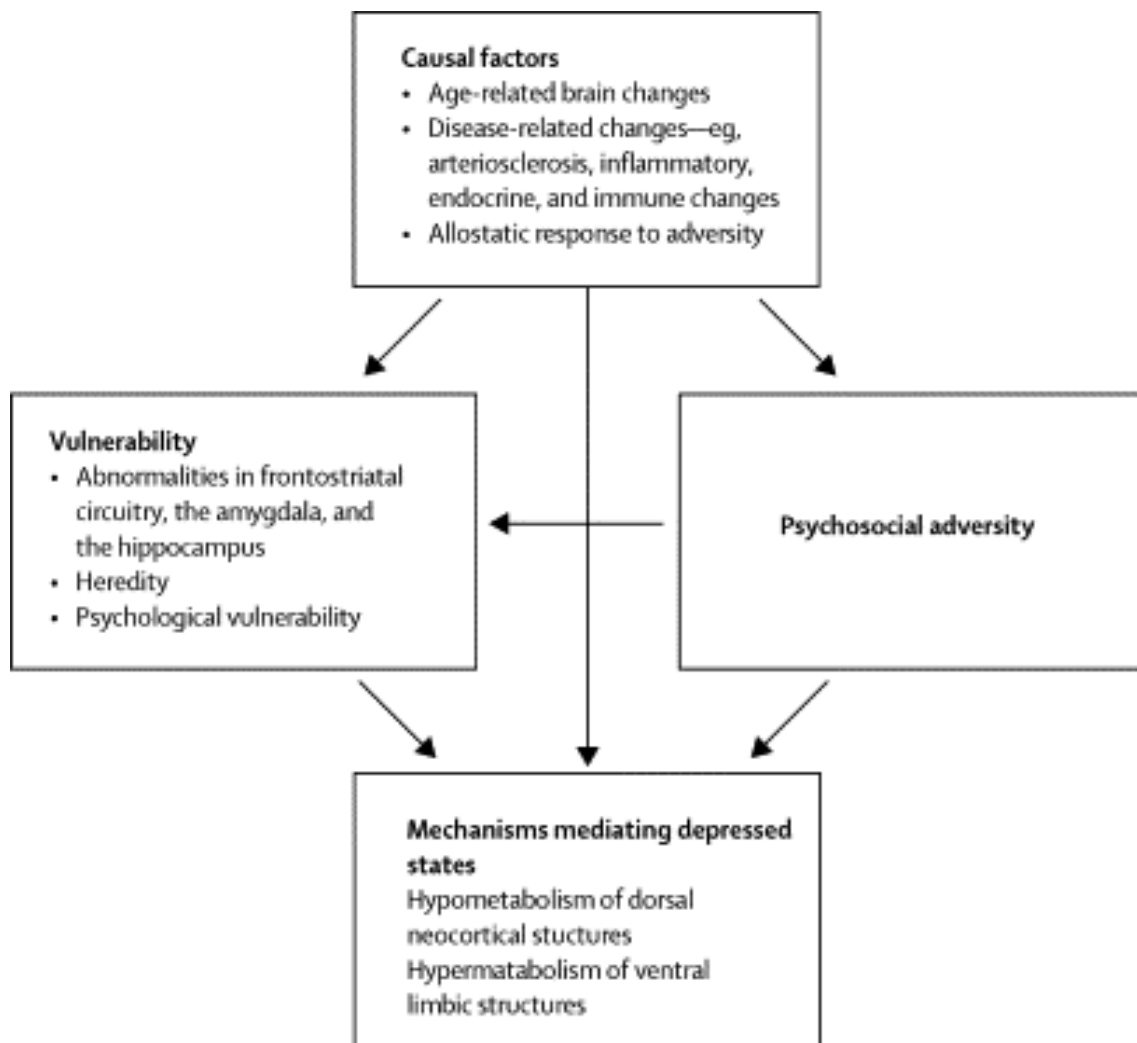Hypermatabolism of ventral limbic structures

Figure 1; A model of late-life depression with brain dysfunction
http://www.thelancet.com/journals/lancet/article/PIIS0140673605666652/images?imageId=gr1&sectionType=green&hasDownloadImagesLink=true

TABLE 3
SYMPTOMS COMMONLY SEEN IN DEPRESSIVE DISORDERS OF THE OLDER PATIENT

Psychotic symptoms

Delusions (mood-congruent > mood-incongruent)

Auditory hallucinations, typically vague in nature

Catatonic features (in severe depressive episodes)

Cognitive features

Disorientation

Memory loss

Apathy

Distractibility

Poor concentration

Melancholic features

Anergia

Anhedonia

Worsened morning symptoms

Early insomnia

Psychomotor retardation

Anorexia

Excessive inappropriate guilt

Table 2: Common symptoms of depression in older adults.

http://primarypsychiatry.com/differential-diagnosis-of-the-older-patient-with-psychotic-symptoms/

SOCIAL SKILL	MAJOR DEPRESSION	NORMAL
Self-Confidence	Feeling inferior or shy	Having a good opinion of one's self and abilities; socially confident and out-going
Optimism	Pessimism or expecting the worst	Having a positive outlook on life; expecting a good out-come; hopeful
Belonging	Fearing rejection by others	Feeling liked and accepted by friends, and included in their group; not fearing rejection
Sociability	Social withdrawal	Friendly; interested in social contacts and activities

Table 3: Social Skills That Are Lacking During Major Depressive Disorder

Internet Mental Health © 1995-2014 Phillip W. Long, M.D.
http://www.mentalhealth.com/home/dx/majordepressive.html