

Kigen Vivian & Samson Kiplimo

A LITERATURE REVIEW ON EFFECTIVE NURSING INTERACTION AND COMMUNICATION SKILLS WITH DEMENTED PATIENTS

Thesis

CENTRIA UNIVERSITY OF APPLIED SCIENCES

Degree Programme in Nursing

October 2016

CONTENTS

1 INTRODUCTION	1
2 THEORITICAL FRAMEWORK	3
2.1 DEMENTIA	3
2.2 TYPES OF DEMENTIA	4
2.3 DEMENTIA DIAGNOSIS.	5
2.4 PRE-DISPOSING FACTORS AND PREVENTION OF DEMENTIA.....	6
2.5 NURSES’ SKILLS ON COMMUNICATION.....	7
2.6 NURSES’ SKILLS ON INTERACTION.....	11
3. PURPOSE AND RESEARCH QUESTIONS	16
4 RESEARCH METHODOLOGY	17
4.1 LITERATURE REVIEW.....	17
4.2 INCLUSION AND EXCLUSION CRITERIA.	17
4.3 DATA COLLECTION.....	18
4.4 DATA ANALYSIS.....	20
5 FINDINGS	21
5.1 FUNDAMENTAL NURSING SKILLS FOR EFFECTIVE COMMUNICATION AND INTERACTION	22
5.2 IMPACTS OF THE EFFECTIVE NURSING COMMUNICATION AND INTERACTION SKILLS	24
6 DISCUSSION	26
6.1 METHODOLOGY CONSIDERATIONS AND LIMITATIONS.....	26
6.2 ETHICAL CONSIDERATIONS.....	26
6.3 VALIDITY AND RELIABILITY	27
6.4 DISCUSSION OF FINDINGS	27
6.5 IMPLICATIONS TO THE ELDERLY CARE NURSING	28
6.6 LEARNING PROCESS.....	29
7 CONCLUSION	30
REFERENCES	31
APPENDICES	

ABSTRACT

CENTRIA UNIVERSITY OF APPLIED SCIENCES Kokkola-Pietarsaari Unit.	Date October, 2016	Authors Vivian Kigen Samson Kiplimo
Degree programme Bachelor of Health Care, Nursing.		
Title of thesis A LITERATURE REVIEW ON EFFECTIVE NURSING INTERACTION AND COMMUNICATION SKILLS WITH DEMENTED PATIENTS		
Instructor Timo Kinnunen	Pages 35+4	
Supervisor Ulla Timlin		
<p>The purpose of the research was to investigate the effective ways of communicating and interacting with demented patients in a nursing care unit. With reference to the study topic, the goal was to provide nurses with adequate communication skills that would empower them during the care process. Furthermore, the research seeks to explore the possible remedies for communication shortcomings among the patients, as a way of enhancing their quality of life.</p> <p>The authors of this study, basing on literature review, conducted a qualitative method of research. Strict inclusive and exclusive criteria were followed whereas research findings were analyzed using content analysis method. The various databases used by authors were; Academic Search Elite (EBSCO), SAGE Journals Online (Sage Premier), Science Direct (Elsevier) SD and Ebrary. In addition to the above scientific databases, authentic internet sources such as; WHO, Alzheimer's Association, National Health Service (UK) and American Nursing Association were also used.</p> <p>Dementia is a degenerative syndrome which reduces a person's cognition and memory. Social competitiveness as a result, is ruined, rendering those suffering from it socially uncompetitive. Based on the research findings, nurses' skills on the ways of enhancing communication and interaction both ease the care process while ensuring that the patients' quality of life is fostered.</p>		

Key words Communication, dementia, interaction, nursing skills
--

1 INTRODUCTION

Dementia is a syndrome in which there is deterioration in memory, thinking, behavior, judgment, learning capacity and the ability to perform everyday activities. The nature of dementia is chronic and progressively affects the brain; however, consciousness is not lost. (World Health Organization 2015.)

The syndrome acts as an umbrella of various mental disorders existing in various forms; Alzheimer's disease, Lewy bodies, Parkinson's disease, vascular dementia and frontotemporal dementia. Alzheimer's disease is the most common form of dementia adding up to 60-70% of dementia cases. (WHO 2015.)

The memory disorder is an extensive disorder that many elderly people suffer from worldwide. It has been ascertained that there are over 47.5 million people suffering from dementia and an addition of roughly 7.7 million new cases yearly, courtesy of WHO, (2012). Finland for instance; has one of the highest prevalence rates of people suffering from dementia. It is estimated that over 13,000 people are diagnosed with dementia every year, out of which, 5000-7000 people diagnosed with the memory loss are within the working age group. It therefore illustrates the fact that dementia not only affects the elderly but younger persons too. Moreover, research states that approximately 193000 people living in Finland have memory problems (Alzheimer Europe 2012). According to Finnish statistics, demented patients who receive healthcare and home care services have increased by 27% since 2002 (Hynninen, Saarnio & Isola 2015).

People suffering from dementia have their memory capacity deteriorating with time which eventually leads to one not being able to support oneself, thus leading to reduced capability of performing activities of daily living (ADL). In light of this, it is further estimated that with respect to severity of the memory loss leading to reduced ADL; 3 out of 4 patients in Finland that are under 24 hour care have memory loss. (Alzheimer Europe 2012.)

Communication and interaction skills are of great importance during demented people's care process. Nurses and other caregivers are expected to engage the patients in a positive conversation during their day to day activities in a way of drawing them closer and making them feel a sense of worth. Opening a channel of communication with the patients creates an atmosphere of trust and comfort within a given care facility.

Through communication, a greater chance of interaction between patients and caregivers is initiated and goes a long way into establishing a good rapport within the care environment. Furthermore, a good communication and interaction ensures patients' quality of life as they are given an opportunity to express themselves and in such a way that their personal identities are maintained.

The authors developed a particular interest in pursuing the subject matter after a series of practical placements, out of which they, under their tutor nurses had to care for demented patients. They realized that the core issue in their care is communication. Without effective communication, interaction between care providers and the patients is limited, hence hindering the care process which makes it hard for health care providers to meet their care objectives. Moreover, since dementia cannot be treated and the fact that it is a chronic syndrome which affects mostly cognitive functioning of the brain, it is of essence to develop an adequate communication as a way of counteracting the cognitive impairment.

The purpose of the thesis is to investigate effective ways of communicating and interacting with demented patient in a nursing care unit. With reference to the study, the goal is to provide nurses with adequate communication skills which empower them during the care process. Furthermore, the research seeks to explore the possible remedies for the challenges and come out with solutions.

The study was done based on literature review. Sources gathered for the study were obtained from previous scientific studies about the ways of fostering an effective communication with demented patients. Emphases were drawn on the ways that are aimed to ease communication as a way of making it possible for nurses to understand their patients' needs.

2 THEORITICAL FRAMEWORK

This section explains more about dementia, its types, diagnosis, predisposing factors and the ways through which it can be prevented. In addition, nursing skills that are proven to be beneficial towards enhancing social competitiveness of demented patients through communication and interaction are also elaborated.

2.1 Dementia

Dementia is a neurodegenerative disorder that declines mental cognition from moderate to severe hence affecting activities of daily living. Alzheimer`s disease is considered the leading cause of dementia among others; Lewy body and frontotemporal dementia. On the other hand, frontotemporal dementia is the leading cause of early onset dementia and it is approximated to represent 10% of all diagnosed dementia cases. (Wilfong, Edwards, Yehle & Ross 2015.)

Dementia is a degenerative condition that compromises a person`s memory to a great extent. Early signs of dementia often start gradually and go a long way into crippling one`s memory. Although not every aspect of poor memory is attributed to dementia, it is commonly understood that dementia develops with minute memory problems such as; one`s frequent inability to find the right words while communicating, gradually advancing to one losing track of date and time, forgetting names of friends, family members and even their loved ones. The reduced ability to communicate courtesy of poor memory caused by dementia can be very frustrating to patients. It also poses a unique challenge to nurses during the care process; it even reduces quality of care. (Jootun & McGhee 2011, Hynninen, Saarnio & Isola. 2015.)

Signs and symptoms are common across all forms of dementia. It has however been conceived that strength of the symptoms vary from person to person. The most common symptoms across the stages of dementia are; loss of memory, difficulties of communication and language skills, inability to focus and pay attention, poor reasoning and judgment and reduced visual perception. Dementia affects the elderly persons, however, up to 5% of persons suffering from the disorder have early onset, thus experiencing early symptoms as early as in their 40`s and 50`s. (Alzheimer`s Association 2015.)

2.2 Types of dementia

As illustrated by Bocco (2013), dementia is a comprehensive state of mental impairment resulting from mental diseases and other factors which lead to memory loss and reduced performance of ADL. Dementia affects behavior and personality too to an enormous extent. The diseases that cause dementia have been established to be irreversible.

Dementia is categorized into; Alzheimer's disease, Vascular dementia, dementia with Lewy bodies, Parkinson's disease, Fronto-temporol dementia, Creutzfeldt-Jacob Disease, Wernicke-Korsakorfe Syndrome, Mixed dementia and dementia from other causes which emerge from cognitive impairment. Below are brief explanations of some of the common causes of dementia:

- i. **Alzheimer's disease** is the most common cause/ form of dementia, estimated to be contributing up to 60-80 percent of dementia cases. The disease cannot be reversed; it can only be controlled and suppressed. (Bocco 2013.)
- ii. **Lewy Body disease** is the second most common neurodegenerative disorder after Alzheimer's disease. It is estimated to be affecting about 5% of the elderly population above 75 years old in Finland. Furthermore, among those suffering from memory disorders in Finland, research states that 20% of them have Lewy body disease. The disease progresses slowly as it reduces a person's independence. It is estimated that one may die within a period of 10 years after diagnosis of the disease. (Atula 2015.)
- iii. **Vascular dementia** is caused when blood vessels in the brain are damaged for instance; after a stroke occurs and blocks the brain's artery, reduced blood circulation in the brain leading to reduced oxygen and vital nutrients in the brain. Vascular dementia can cause moderate to adverse effects depending on the severity of its cause. The most common case is the disease's effect on thinking and reasoning. Factors that increase the risk of developing cardiovascular diseases such as; smoking, hypertension, overweight and high cholesterol levels are considered to be the risk factors of developing vascular dementia. (Atula 2015.)
- iv. **Frontotemporal dementia** is characterized by its effect on a person's personality and behavior. A person affected by this type of dementia is many a time confused with someone having personality disorders because they share almost the same symptoms. Some of the common personality/ behavioural symptoms are; impatience, carelessness and poor judgment. Speech is al-

so greatly affected as it is harder than normal, words are hard to find, and in any case their significance is somehow blurred. All these affect someone's social competitiveness to a great extent. (Muistiliitto 2015.)

- v. **Creutzfeldt-Jacob Disease** is a neurodegenerative disorder which causes dementia and results to an ultimate death. This disease can occur in cattle 'mad cow disease' and can be transmitted to human being under certain circumstances. Its symptoms are almost the same as Alzheimer's but in this case, the symptom occurrences are rapid. The disease is noticed through a quick deterioration of mental capabilities alongside other adverse symptoms like; blurred vision, insomnia, personality disorders, anxiety and depression. (Lumio 2015.)

- vi. **A mixed dementia disease** is a state in which more than one type of diseases causing dementia occurs at the same time. In this case, a person may suffer for instance from; Alzheimer's disease and at the same time vascular disease, forming a complex state of dementia condition. While the abnormal condition is considered rare, it has been established in the recent years that the condition is increasingly gaining grounds. The condition's symptoms are identical to the individual symptoms constituting to the mixed dementia disease. (Alzheimer's association 2016.)

- vii. **Wernicke-Korsakoff Syndrome** is a chronic memory problem resulting from severe lack of thiamine (vitamin B-1) in the body. Thiamine aids the brain cells to convert sugar into energy, therefore, absence or low level of thiamine affects functionality of the brain. Its main cause is alcohol abuse but it can be triggered by other conditions such as poor nutrition and chronic infections. (Alzheimer's association 2016.)

2.3 Dementia diagnosis.

Dementia being characterized by the decline of cognitive functionality of an affected person, it can basically be diagnosed through observation of cognitive deterioration and the intensity of the decline. According to Leonard (2014), aside from an individual experiencing the general symptoms of mental decline such as; impaired reasoning, memory loss, language impairment and poor visual interpretation, there are three established criteria of diagnosing dementia. An individual is diagnosed as having dementia if he/she meets the criteria which are;

- If the individual's mental symptoms are so intense that they have affected one's ability to work and perform ADL.
- If it is evident that the symptoms deteriorate with time.
- The symptoms have been determined not related to other psychiatric disorders and delirium.

Furthermore, doctors are able to diagnose dementia through familiarizing with a patients' health history and by conducting physical examinations. By scrutinizing patient's health history, a doctor is in a position to determine when the first symptoms surfaced, current psychological state of the patient, family history with regards to history of mental illnesses and the previous medical history. (Leonard 2013.)

Other examinations conducted by doctors include; physical examination of patients, neuropsychological testing and brain imaging. Magnetic resonance imaging or computed tomography is carried out to rule out other conditions that may cause symptoms related to Alzheimers's disease. Through neuropsychological testing, a patient's basic mental status is tested. An assessment tool, for example; Mini-Mental State Examination (MMSE) is used. Questions involved in the test seek to assess the basic mental status of a patient. It includes; asking patients dates, counting numbers, writing simple sentences and how the patient is familiar with locations and testing visual recognition too. (Leonard 2013.)

2.4 Pre-disposing factors and prevention of dementia

There are several risk factors that that are known to contribute to development of dementia. It has however been highlighted that despite the fact that these factors do contribute to the development of dementia; they are not the cause of the cognitive impairment. These risk factors are categorized into; medical, genetic and lifestyle risk factors. (Leonard 2013.)

Age is one of the genetic risk factors; elderly people are the ones prone to developing dementia. High consumption of alcohol is believed to be a huge contributor to development of dementia. In as much as moderate consumption of alcohol contributes proportionally to development of dementia; many researchers argue that its effect is insignificant. Smoking according to research, is unquestionably a huge contributor to the increased chances of developing dementia as it significantly raises mental decline and subsequently being a risk factor for dementia. Medical risk factors are; hypertension, diabetes, arteriosclerosis, psychological and experiential factors. (Leonard 2013.)

Unfortunately, dementia is not curable but there are various forms of preventing the disease from developing. Below are the ways;

- Healthy diet that is rich in cereals, legumes, vegetable and proteins.
- Stop smoking. Research illustrates that 45% of smokers are in higher risk of developing dementia compared to non smokers.
- Exercise regularly.
- Keep your brain active.
- Enjoy social activities. (Muistiliitto 2015.)

2.5 Nurses' skills on communication

Communication is a dynamic process between one or more individuals exchanging information verbally or through written message in order to reach mutual understanding. Communication is an elementary requirement for all human beings. It is very essential in daily life and people learn to express their opinions, needs and wishes thus, enhancing interaction with their social environment. Demented patients have difficulties in expressing their needs; therefore, nurses should motivate and encourage them to pass their messages across in a way that suits them best. (Jootun & McGhee 2011.)

Research states that only 7% of the message is communicated verbally while 93% is non-verbal. Out of 93% of non-verbal communication, 55% of it entails the use of body language, whereas the remaining 38% imply the use of vocal tones. The use of non verbal communication plays a crucial role in social interaction and it imparts powerful message. Nurses should be alert and attentive while communicating with demented patients not to miss any message conveyed either verbally or non-verbally. (Jootun & McGhee 2011.)

Non verbal communication includes; gestures, eye contact, facial expressions, postures and body contact. Presence of good therapeutic relationship with patient leads to openness and trust, hence meeting patient's needs. Verbal or non-verbal communication is essential while caring for demented patients. Communication is one of the most difficult challenges faced by health care providers and people with dementia day in day out. The social interaction of people with dementia decreases with time and thus tends to be easily agitated. Therefore, good and effective communication skills are essential in building and maintaining social relationship, and hence, winning patients' trust. Poor communication can lead to

stress, aggression, feeling of neglect, relationship conflict, increase mortality and diminishes quality of life to both patients and health care providers. (Saunders, Medeiros, Dolye & Mosby 2011.)

As elaborated by Jootun & McGhee 2011, the relationship between nurses and patients should be therapeutic (related to the art of healing) in principle. The most fundamental way of nurses' utilization of the therapeutic co-existence with their patients is through good communication. A skillful way of communicating with patients goes a long way into creating a good atmosphere between them. Effective communication on its own is a silent tool for encouraging patients to explain their needs, hence making the therapeutic process easier.

Person centered care is referred to as treating or caring for a person individually aiming to promote independence thus improving person's wellbeing. This enables nurses or care providers to identify person's ability to communicate rather than concentrating on communication difficulties. Person centered care is essential in promoting good interaction between the nurse and patient and thereby upholding positive rapport. The use of person centered communication plays a crucial role in fostering positive outcomes. Patient's quality of life is maintained through effective communication. With respect to this fact, nurses are expected to pay attention to their patients' needs. Research states that most nurses pay less attention to patients with compromised communication abilities compared to those who can express their needs clearly. It is essential that nurses have knowledge on progression of dementia and related aging problems that trigger communication challenges. Through knowledge empowerment, nurses can use effective communication strategies to improve patients' quality of life. (Veselinova 2014.)

It has also been established that sparing some time to listen to the patients' conversations reaffirms their trust in the caregivers. It is of essence to encourage them to continue with conversation by triggering some questions into their speech as a way of showing interest in the discussion. Not only does this enable the caregivers to obtain more information, it also ensures a close interaction because through deep conversations, a strong inter-personal relationship is built. Patients also need to feel the sense of worth and acknowledgement; therefore, admitting to them in the midst of any meaningful discussion that one has gained some knowledge out of the conversation reassures them and acts as a positive force towards developing a rapport. (Hynninen, Saarnio & Isola 2015.)

Savundrnayagam et al. 2016 illustrates the aspect of politeness as a strong component of communication that caregivers ought to employ during the care process. Nurses are urged to be as polite as possible even during challenging situations when the demented patients are restless or even aggressive. Politeness soothes any situation and prevents the situation from escalating. In many instances when the patients express their frustrations and agitations, the first line of calming the situation is through polite speech. One may not shout at them nor talk to them in an impolite manner as these may further their frustrations. Politeness comes with relaxed vocal tone and readiness to try to find out the reason behind the circumstance. Many a times, patronizing the patients and trying to negotiate with them are critical towards calming the situation, whereas politeness is very vital throughout this process.

‘Elderspeak’ is referred as a patronizing speech mostly used by younger person addressing older adults. According to the research, the use of elderspeak results to negative behaviors such as aggressiveness, agitation and resistance to care thus disrupting nursing care. Nurses should avoid the use of elderspeak and treat demented patient with respect they deserve. Therefore, it helps reduce negative outcomes and communication breakdown hence maintain quality of life. Nurses ought to engage the demented patients in conversation or in any procedure they are planning to take; research states that this contributed to positive outcomes such as decreased level of anxiousness, agitation and promoted patient’s well-being. Authors and researchers however, have different views on the impact of ‘elderspeak’. Some view it as a positive aspect that ensures that patients do not get easily agitated by speaking to them in a patronizing manner. (Savundrnayagam, Silbalija & Scotchmer 2016.)

Consultation and negotiation have been proved effective methods of encouraging demented patients to cooperate. Nurses should negotiate and discuss with the patients about their needs and preferences instead of making decisions for them. It makes the patient feel valued and respected therefore, promoting willingness to do what is asked of them. Engaging demented patients in decision making not only improves quality of life but also promotes personhood, dignity and integrity. Undermining their role in making decisions can lead to frustration, anger, depression and low self-esteem. (Savundrnayagam, Silbalija & Scotchmer 2016.)

According to National Health Services (NHS 2015) in the United Kingdom, communication is not all about talking, messages can also be conveyed in different forms such as; gestures, movements and facial expressions. Since dementia affects a person’s ways of communicating, body language and physical contact can play a big role in conveying messages, especially when one is having difficulties in speaking.

The following ways can make communication easier between care givers and demented patients:

- Identifying demented patients by their names is a very crucial ice-breaker. Calling someone by own name according to studies; is a trigger that makes someone develop interest in making contact with the one calling them.
- Approach the patient from the front. This goes a long way into ensuring that one does not startle the patient, in which case it could cause anxiety to the patient. Approaching the patient from the front is of essence, considering the need to appear familiar, harmless and friendly to the patient.
- Show patience and listen actively to the patient, this can help them to be comfortable and communicate easily.
- Treat them with respect for instance; while communicating, treat them like adults and avoid intimidating them.
- Whenever speaking with them, keep your tonal voice positive and friendly as much as possible.
- Speak slowly and clearly and minimize interruption. Interrupting patients with cognitive disorders irritates them more and may cause frustration to them. It is essential for care givers to speak to them slowly, more especially while giving them instructions.
- A care giver ought to read the atmosphere surrounding their patients. Many a times, demented patients may not be in a good mood, hence one should be able to make a good judgment before approaching the patients. The patients should not be pressurized to do anything, not even to respond to questions asked, because it makes them more agitated and even less cooperative. It might even cause aggression.
- One should avoid direct contradiction with patients. In many cases, a caregiver should shun from overly criticizing patients, but rather, approach an issue calmly and explain to the patient why one is of different opinion. (NHS 2015.)

Effective communication strategies used by health care providers are very essential in promoting patients' quality of life. Using close-ended question can motivate patient to participate in the activities of the daily living whereas open-ended questions provides a room for openness and could lead patient to express oneself deeply. (Saunders, Medeiros, Dolye & Mosby 2011.)

2.6 Nurses' skills on interaction

Interaction is a reciprocal action or influence. This is a mutual effect on each other as regards care givers and demented patients. As opposed to communication, interaction provides care givers with diverse opportunities to involve patients with day to day activities, rather than just through verbal conversation. These opportunities range from engaging patients in physical activities like playing games to giving them an opportunity to express themselves without being limited. Making patients feel they have equal participation as their nurses is an essential milestone in fostering a good interaction between them. (Alnes, Kirkevold & Skovdahl 2011.)

As a result of cognitive impairment of demented patients, objectives of interaction can only be limited to a realistic degree, that is; demented patients' personal expressions and the ability to socially interact with others are limited within their care boundaries. Verbal expressions such as short conversations are expected as a way of interaction among patients or with their care givers. However, non-verbal behaviors like body language, facial expressions, posture, touching and physical contact play a major role while interacting with them. Paying key attention to these non-verbal cues is of essence since these may be their major (because of reduced cognition) ways of passing information or trying to interact. (Campo & Chaudhury, 2011.)

Care for demented patients has in the past been on the perspective of memory loss, leading to identifying the patients by their cognitive disease instead of viewing them as persons, as individuals. Person-centered care as elaborated by Savundranayagam et al. (2016); is an essential care approach for the demented patients. Person-centered care is an individualized care that is aimed at bringing a demented patient closer through; acknowledging them to be individuals, being interested in their past history and their achievements, their current preferences and choices, and more especially respecting their individual characters. For person-centered care to be successful according to Savundranayagam et al. (2016), it is essential for care givers to foster a solid interaction with their patients.

As illustrated by Hynninen et.al (2015), physical environment also plays a major role in promoting a positive interaction with demented patients. The patients' environment should be made as homely and as friendly as possible. Care facilities should be located in a calm location away from disturbances and anything that may cause panic among them. The staff too should be as friendly as possible to enable the patients feel free to interact with them. Persons with memory problems might find that adapting to unfamiliar environments or change of routine is challenging, thus leading to feeling of insecurity, rest-

lessness, anxiety and aggression. Campo (2011) reiterates on the importance of nurses' initiation of informal interaction. Informal interaction is finding spare time to be with patients besides normal care routine. Nurses ought not to be task oriented but patient oriented. This means that nurses should not only rush to complete their day's tasks but to make their patients be their center of attention. All multi-professional teams should find time to engage at least in conversation with the patients on a daily basis.

Chappel, Kadlec & Reid (2013) elaborate the importance of interaction between nurses and demented patients in care units. According to them, even though social interaction has not been proved to be directly linked with dementia, it is lately getting more acknowledged to be of essence during the therapeutic process of demented patients. Many aspects of social interaction are seen to be beneficial to the patients in various ways; firstly, it improves patients' quality of lives because interaction makes them feel appreciated as individuals despite their conditions. Through Interconnection, they also get a chance to be understood better, therefore meeting their demands. Finally, interrelation with others prevents some negative factors that may further deteriorate their conditions. These are negative aspects such as; boredom that may lead to depression, stress and anxiety build up.

Emphasis is therefore drawn on nurses to execute their social competences because they are the ones to take the initiative of engaging patients in an interactive manner. Social competence range from their knowledge on the basic contributors towards a positive interaction to their understanding on the impact it has on the patients. While it is widely understood that nurses are in many cases less in number that they do not have spare times to be with patients, they are encouraged to take personal initiatives of ensuring that they initiate contact with their patients on a person to person relationships and not work-based relationships only. Finding spare time to communicate with the patients is seen as a great positive force that is widely believed (courtesy of studies conducted) to be beneficial to them. (Chappel et. al 2013.)

Chaudhury & Campo (2011) illustrates further about interpersonal contact between nurses and their patients, stating the difference between organized social gatherings in a long-term care facility and informal meetings with patients. There is a big margin between the two scenarios owing to the fact that organized social meetings for patients have some therapeutic impact on them, however, not as effective as nurses meeting their patients randomly and without any prior plan. Nurses' own initiatives of spending time with their patients 'unofficially' through the day to day activities have been proven to be very beneficial because it makes the patients realize that they are being taken care of, on an individual

basis. Nevertheless, organized activities and gatherings are beneficial too, and nurses should also arrange some recreational activities for the patients occasionally.

Nurses' set up of direct interpersonal relationships with their patients has been proven to be very rewarding through studies. Chappel et al. (2013) illustrates that this has brought a significant reduction in cases of aggressive demented patients. The researchers suggest that over a period of time, there has been a visible change in the number of cases whereby nurses are attacked by violent demented patients. This is because nurses have been undergoing trainings that are aimed at improving their skills on how to communicate and relate with demented patients. Furthermore, it has been established that nurses' good rapport with their patients creates a safe environment which is therapeutic on its own.

Reminiscence is an act of recalling memories and past experiences. It is therapeutic and comforting. Reminiscence includes reviewing, discussing and sharing memories and it's done in groups or one to one. It works along with long term memories; music and photographs can trigger reminiscence by stimulating preserved memories. These memories attract deeper emotions that can be thought to directly influence a person's temperament and preserve their identity. This has proven to be effective specifically for aggressive patients because sentiments calm patients. Patient's life history can promote communication and interaction since nurses have clear picture of the patient's past life. (Cooney, Hunter, Murphy, Casey, Devan, Dempsey, Murphy, Jordan & O'Shea 2014; Veselinova 2014.)

Engaging demented patients in activities of their choice influences their eagerness to relate with others, especially with those who share the same interests. Nurses have to identify special interests of patients and choose them in accordance to the patients' preferences. Categorically, many researchers argue that playing musical instruments contribute positively towards both giving patients a good platform for social membership and fostering care therapy. Even though playing musical instruments like the guitar and piano are somehow difficult for demented patients because of their reduced cognition, they can manage to play them with little help and guidance if they have been playing them in the past. Such opportunities give patients a chance to connect to their past lives as youth and bring them good memories. Furthermore, this makes them socially welcoming, especially towards their caregivers and amongst themselves, particularly among those who share the same interests and hobbies. (Måseide & Gjernes 2015; Veselinova 2014.)

Veselinova (2015) further introduces 'social space' as a state in which the patients are given a platform to interact among themselves or with their care givers. According to them, for social space to be creat-

ed, there has to be an entity that merges the participants' interests. Activities such as; listening to music together, playing games, taking coffee and performing physical exercises together are the same factors that enhance a social space. The social space is essential for them to collaborate with each other hence creating a positive social climate within the care facility. With respect to the individual patient's level of cognition it is safe to anticipate realistic social responses from individual patients. Some may react positively in a social environment and may even make new friends while others prove to not care at all about interacting with others. Each patient has to be treated as an individual and therefore given realistic social goals.

Nurses are urged to have a positive attitude while taking care of the patients. Attitude brings about a good atmosphere that encourages patients to interact with them. An interpersonal relationship between nurses and their patients is very vital during the care process. It starts with communication and ends with a meaningful understanding between them. All these lead to an easy care process for nurses, whereas patients' quality of life is upheld. (Forsgren, Skott, Hartelius & Saldert 2016.)

While nurses perform the daily routines at work especially in the mornings, it is paramount for them to consider a friendly approach. This is very crucial because the first encounter with the patients seemingly is a determinant of the rest of the day's outcome in terms of the patients' moods and willingness to participate in the daily routine. In many instances, the first impression counts for the patients. A nurse who is gentle, friendly and a good communicator establishes a habitable atmosphere that attracts the patients. These attributes are the keystones that ignite a good interpersonal relationship with demented patients. (Forsgren et al. 2016.)

There are so many ways that nurses can be socially competent with their demented patients according to Forsgren (2016). Aside from interaction through verbal communication, non-verbal cues, too, play a key role while trying to establish contact with the patients. Gestures such as touching patients' hands while conversing with them and tapping them on their shoulders are silent methods of communicating with them. These are natural ways that signal friendliness and close ties between them. Interpersonal connection is therefore fostered leading to the patients feeling safe within while being taken care of. While these gestures are encouraged, nurses ought to also be wary of the consequences the gestures might bring. It has to be understood that the patients could entirely misunderstand the nurses' intentions leading them to conclude that the gestures could be signs of intimacy. Nurses should therefore maintain their professional approach to avoid the confusion that comes with the expressions. (Forsgren et al. 2016.)

Additionally, caring for demented patients is a challenging task that nurses usually have difficult experiences during the care process. In light of this fact, nurses are urged to first be in control of themselves emotionally before caring for the patients, especially the aggressive demented patients. Being in total control of oneself means that nurses have to first acknowledge that it is challenging to care for them owing to their reduced cognitive abilities. This makes them adjust to the reality before going to work, hence facing the patients with more prepared minds. Handling one's stress is very vital because when caring for the patients, it is very paramount that nurses should be well composed, having positive attitude and able to calmly manage any escalated situation during one's encounter with the patients. (Forsgren et al. 2016.)

3. PURPOSE AND RESEARCH QUESTIONS

The purpose of this research is to investigate effective ways of communicating and interacting with demented patient in a nursing care unit. The goal of the research is to provide knowledge and empower nurses when taking care of demented patients. Poor communication leads to various consequences which might hinder care process. This research material therefore would be beneficial to health care professionals and families because not only does it highlight the importance of communication, it provides guidelines that have been proven through scientific studies to be effective while enhancing interaction.

The research questions include;

1. What are the fundamental nursing skills for effective communication and interaction with demented patients?
2. How does an adequate communication and interaction skill lead to good nursing care for demented patients?

4 RESEARCH METHODOLOGY

This chapter illustrates more on the method used to conduct the study. A literature review was conducted mainly on web based materials concerning ways of interacting and communicating with demented patients. Previous scientific studies were used to answer to the research problem.

4.1 Literature review

Literature review is a comprehensive research on previously-written articles of studies. While the focus of literature review is a summary of variously written professional articles, the main aim is to identify a specific area of study and to critically analyze the various articles in a professional manner. Furthermore, a researcher analyzes the relationship of various works that are relevant to research topic and merge them to form a masterpiece. (Aveyard, 2010.)

According to Oliver (2012), the key aspect to be taken into consideration during research process based on literature review is the structure. Information obtained should be systematic and is correlated to the subject matter. The literature should be presented in an orderly manner, considering the importance of making the literature easy to follow by readers. Arguments presented as expected, should be based on academic research facts and not thoughts or opinions.

Literature review is also essential because it ensures that much of the previously conducted studies can be summarized together. Owing to the fact that a lot of previous studies have been conducted, it is difficult for readers to assimilate all the information without bringing them together through literature review. This method of study therefore ensures that scattered information is brought together through summary. (Aveyard 2014.)

4.2 Inclusion and exclusion criteria.

The inclusion and exclusion criteria were employed to enhance an acquisition of valid, reliable and up-to date information from previously studied scientific sources. As explained by Griffiths (2009), it is of essence for a researcher to employ criteria which are strictly tied to the research topic. Furthermore,

criteria used guide the researcher into obtaining literature sources which are aligned to the research focus. Of the two criteria used in this article, (inclusion and exclusion), articles to be included in the research are of relevance and meet the focus of the research whereas articles to be excluded are those that are irrelevant, outdated and those that the researcher cannot fully interpret due to language barrier. It is because of this reason that Table 1 below was used to describe the criteria applied by the authors to choose the relevant articles.

TABLE 1. Inclusion and exclusion criteria with regards to Griffiths (2009).

Inclusion criteria	Exclusion criteria
Articles and studies related to effective nursing communication and interaction skills with demented patients.	Articles and studies which were not related to the research topic.
Articles and studies conducted from the year 2010 to date. Books dated from 2005 to date.	Articles and studies conducted before the year 2010. Books dated before the year 2005.
Articles and studies in English language.	Articles and studies in other languages because of interpretation challenges.
Articles and studies that were in full text, found within topic's key words and that answered research questions.	Articles and studies not in full text, those that could not be found within topic's key words and were not answering research questions.
Materials based on scientific evidence of research.	Non-evidence based research materials.

4.3 Data collection.

Collection of data was achieved through a thorough research of scientific sources. Extraction of the scientific sources was successful courtesy of school database which has various directories of obtaining scientific data. Method of data collection as chosen by the authors is qualitative. Books, scientific journals and web-based sources were used in the process of data collection. Scientific journals were used in abundance as compared to the other sources.

The various databases used by authors are; Academic Search Elite (EBSCO), SAGE Journals Online (Sage Premier), Science Direct (Elsevier) SD and Ebrary. In addition to the above scientific databases, authentic and dependable internet sources such as; WHO, Alzheimer's Association and American Nursing Association were also used.

Keywords derived from the research topic were used in the research, applying the Boolean operators to obtain a more specific result. However, in some cases, Boolean operators were omitted in the search process because they achieved no results. Generally, the search technique proved successful in searching for the scientific articles because many of the articles the authors used in the thesis were derived using the technique. The search (Dementia AND Interaction), (Dementia AND Communication) bore hundreds of results. (Nursing AND Dementia) AND (Communication), (Nursing AND Dementia) AND (Interaction) streamlined the results to 250 scientific articles.

Basing on the research criteria; inclusion and exclusion criteria, it made it possible for the researchers to eliminate the irrelevant articles. Of the 250 articles, the first elimination criterion applied was the year of publication. Because this study is based on scientific articles published from the year 2010 to date, 115 articles did not meet this criterion, prompting their elimination. The remaining 135 articles found were further investigated to determine their relevance to the research topic. More than half of them were realized to elaborate more on dementia and care than communication and interaction. The researchers chose to exclude the articles, hence remaining with 50 research articles for further scrutinizing. The researchers further read through the abstracts of the remaining articles to establish their relevance to the study.

Even though many of the articles had met all the criteria used, their explanation on ways of enhancing communication and interaction were shallow, that is; they shallowly mentioned the importance of the two aspects of social behavior among demented patients. In light of these facts, out of the scores of research materials obtained by the researchers, 12 scientific journals were found to be the most relevant to the research topic and were therefore chosen for data analysis. Table 2 below illustrates the how the research materials were obtained from the databases used by the researchers.

TABLE 2. Search for articles from scientific databases using Boolean's apparatus.

Keywords	Science Direct	EBSCO	Sage Premier	Pubmed
Dementia	156868	15933	8193	45423
Dementia AND Interaction	22037	1162	3964	1853
Dementia AND Communication	9909	621	3142	1981
Nursing AND Dementia AND Communication	3570	197	1983	448
Nursing AND Dementia AND interaction	4385	78	2042	141

4.4 Data analysis

As illustrated by Holloway (2013), data analysis is a comprehensive action done by a researcher after collecting data; organizing, merging and sorting as a way of making sense out of the research data collected. Researchers ought to be knowledgeable about data analysis so as to refine data from all sources obtained from, into meaningful information to be used in a research. Due to the complexity of data analysis, it is paramount for researchers to interpret information as correctly as intended to avoid distortion of information carried in the data collected. The aim of data analysis is for the obtained information to answer to the research questions hence tallying with the research topic.

Content analysis is the approach employed by the authors of this thesis. This approach of analysis was aimed at classifying data into categories and subcategories which have the same content. Content analysis is a technique used for analyzing collection of text. It contains written text, oral text, phrases, sentences and audio visual text presented in data content Holloway (2013). In this thesis, themes were identified and classified in accordance with their relevance to the research topic. Among the main themes highlighted therefore in this research was general understanding about dementia. Alongside the theme on dementia, sub-themes were created that further go into details about dementia involving; types of dementia, pre-disposing factors and diagnosis of dementia. On the other hand, themes on fostering of effective communication and interaction with demented patients were divided to form a sub-theme; means and skills necessary for effective communication and interaction.

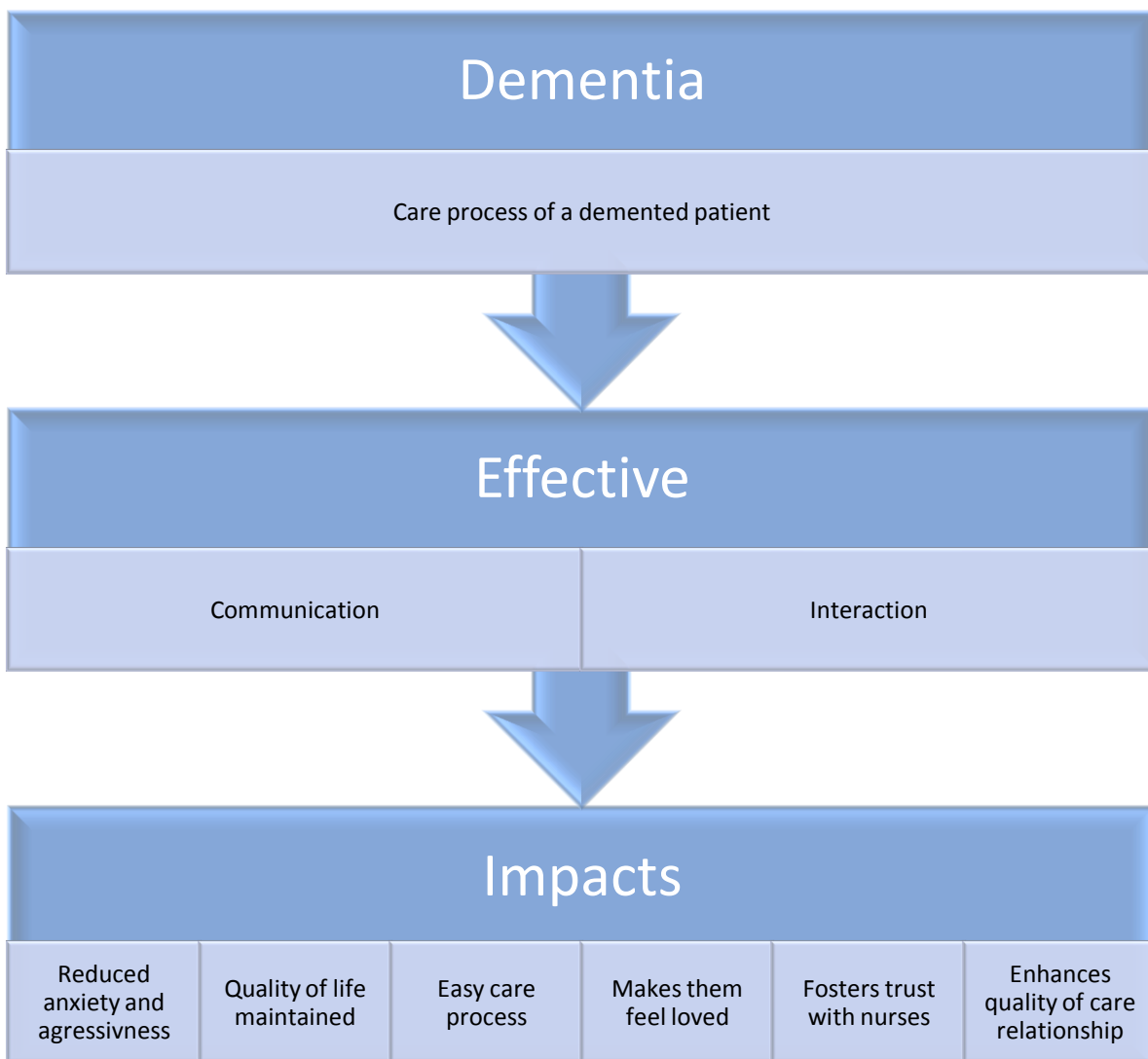
5 FINDINGS

Three major themes were identified to be of relevance to the research while analyzing data. The themes were;

- i. General understanding of dementia.
- ii. Skills through which communication and interaction with demented patients are fostered.
- iii. The impact created by the effective communication and interaction during the care process.

Dementia has been used as a general term comprising all other forms of dementia, therefore; the findings highlighted and discussed are the same across all forms of dementia. Table 3 below summarizes the impact of effective communication and interaction on the demented patients.

TABLE 3. Impacts of effective communication and interaction on the care process of demented patients.



5.1 Fundamental nursing skills for effective communication and interaction with demented patients

Demented patients have a crucial disadvantage compared to patients suffering from other conditions. This is because dementia reduces the cognition of a person, making both memory and basic human intellect to deteriorate enormously. Therefore, reduced cognition makes it almost impossible to make the patients understand and accept that they are being cared for. Furthermore, there is no cure for dementia, making it a long term condition that a person may suffer for the rest of his/her life. (Hynninen, Saarnio & Isola 2015; Wilfong, Edwards, Yehle & Ross 2015.)

Communication and interaction therefore; are the vital skills which nurses can apply as a bridge through which the process of caring for them becomes easier. The relationship between communication and interaction is concurrent and at the same time co-existing with each other. Communication entails all the aspects of verbal and non-verbal dialogue that if effectively executed enhances interaction. (Jootun & McGhee 2011; Saunders, Medeiros, Dolye & Mosby 2011.)

It has been established that through effective communication and interaction, demented patients feel a sense of safety, hence trusting their care givers making it easy to care for them. Additionally, stress levels and anxiety have been found to reduce drastically as a result of a good rapport between nurses and the patients. Cases of demented patients being aggressive become reduced when they are approached in a friendly manner, that is; through good communication and interaction. (Savundrnayagam, Silbalija & Scotchmer 2016.)

Nursing skills necessary for establishing a good rapport between them and their demented patients are dependent of their interpersonal skills. Their prowess in fostering effective communication is advantageous towards building a good relationship with them that is based on trust. Nurses, too, have a responsibility of assisting their patients to be socially competent by engaging them in activities that give them an opportunity to explore their social competence. (Campo & Chaudhury 2011; Måseide & Gjernes 2015; Alnes, Kirkevold & Skovdahl 2011.)

There is need for person-centered care, in which nurses get to engage patients on an individual basis. This form of care is essential because it ensures that patient needs are met. Nurses are expected to shift their care on the basis of patient perspective; anticipating what the patients would have wanted to be taken care of (Forsgren, Skott, Hartelius & Saldert 2016). Nurses need to establish a friendly approach

in which they regard an individual patient as an individual and not just as a dementia stricken person. Demented patients often feel lost, neglected and insecure. To them, everyone else is a threat, which is why nurses need to anticipate such feelings before approaching them therefore, being ready to provide them with what they need the most; basically demonstrating love and friendliness to them. (Hynninen, Saarnio & Isola 2015.)

According to Veselinova (2014), communication and interaction are based on the basic components of politeness and their show of humility. Politeness and humility are gestures that illustrate friendliness, hence attracting the patients to feel free with them on their day to day care practices. Interaction in this case is viewed to be dependent on the nurses' competence in communication. In essence, an effective way of communicating is not only through oral discussions but also through non-verbal communication involving; facial expressions, gestures and posture. These non-verbal cues are always the first indicators that form the first impression when nurses approach their patients, and may determine the outcome of their interaction.

Although 'elderspeak' is widely believed by some researchers to positively affect the relationship between nurses and patients, Savundrnayagam et al. (2016) realized that it might not help the situation the way many expected. 'Elderspeak' is a manner in which nurses speak to patients in a patronizing manner in order to soothe them and avoid irritating them. According to the research, 'elderspeak' is demeaning and is considered disrespectful and deceitful. This is because many a time when nurses patronize their patients, they agree to whatever their patients say, even though they have totally different ideas. Some nurses even accept meet their patients' demands but they end up not doing it. Nevertheless, some authors believe that 'elderspeak' is an easy way for nurses to avoid provoking their patients by patronizing them.

Negotiation skills are very vital whenever a situation escalates between nurses and patients. A nurse who is knowledgeable about ways, through which he/she can negotiate, saves the situation from worsening. Nurses must not appear authoritative before their patients. They ought to be on the same level with the patients and use dialogue to solve the patients' concerns in a respectful manner. Instead of outwardly rejecting patients' demands, a good nurse negotiator offers the patients other choices to choose from, or even suggest that they will reconsider their wishes after a short while. Negotiation skill comes in handy because, not only does it save any escalated situation from worsening, it uplifts patients' spirits simply because of the fact that they feel respected. (Jootun & McGhee 2011.)

Patient-centered care is an effective approach by nurses when carrying out their routine activities. The approach is aimed at caring for demented patients on a personal level, identifying all the needs of individual patients and assessing the possible ways of meeting their demands. Nurses ought to form a close relationship between them and the patients to evaluate their needs. Patient-centered care is essential too, because interaction between them is fostered and gives patients a chance to express themselves to their nurses without fear. A closer relationship between them is also beneficial because it prevents cases of anxiety and frustrations among patients. (Veselinova 2014.)

5.2 Impacts of the effective nursing communication and interaction skills on demented patients

According to Cooney et al. (2014), social gatherings have been proven to be of benefit to demented patients. This is because patients do get an avenue to interact with others, therefore enhancing their quality of lives. Nurses' provision of opportunities for socialization is a positive force that is important in making patients feels a sense of appreciation despite their challenged cognition. They also get to air their views with others, conduct small talk to reminisce their past and form interpersonal connections with each other. All these are therapeutic aspects which are helpful in reducing stress and anxiety.

Nurses' own initiative of establishing interpersonal relationships between them and their patients is encouraged, basing on studies conducted. The benefits of close interactions between them, according to studies; have proven to show good results. This has been illustrated by the drastic reduction of number of cases of demented patients' aggressiveness, owing to the fact that nurses have been undergoing trainings that are aimed at improving their skills on how to communicate and relate with demented patients. (Chappel et al. 2013.)

Engaging patients in social activities such as playing games, physical activities, listening to music and playing musical instruments help patients become socially competent. It also boosts their social confidence, thus making them accept others into their circles. Playmates for instance, easily accept to accommodate each other and therefore it helps them build trust in others (Veselinova 2015). Nurses too have the responsibility of guiding them within care units to ensure that they achieve what they desire out of any social gatherings. For instance, when there is a religious sermon in the care unit, nurses are urged to encourage the patients to attend (respecting individual patient's religious backgrounds and preferences) and further assist them to follow the sermon. They could help them by opening the right hymn page numbers and ensure that each one of them is not left behind in the sermon (Måseide & Gjernes 2015).

It has also been established that sparing some time to listen to the patients' conversations reaffirms their trust in the caregivers. It is of essence to encourage them to continue with conversation by triggering some questions into their speech as a way of showing interest in the discussion. Not only does this enable the caregivers to obtain more information, it also ensures a close interaction because through deep conversations, a strong inter-personal relationship is built. (Hynninen, Saarnio & Isola 2015.)

The research by Savundrnayagam et al. (2016) also identifies a good communication and interaction between nurses and demented patients to be so far, the only remedy to maintaining the patients' low stress and anxiety levels. Although tranquilizers are commonly used to calm restless or aggressive patients, the medication effect is temporary and ends sooner than expected. Because of this reason, constant dialogue and negotiations conducted by nurses remain the only basic and more ethical way of handling such situations. Quality of life too, is fostered and the whole process of care becomes easy if the nurses have a good rapport with the patients.

6 DISCUSSION

This topic elaborates the methodology and writing ethics conducted in writing this thesis. The authors adhered to the specific guidelines concerning citations and preserved the rights of the authors that were referred to. It also points out how reliable and valid are the materials used in the thesis.

6.1 Methodology considerations and limitations

The purpose of the thesis was to investigate effective ways of communicating and interacting with demented patient in nursing care units. The need for the research was mainly attributed to continuous growth of dementia cases in most parts of the world and particularly in Europe. The goal of this research was to provide knowledge and empower health care professionals when taking care of demented patients. Language barrier limited the authors from conducting the research based on studies performed in Finland. However, a profound number of studies that have been conducted about dementia made it easier for the authors to conduct their research, based on literature review. The researchers used the keywords derived from the topic which guided them in performing the research.

The authors employed a system of methods of study basing on the literature review guidelines. Data was collected from reliable sources and databases, out of which; criteria were used to guide the researcher into obtaining literature sources which were aligned to the research focus. Of the two criteria used in this article, (inclusion and exclusion), articles to be included in the research were of relevance and met the focus of the research whereas articles to be excluded were those that were irrelevant, outdated and those that the researcher could not fully interpret due to language barrier.

6.2 Ethical considerations

Ethics according to Resnik (2011) are professional codes of conduct that defines right or wrong. In this context, abiding by ethical norms while performing research ensures promotion of aim of research, for instance; knowledge, truth and avoidance of error. With regards to ethical considerations, the process of data collection and procession ensures avoidance of vices such as; fabrication and distortion of information, falsification, plagiarism and misinterpretation of research data.

Ethical considerations demand authors to uphold principles such as; honesty, integrity, legality and openness in their work of research process. These considerations lead to information accuracy, reliability and respect for author's intellectual property. (Resnik, 2011.) All through the research process of this study, ethical considerations were taken into account.

6.3 Validity and reliability

As illustrated by Lynch (2014), validity is the ability for a researcher to prove positively the focus or question of the research topic. The research conducted in this study maintained the aspect of validity through collection of information from sources that were; of scientific origin, up to date information (span of ten years) and sources which specifically answered to the research questions. Processing of information was ethically conducted to avoid any instance of false information and plagiarism.

Reliability of information is the achievement of consistently comparable data results with repeated assessments of a similar nature (Lynch, 2014). The authors of the research applied a systematic technique of content analysis which ensured a consistent and dependable information analysis. The authors put into consideration the need of professional data collection, analyzing process and the importance of correct interpretation of collected data for accurate reporting. Keywords derived from the research topic were used in the research, applying the Boolean operators to obtain a more specific result. Out of the scores of research materials obtained by the researcher, 12 scientific journals were found to be relevant to the research topic and were therefore chosen for the data analysis.

6.4 Discussion of findings

Dementia is a degenerative condition that compromises a person's memory to a great extent. Early signs of dementia often start gradually and go a long way into crippling one's memory. Although not every aspect of poor memory is attributed to dementia, it is commonly understood that dementia develops with minute memory problems such as; one's frequent inability to find the right words while communicating, gradually advancing to one losing track of date and time, forgetting names of friends, family members and even their loved ones. The reduced ability to communicate courtesy of poor

memory caused by dementia can be very frustrating to patients. It also poses a unique challenge to nurses during the care process; it even reduces quality of care.

Communication and interaction skills are of great importance during demented people's care process. Nurses and other caregivers are expected to engage the patients in a positive conversation during their day to day activities in a way of drawing them closer and making them feel a sense of worth. Opening a channel of communication with the patients creates an atmosphere of trust and comfort within a given care facility.

Through communication, a greater chance of interaction between patients and caregivers is initiated and goes a long way into establishing a good rapport within the care environment. Furthermore, a good communication and interaction ensures patients' quality of life as they are given an opportunity to express oneself and in such a way that their personal identities are maintained.

Based on studies conducted, the relationship between nurses and patients should be therapeutic (related to the art of healing) in principle. The most fundamental way of nurses' utilization of the therapeutic co-existence with their patients is through good communication. A skillful way of communicating with patients goes a long way into creating a good atmosphere between them. Effective communication on its own is a silent tool of encouraging patients to explain their needs, hence making the therapeutic process easier.

A good interaction between nurses and patients helps to reduce cases of stress related aggression by patients, hence making the care process easy. Patients' trust on nurses is also dependent on how they relate together; starting from their nurses' approach, vocal tone, posture and readiness to listen to their patients' views. Nurses' negotiation skills are reiterated as among the most fundamental skills to maintain calmness in the care unit and avoid patient aggression.

6.5 Implications to the elderly care nursing

Geriatric nurses have for a long time been faced with challenges of caring for demented patients. This is because of the nature of the disease which is a cognitive disorder that affects patients for the rest of their lives. Additionally, the patients become restless and aggressive occasionally.

Based on this research, it is established that a good rapport between nurses and patients has a tremendous positive effect on the care outcome. Nurses have a huge responsibility of employing patient-centered care, which is aimed at building trust and sense of safety with the patients. Nurses too, have a special task of helping patients become socially competent by organizing social gatherings and encouraging them to participate. This goes a long way into reinforcing patients' social confidence and giving them opportunities to engage themselves in therapeutic activities.

6.6 Learning process

The thesis writing process has been insightful to the authors. The workload was divided among the two researchers; each fulfilling the task of searching for the scientific materials, while at the same time consulting each other on how to achieve the study goals. The process of data collection took approximately two weeks, whereas data sampling and analysis barely took a month.

Despite the challenges involved in the research of scientific materials, the authors found the topic 'dementia' in general to have been widely studied about. However, it was challenging for the authors to find the exact scientific sources highlighting the study's exact topic on ways through which nurses can enhance communication and interaction among demented patients. Nevertheless, the authors find results of the study to be comprehensive and are therefore satisfied with the findings.

The authors of this thesis have learnt the important aspects that equip nurses with particular skills on making care process of demented patients easy, while helping patients maintain their quality of life through skillful approach of dialogue and good relations. The main idea learnt from this thesis is the need for nurses to be knowledgeable about helping patients overcome stress related issues, and furthermore, helping them become active socially by exploring the ways in which they can make them interact peacefully with nurses and fellow patients. For instance, Finland has the highest prevalence rates of people suffering from dementia, and therefore; nurses need extra training on how to safely offer care to demented patients without difficulties. Through knowledge empowerment, nurses can use effective communication strategies to improve patients' quality of life

7 CONCLUSION

Considering the prevalence of dementia cases in terms of age, most elderly people are affected by it. Therefore, the healthcare professionals and particularly nurses have the mandate to ensure that demented elderly patients are cared for, with emphasis on maintaining their quality of life. Due to the nature of dementia, there is no cure so far, it can only be managed. This therefore, makes nursing care a major part during the treatment process. Because of the reason that it causes memory loss and shrinks cognition, communication and relation with nurses and fellow patients is almost impossible. Clearly, these reasons demand from nurses to effectively master the skills of communication, involving their body language, positive attitudes towards patients and eagerness to listen to the patients' points of view. Negotiation skills in conjunction with social competences are very relevant for nurses while fostering a good professional relationship with the patients.

REFERENCES.

Alzheimer Association 2012. Available: <http://www.alz.org/what-is-dementia.asp>. Accessed September 2015.

Alzheimer Europe 2012. Available: <http://www.alzheimer-europe.org/Policy-in-Practice2/National-Dementia-Plans/Finland>. Accessed September 2015.

Alzheimer's Association 2016. Types of Dementia. Available: <http://www.alz.org/dementia/types-of-dementia.asp>. Accessed May 2016.

Atula, S. 2015. Vasculaarinen dementia. Terveyskirjasto. Available:

http://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_haku=dementia&p_artikkeli=dlk01106

Alnes, R.E., Kirkevold, M. & Skovdahl K. 2011. Marte Meo Counselling: a promising tool to support positive interactions between residents with dementia and nurses in nursing homes. *Journal of Research in Nursing*. Vol. 16, 5: pp.415-433. Available:

<http://online.sagepub.com.ezproxy.centria.fi/search?fulltext=Marte+Meo+Counselling%3A+a+promising+tool+to+support+positive+interactions+between+residents+with+dementia+and+nurses+in+nursing+homes.+Journal+of+Research+in+Nursing&x=18&y=7&src=hw&andorexactfulltext=and&submit=yes>. Accessed September 2015.

Aveyard, H. 2010. *Doing a Literature Review in Health and Social Care: A Practical Guide*. 2nd edition. Accessed November, 2015. Available:

<http://site.ebrary.com.ezproxy.centria.fi/lib/cop/search.action?p00=What+is+literature+review&fromSearch=fromSearch>

Bocco,D.2013.Healthline. Changes in the Brain: 9 types of dementia. Available:

<http://www.healthline.com/health-slideshow/types-dementia>. Accessed September 2015.

Campo, M. & Chaudhury, H. 2012. Informal social interaction among residents with dementia in special care units: Exploring the role of the physical and social environments. *Dementia*. Vol. 11, 3: pp. 401-423. Available:

<http://online.sagepub.com.ezproxy.centria.fi/search?fulltext=Informal+social+interaction+among+residents+with+dementia+in+special+care+units%3A+Exploring+the+role+of+the+physical+and+social+environments&x=0&y=0&src=hw&andorexactfulltext=and&submit=yes>. Accessed September 2015.

Chappel, N.L., Kadlec, H. & Reid, C. 2014. Change and Predictors of Change in Social Skills of Nursing Home Residents with Dementia. *American journal of Alzheimer's disease and other dementia*. Vol 29, pp:23-31. Available:

<http://aja.sagepub.com.ezproxy.centria.fi/content/29/1/23.full.pdf+html>. Accessed August 2016.

Cooney, A., Hunter, A., Murphy, K., Casey, D., Devan, D., Dempsey, L., Murphy, E., Jordan, F. & O'Shea, E. 2014. 'Seeing me through my memories': A grounded theory study on using reminiscence with people with dementia living in long term care: *Journal of Clinical Nursing*. Vol 23, pp 3564-3574. Available:

<http://web.a.ebscohost.com.ezproxy.centria.fi/ehost/pdfviewer/pdfviewer?vid=7&sid=1e064197-d649-4f23-bdf4-30ca32cc0154%40sessionmgr4007&hid=4207> .Accessed August 2016

Forsgren, E., Skott, C., Hartelius, L. & Saldert, C. 2016. Communicative barriers and resources in nursing homes from the enrolled nurses' perspective: A qualitative interview study. *Nursing studies*. Vol 54, pp 112-121. Available:

http://ac.els-cdn.com/S0020748915001832/1-s2.0-S0020748915001832-main.pdf?_tid=40e89b5a-77ae-11e6-9986-00000aab0f01&acdnat=1473550277_9174c72dd18b6f318cd3639795497203. Accessed August 2016.

Gjernes, T. & Måseide, P. 2015. Dementia, distributed interactional competence and social membership. *Journal of Aging Studies*. Vol. 35, pp: 104-110. Available:

http://www.sciencedirect.com.ezproxy.centria.fi/science?_ob=ArticleListURL&_method=list&_ArticleListID=-901635398&_sort=r&_st=13&_view=c&_md5=c0551607ee039dc41f25f00694193299&searchtype=a.

Accessed 30th November 2015.

Griffiths, F. 2009. *Research Methods for Health Care Practice*.

Holloway, I. & Wheeler, S. 2013. *Qualitative Research in Nursing and Healthcare*. 3rd Edition. Available:

<https://books.google.fi/books?id=CmV32bhRaowC&printsec=frontcover&dq=Holloway+2013%E2%80%A6++data+analysis&hl=fi&sa=X&ved=0ahUKEwi8htvhpLrJAhXjVHIKHTN3DYIQ6wEIMjAA#v=onepage&q=Holloway%202013%E2%80%A6%20%20data%20analysis&f=false>. Accessed 24th November 20

Hynninen, N., Saarnio, R. & Isola, A. 2015. The care of older people with dementia in surgical wards from the point view of the nursing staff and physicians. *Journal of Clinical Nursing*. Vol 24, pp:192-199. Available:

<http://web.b.ebscohost.com.ezproxy.centria.fi/ehost/pdfviewer/pdfviewer?vid=5&sid=e1bae0f6-c677-4d8e-ad25-76e9eeb21b33%40sessionmgr106&hid=124>. Accessed September 2016.

Jootun, D. & McGhee, G. 2011. Effective communication with people who have dementia. *Nursing standard*. Vol 25 no 25 pp:40-46. Available:

<http://journals.rcni.com/doi/pdfplus/10.7748/ns2011.02.25.25.40.c8347>. Accessed 7th July 2016.

Leonard, W. 2014. Available: <http://www.healthline.com/health/dementia>. Accessed 23rd September 2015.

Lynch, P.K. & Welch, R.C. 2014. *Action Research from Concept to Presentation: A Practical Handbook*. Available.

<https://books.google.fi/books?id=lcr5AwAAQBAJ&pg=PT205&dq=lynch+2014+validity+and+reliability+in+research&hl=en&sa=X&ved=0ahUKEwiQnpqc-rjJAhXIiwKHxduCOKQ6AEIHTAA#v=onepage&q=lynch%202014%20validity%20and%20reliability%20in%20research&f=false>. Accessed 20th November 2015.

Lumio, J. 2015. Creutzfeldt-Jakobin tauti. *Terveyskirjasto*. Available:

http://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_haku=dementia&p_artikkeli=dlk00626

Muistiliitto 2015. Frontotemporaalinen dementia. Available:

<http://www.muistiliitto.fi/fi/muistisairaudet/muistihairiot-ja-sairaudet/muistisairaudet/otsa-ohimolohkorappeumasta-johtuva-muistisairaus/frontotemporaalinen-dementia/>. Accessed May 2016.

National Health Services 2015. Available: <http://www.nhs.uk/conditions/dementia-guide/pages/dementia-and-communication.aspx> Accessed October 2015.

Oliver, P. 2012. Succeeding with your Literature Review: A Handbook for Students. Available: https://www.google.fi/?gfe_rd=ctrl&ei=SHI3U8P2BM_Q4QTzpIFQ&gws_rd=cr,ssl#q=Succeeding+with+your+Literature+Review:+A+Handbook+for+Students&tbm=bks. Accessed 24th November 2015.

Resnik, D.B. 2011. National Institute of Environmental Health Science. What is Ethics in Research & Why is it Important? Available: Available: <http://www.niehs.nih.gov/research/resources/bioethics/whatis/> Accessed November 2015.

Saunders, P.A., Medeiros, K., Dolye, P. & Mobsy A. 2012. The discourse of friendship: Mediators of communication among dementia residents in long term care. *Dementia*. Vol. 11, 3: pp 347-361. Available:

<http://online.sagepub.com.ezproxy.centria.fi/search?fulltext=The+discourse+of+friendship%3A+Mediators+of+communication+among+dementia+residents+in+long+term+care.+Dementia&x=0&y=0&src=hw&andorexactfulltext=and&submit=yes>. Accessed August 2015.

Savundranayagam, M.Y., Sibaliya, J. & Scotchmer, E. 2016. Resident Reaction to Person-centred Communication by Long-Term Care Staff. *American Journal of Alzheimer's Disease & Other Dementias*. Pp: 1-8. Available: <http://aja.sagepub.com.ezproxy.centria.fi/content/early/2016/01/05/1533317515622291.full.pdf+html>. Accessed 7th July 2016.

Veselinova, C. 2014. Influencing communication and interaction in dementia. *Academic Journal*. Vol.16, pp:162-166. Available: <http://web.a.ebscohost.com.ezproxy.centria.fi/ehost/pdfviewer/pdfviewer?vid=47&sid=a9354b71-df81-45a6-aaba-84218ad6c673%40sessionmgr4007&hid=4101>. Accessed September 2016.

Wilfong, L., Edwards, N.E, Yehle, K.S. & Ross, K. 2015. Frontotemporal Dementia: Identification and Management. *The Journal for Nurse Practitioner*. Available online 14 October 2015. Available: http://www.sciencedirect.com.ezproxy.centria.fi/science?_ob=ArticleListURL&_method=list&_ArticleListID=901678774&_sort=r&_st=13&view=c&md5=57e04056e3db6afd3e9f484c5c461d67&searchtype=a. Accessed November 2015.

World Health Organization 2015. Available: <http://www.who.int/mediacentre/factsheets/fs362/en/>.
Accessed September 2015.

APPENDICES

Authors, Year, Topic & Journals	Aim of Research	Method of Research	Main Results of Research
Alnes, R.E., Kirkevold, M. & Skovdahl K. 2011. . Marte Meo Counseling: a promising tool to support positive interactions between residents with dementia and nurses in nursing homes. Journal of Research in Nursing.	The aim of the research was to find out if there is changes in interaction between the nurses and demented patients during morning routines through Marte Meo video-based counseling.	Qualitative study	Nurses who received educational video based counseling successfully maintained and promoted positive interactions.
Campo, M. & Chaudhury, H. 2012. Informal social interaction among residents with dementia in special care units: Exploring the role of the physical and social environments.	Aim of the study was to identify physical and social environmental factors that hinder social interactions among people suffering from dementia in special care units.	Quantitative study	Emphasis is drawn on nurses to execute their social competences because they are the ones to take the initiative of engaging patients in an interactive manner.

<p>Chappel, N.L., Kadlec, H. & Reid, C. 2014. Change and Predictors of Change in Social Skills of Nursing Home Residents with Dementia</p>	<p>To investigate on change and predictors of change in social skills among patients suffering from moderate to severe dementia in British Columbia, Canada. Change is measured between 6 to 12 months of admission.</p>	<p>Quantitative study</p>	<p>Research revealed that social skills fosters opportunities to preserve effective interactions with demented patients.</p>
<p>Cooney, A., Hunter, A., Murphy, K., Casey, D., Devan, D., Dempsey, L., Murphy, E., Jordan, F. & O'Shea, E. 2014. 'Seeing me through my memories': A grounded theory study on using reminiscence with people with dementia living in long term care</p>	<p>To understand people living with dementia, nurses and relatives perspective on reminiscence and its effect on patient's lives and experience of care and care giving.</p>	<p>Interview</p>	<p>Reminiscences helped nurses to understand their patients deeply beneath their disease through their past experiences hence engaging with them in different ways.</p>

<p>Forsgren, E., Skott, C., Hartelius, L. & Saldert, C. 2016. Communicative barriers and resources in nursing homes from the enrolled nurses' perspective:</p>	<p>To explore how enrolled nurses experience their everyday lives with residents in nursing homes, particularly focusing on interactions with residents with communication disabilities.</p>	<p>Qualitative interview study</p>	<p>Study revealed that enrolled nurses were well empowered and they utilized the communicative resources in promoting interaction. Moreover, they emphasized on importance of building good personal relationship with demented patients.</p>
<p>Gjernes, T. & Måseide, P. 2015. Dementia, distributed interactional competence and social membership.</p>	<p>To explore different kinds of interaction using ethnographic methods.</p>	<p>Qualitative study</p>	<p>Collaborative activities such as playing guitars, piano promotes and creates social interaction more especially for those who share the same interest.</p>
<p>Jootun, D. & McGhee, G. 2011. Effective communication with people who have dementia.</p>	<p>To explore skills needed for effective communication with people who have dementia.</p>	<p>Literature Review</p>	<p>Effective communication is essential in promoting patient's wellbeing thus improving quality of life.</p> <p>Nurses ought to have good communications skills in order to connect engage with demented patient easily.</p>

<p>Saunders, P.A., Medeiros, K., Dolye, P. & Mobsy A. 2012. The discourse of friendship: Mediators of communication among dementia residents in long term care.</p>	<p>To explore the ways of enhancing communication with demented patients.</p>	<p>Qualitative study</p>	<p>Effective communication strategies used by health care providers is very essential in promoting patients' quality of life. For example, Using close-ended question can motivate patient to participate in the activities of the daily living whereas open-ended questions provides a room of openness and could lead patient to express oneself deeply</p>
<p>Savundranayagam, M.Y., Sibalija, J. & Scotchmer, E. 2016. Resident Reaction to Person-centred Communication by Long-Term Care Staff. American Journal of Alzheimer's Disease & Other Dementias.</p>	<p>Aim of this study was to examine resident reactions in response to conversations involving person-centered communication and missed opportunities for such communication by staff during routine care tasks. T</p>	<p>Quantitative study</p>	<p>Communication is essential in person centered care. Effective communication gives patients' room to air their wishes. Moreover, it is of essential for care givers to foster a solid interaction with their patients.</p>