

Dementia

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Dementia



Chapter 1 Introduction

This dissertation consists of a systematic literature review: of the importance of therapeutic communication in the care of people with end stage dementia. This dissertation includes four sub sections; these are as the follows:

- Section 1: which introduces the dissertation, the rationale of chosen topic, the aim and objectives
- Section 2: includes the search methodology and the literature review. The articles accessed will be critiqued and emerging themes including relevant ethical issues will be discussed.
- Section 3: Will address the discussion of the overall work. The discussion shows synthesis of the themes emerging from analysis of the literature reviewed. This section would include recommendations and implications for practice.
- Section 4: includes the conclusion of the dissertation

2.1 Aim and Objectives

The aim of this dissertation is to develop a comprehensive, evidence based understanding of the importance of therapeutic communication in the care of people at end stage dementia.

The objectives are to:

Explore the significance of caregivers-service user relationship

Exploring how communication is affected for those people with dementia in general and at end stage dementia in particular.

Explore Therapeutic intervention for improving patient's communication

Explore role of nursing in implementing therapeutic communication interventions

2.2 Rationale of Research

As a BSc (Hons) Mental Health Student, I have had the first-hand experience of working with service users who suffer from dementia. This was very challenging experiences but has inspired me to carry out this literature review, as I want to further explore the importance of therapeutic communication when caring for patients with end stage dementia. I anticipate that the results of this dissertation will help me, other students and newly qualified nurses understand what would be the difficulties that we could come across when caring for such patients and the evidence base of our interventions with this client group. This will also help to implement evidence-based approaches of how to cope with the challenges of working with people at end stage dementia.

2.3 Key Concepts

2.3.1. Dementia

Dementia is defined as acquired neurological syndromes characterised by a decline in cognitive abilities and autonomy entities include frequent behavioural and psychological disorders, known as Behavioural and psychological symptoms of dementia (BPSD) associated with dementia. The

BPSD are described as "*symptoms of disorders of perception, thought content, mood and behaviour that frequently occur in patients with dementia*" (Savaskan, et al., 2014). These symptoms may be analysed individually or as two major combinations: the psychotic syndrome and affective syndrome. The first includes hallucinations frequently associated with delusions and behavioural disorders and the second is manifested by anxiety, dysphoria, psychomotor agitation, irritability, other symptoms are as sleep disorders or appetite, apathy and occasional delusions (Huang, et al., 2012).

Prince, et al., (2013) indicate that the neuropsychiatric manifestations, cognitive disorders rather than motivate the initial consultation of patients with dementia. Estimates of prevalence of Dementia vary widely due to the heterogeneity of the patients studied and the different definitions used. About two thirds of patients experience some BPSD at any point in its evolution, increasing almost 80% of institutionalised patients. These symptoms are often intermittent and transient, but once a patient's experience, frequently resort, with rates of 95% for psychosis, agitation and 93% to 85% for depressive symptoms (Prince, et al., 2013).

As per Jones and O'Brien (2014), the predominant Dementia depends on the stage of the disease, for example, the frequency of depressive symptoms decrease at more severe stages, however, agitation, aggression and psychosis are more frequent in late stages. However, as per Backhouse, et al., (2014) overall the BPSD are more frequent as the disease progresses. It is common for patients with Alzheimer's Disease (AD) experience multiple symptoms concomitantly, for example, Norton, et al., (2014) reports in a study that 29% of patients experience two concomitant symptoms and 18% three simultaneous symptoms. These demonstrations also are very important because they exacerbate cognitive impairment, caregiver burden, associated costs

to care comorbidities and accelerate the institutionalisation. Different BPSD correlate with neurobiological abnormalities that primarily affect the frontal, temporal and parietal lobes.

2.3.2 Ageing Population and Prevalence of Dementia

According to the findings of Matthews, et al., (2013), globally there is substantial evidence of the ageing population phenomenon, that is the proportion of people aged 65 and over is increasing. It is advisable to break this down into aged groups e.g., 65-75; 75-85; and 85 and over. This is because it is the 85 and over that is increasing faster and this is the age range that the incidence of dementia is greatest. With this increase comes an increase of the incidence of age related illness of which dementia is one. The proportion of the world's population aged 60 and over is predicted to double in the next few years. As the ageing population is on the rise there is a need for long-term care as some older people are unable to cater to their own needs (Matthews, et al., 2013).

As per the findings of WHO in 2013, many older people lose their ability to live independently due to mental health problems, limited mobility, frailty or physical long term condition. As people live longer worldwide, there will be a dramatic increase in the risk of people developing dementia as age is a factor though not a cause for dementia. Thus, the number of people with different forms of dementia will rise (WHO, 2013).

Dementia is known as a progressive illness that does not have cure to date. The effects of dementia include (1) biological, (2) emotional, (3) economic and (4) social. Dementia not only affects the person suffering from the condition but has some direct effects on those who are caring for them (NICE, 2011).

In the United Kingdom (UK) alone the proportion of people with dementia aged 65+ is 17.2%; this has been projected to increase by 7% (Office for National Statistics 2011). It is estimated

that individuals who are aged 65 and over 6% of them will have dementia and worldwide proportion of people aged 85 and over are projected to grow (Downs & Bowers, 2014).

Currently in the UK the estimated prevalence rate suggests that by 2016, there will be 870,000 dementia patients. In the UK, the number of dementia patients by 2025 are expected to rise over 1 million and by 2050 over 2 million. This is a horrific scenario, under a postulation that there is aging population is ever high and there are non-public health interventions. Based on 2013 population data, among over 65s is the prevalence of dementia in total population 7.1%. This equals 1 in every 14 of the population aged 65 years and over and one in every 79 (1.2%) of the entire UK population (CFAS, 2015).

Estimated prevalence of <u>late-onset</u> dementia (all causes) in the UK by age	
Late-onset dementia, all persons	
Age group	cases per 100 population
65-69	1.3
70-74	2.9
75-79	5.9
80-84	12.2
85-89	20.3
90-94	28.6
95+	32.5

(CFAS, 2015)

The proportions of subtype of dementia are: Vascular dementia 17% Alzheimer's disease 62%, 10% of mixed dementia, Front temporal dementia 2%, Dementia with Lewy bodies 4%, Parkinson's dementia 3% and 2% other (CFAS, 2015).

2.3.3 Therapeutic Communication Challenge

According to Jones (2014), therapeutic communication is the process by which the nurse establishes a relationship with the patient. For effective communication it is important to consider characteristics such as age, sex, educational level, socioeconomic status, and

religion. As per Lindholm (2007) familiarity can define how to approach it, what terms to use to ensure proper communication skills are exercised and where skills such as smiling, interpret the gestures of the patient, meet their needs, create readiness for dialogue, assertiveness, build confidence, provide security and providing emotional support, among others.

As per Jootun and McGhee (2011) communication of dementia patients is affected in two main ways: It affects the patient interpretation of information by way the dementia or it affects the way or style of expression of dementia patient with herself or him. People at the early dementia stages, may have distress or difficulty in choosing the words they seek to utter or they even find a great difficulty in remembering very common and familiar things. According to Eggenberger, et al., (2013) various dementia patients with the progression of disease faces enhanced difficulties with talking, reading, and following along with conversation or while viewing TV. The problems in communication that in the beginning appears as slight inconveniences with the progression of disease get very difficult and severe as conversation and language become compromised extremely. Williams, et al., (2009) indicated that the problem of communication with the person with dementia not only affects patient's family, this limitation also affects their communication with health care providers, including physicians and can result in reduced efficiency care-patient communication. Therefore, as per Lindholm (2007) it is necessary to study the activity of caregivers, for the implementation of effective therapeutic communication intervention.

Eggenberger, et al., (2013) suggest that for a comprehensive care and effective communication it is important to establish between the nurse and the patient a therapeutic relationship, using a clear and understandable terminology, trying to meet patient needs assertively and timely; providing willingness to dialogue, listening; In addition, the nurse must be able to accept the patient as it is, it generate confidence and serenity, and provide security and emotional support.

According to Røsvik, et al., (2013) it is important when caring for service users with dementia to use a person centred approach as this approach instead of concentrating on patient's abilities or ailment seeks to perceive and treat the patient on highly individualised level. This approach in nursing care setting urges to consider and address the individual as a whole instead of focusing on behaviour or other symptoms. Clissett, et al., (2013) also indicated that the Person centred approach, while providing nursing care to dementia patient particularly at end stage consider unique individual characteristic, interest, abilities, needs and preferences. The hallmark of this approach for the benefits of dementia patients is that it urges nursing and care staff to deal with patient with pure respect and dignity while implementing any intervention (Clissett, et al., (2013).

Eggenberger, et al., (2013) argued that for the high significance of patient care communication and the prevalence of communication barriers in dementia patients its dementia a thorough review. This is not to develop new tests or designing other diagnostic tests, but to encourage a change in the conception of the subject being treated, on the purposes of the evaluation team and the definition of the objectives of the intervention of this population from a psychosocial paradigm where social connections and real communication needs are taken into account to ensure a better quality of life for the end stage dementia patients and their families (Eggenberger, et al., 2013).

Chapter 2 Methodology

2.1 Introduction

In this chapter, all the steps taken to conduct the research are discussed. The researcher defines the approach of the research, the design of the research and how the study is conducted.

2.2 Systematic Literature Review

This research has chosen to conduct a systematic literature review in order to develop a comprehensive, evidence based understanding of the importance of therapeutic communication in the care of people at end stage dementia. The systematic literature review it feasible to search, read, think, write, evaluate, adjust, improve, argue, interpret, contrast, imagine, learn, unlearn, creating, subtract, publish, among others; all interacting in an indivisible amalgam that nurtures knowledge in each discipline (Creswell, 2013). This strategy allows to detect the preliminary studies, familiar with current thinking, meet emerging questions for future developments, understand the controversy around the issue, placing the interests consultants within the current literature, identify possible ways to respond to the challenges facing the research consultant, encourage discovery learning, development of research skills and the necessary progressive research attitude, of course, under the protection of an expert investigator (Liyana Gunawardena, et al., 2013). Moreover, it is generally less expensive and more agile than a primary study.

2.2.1 Rational of Research Approach

The rationale of systematic review of literature is well established in field of health and medical sciences. researchers, policy makers and providers of health care, are swamped with hoards of data and information and in order to efficiently and effectively assimilate current information and deliver data for lucid making of decision they requires a systematic tool and approach for reviews (LoBiondo-Wood, Haber, 2014). According to Creswell (2013) this approach of

reviewing existing data establish whether findings of previous researches are effective, steady, reliable and can still be generalised across settings, populations, and variations in treatment, or if findings significantly vary by certain subsections. The approach of reviewing secondary data in a systematic manner can enhance precision and power of approximations of exposure risks and treatment effects (Creswell, 2013). Besides, systematic review is also used in this study for its provisioning of restricting bias and may (hopefully) enhance accuracy and reliability of conclusions of this dissertation (Polit, Beck, 2013).

2.3 Search Strategy

A systematic literature search was carried out in order to find the appropriate articles for the literature review. Williamson and Whittaker, 2014 defined systematic literature search as a structured examination for materials, which are relevant to the chosen topic across a range of databases. Online databases such as CINAHL (Cumulative Index to Nursing and Allied Health Literature) and MedLine were used.

The reasons for choosing these databases are because they host a wide collection of literature that are most relevant to nursing practice and also they were the most appropriate database to use for the chosen topic. In order to obtain the literature needed, key words were used such as: 'dementia', and 'end stage' and 'communication', and 'person-centered care' and 'personhood'. Using key words makes the systematic search easier and also it enables the relevant data to be obtained (Wilson and Kirshbaum, 2011).

2.3.1 Key Words

In this particular study the keywords such as Dementia, end stage dementia, therapeutic communication are used with Boolean operators of 'And' and 'Or' to find the maximum number of studies. Having used the key words enabled the author to narrow down the numbers of

searches and therefore enabling the author to focus on the relevant articles. Narrowing down the search: articles that were peer reviewed and written in English language. It is important that the articles are peer reviewed as it means it has gone through vetting process and therefore makes it reliable sources of information (Williamson and Whittaker, 2014). The chosen articles are not all from the United Kingdom, as it was difficult to obtain articles that were published in the UK and also were relevant to the aim and objectives.

2.3.2 Inclusion / Exclusion Criteria

The criteria used for the selection of the items to be reviewed are determined by the objectives of the review, that is, the question that comes to answering the article. Another aspect that determines the selection of items is their methodological quality and meets the criteria of scientific quality sought. In a first phase the aspects that must be considered are: the title, authors, abstract and the results. Regarding the title, check to see if it is useful and relevant to the issue to be reviewed, the authors' credibility or experience in the field will be identified, and the summary should analyse whether it is correct and if the results are applicable to the subject of study (Prince, et al., 2013). Scientific papers should be evaluated on three indices:

Can we trust the results? In other words: Are they valid? That is, we prosecute the methodological validity of the article. The criteria of validity of the items are different for different questions: questions about treatment, diagnosis, prognosis, etc. Depending on the validity of an article, we can classify within a range of levels of evidence and grades of recommendation. What are the results? For example, did the experimental versus control intervention shows great effect, how, if results are accurate and relevant or applicable these results in our midst (Bettany-Saltikov, 2012).

The inclusion/ exclusion criteria are used to filter the search. After using proper keywords with appropriate Boolean operators, as well as manual search on search engines, will give a huge number of studies on the given topic. To minimise this number, the researcher has to apply some specific criteria so the number of studies become reduced and all the resultant studies are very relevant to the topic.

The following table illustrates the precise criteria of Exclusion or Inclusion deployed in this systematic review to develop comprehensive, evidence based understanding of the importance of therapeutic communication in the care of people at end stage dementia:

Inclusion	Exclusion
The studies discuss dementia and therapeutic communication	Studies talking about other things in addition to risks associated with smoking
Studies available in English language	Studies available in other languages
Published studies only	Studies which are not published
Studies discuss patient with end stage dementia	Studies did not discuss end stagedementia
Studies conducted and published between 2000 to 2015	Studies conducted and published prior to 2000

Therefore, the author did not exclude any articles based on place of publication. Moreover, there were a number of articles that were relevant to the chosen topic but were not available in full text. To obtain these articles, the author purchased them through the university's library system.

2.3.3 Data Extraction

The core objective extracting data is to gather high number of relevant articles studies as to be short listed for the final critical systematic review of literature. This analysis is footed on the basic question or main aim of the systematic review upon which the entire research structure is established. This may determine the standing of the chosen literature. For this reason as per the advised of Bettany-Saltikov, (2012) this data was be recorded in an exclusive database. For conducting a systematic review one of the basic tests is to discover maximum number of pertinent studies. This can be done by accomplished an effective and comprehensive searching

strategy which can eliminate all the biases of retrieval. Thus, it is imperative to also integrate manual searching the overall data search strategy.

Data extraction for this study was conducted by researcher following the standard guidelines. The extraction was based on the PICO where 'P' stands for Population of the Study, 'I' is for Intervention, 'C' is for Comparison and 'O' is Outcome (Jones, 2015). For this study

- Target population: end stage dementia patients
- Intervention: - Any intervention for improving therapeutic communication between patient and nurse (including assessment and therapeutic intervention);
- Comparison: this is not the focus of this systematic review.
- Outcomes: enhancing therapeutic communication and improving care practices in end stage dementia.

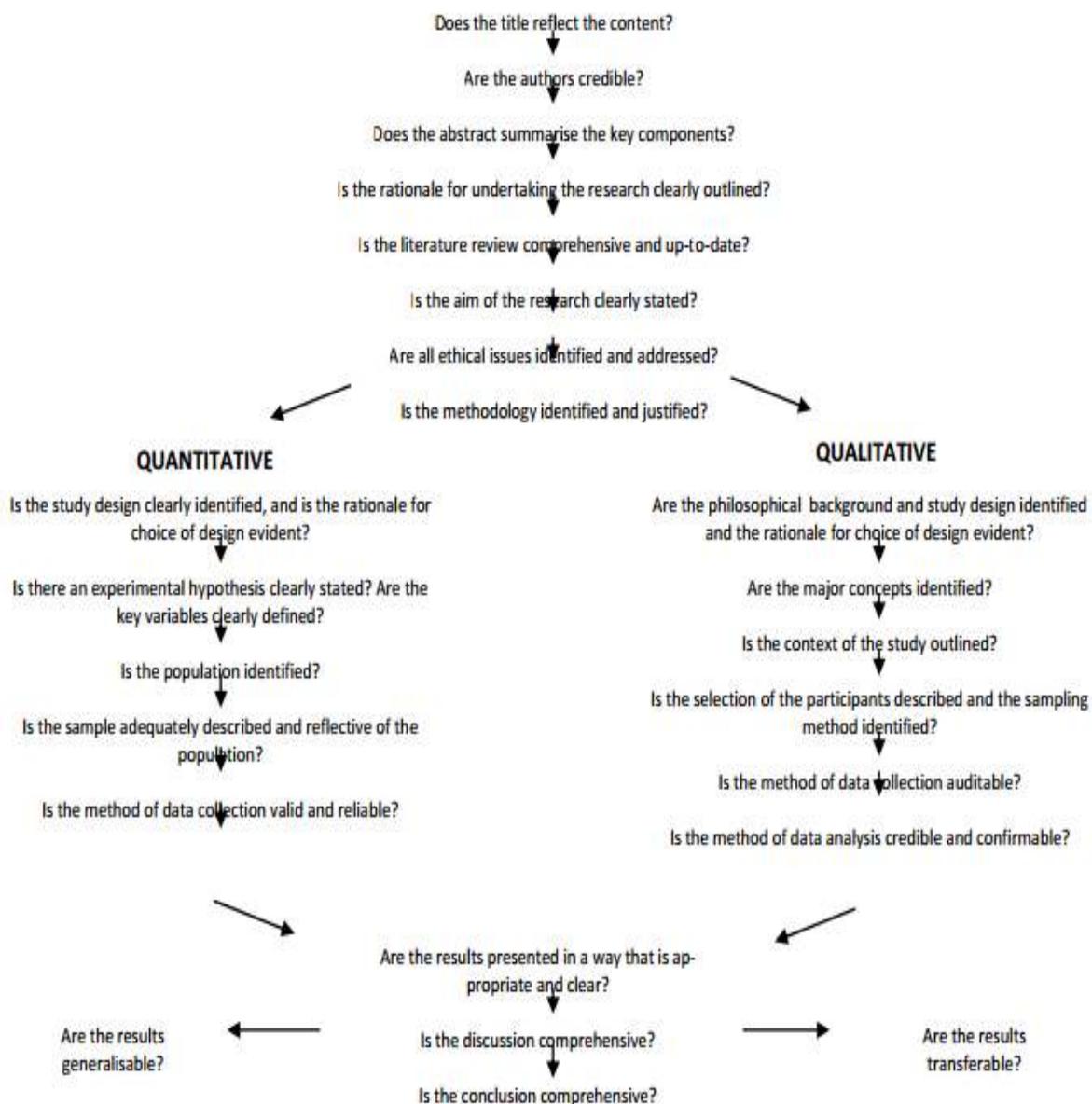
The author has chosen 10 articles to systematically review in order to address the focus of the dissertation. These 10 articles are grouped into themes, using common concepts to systematically appraise them. These themes are discussed in details in the literature review section.

2.4 Data Analysis

Researcher has chosen Caldwell's framework to critique the ten articles, which were selected after a comprehensive literature search. These ten articles will be critically review by the use of the Caldwell framework. There are significant in helping to maintain a critical review of the literature; to be able to identify the best practices and therefore to avoid taking into account what is read only at face value (Coughlan, Cronin and Ryan, 2007).

Moreover the chosen ten articles included quantitative and qualitative research studies, which were chosen for this literature review. The author has selected studies that were mainly qualitative because the proposed research question is more focused on the lived experiences of

both the caregivers and the service users. The author had thought qualitative methods would be an appropriate way of answering the research question and identifying those lived phenomena. Nevertheless the author had also included studies that were quantitative articles as these studies use a bigger sample size (Coughlan, Cronin and Ryan, 2007).



Chapter 3 Literature Review

3.1 Theme 1: Caregivers-Service Users Relationship

3.1.1 Creating relationships with persons with moderate to severe dementia

Ire'ne Ericsson and Sofia Kjellstro (2011) in this article have explained how care professionals establish relationships with dementia patient. The title of the study "Creating relationships with persons with moderate to severe dementia" appears to reflect the study's content fairly well.

Ericsson and Kjellstro are both credible authors as they have few other scholarly publications in the peer reviewed academic journals.

The article began with a formal abstract which has explicitly summarised the aim objectives of the study with a brief description of research process. In the introduction section Ericsson and Kjellstro (2011) after providing the background of the study has briefly rationalise their conducting of this research by stating that there is a need , in the context of patient with moderate to severe dementia, to enhance understanding of establishing relationships are established with persons with dementia, as the better and deeper understanding of this relation building process would enable nursing and other care staff to efficiently develop relationship with dementia patients particularly of end stage.

As a major weakness of this study there is no formal literature review section in this study.

Ericsson and Kjellstro (2011) in the introduction section have referred to numerous scholarly sources to establish a conceptual background of the research. Otherwise they have hardly utilised any literature in this study. In the introduction section the aim of the research is clearly stated. Besides, this study under a particular heading has highlighted the key ethical consideration in this study.

Ericsson and Kjellstro (2011), has dedicated a particular section to explain the research method and process. This is basically a qualitative inquiry; the method of study was Constructivist Grounded Theory. Ericsson and Kjellstro (2011), has briefly justified the research method. The study provides a brief rationale of the research design but it has not given any of its theoretical background. Ericsson and Kjellstro (2011), has dedicated a particular section to present the context of study. Study has clearly identified sampling method and research population. The data collection method is clearly auditable as video tapes and transcripts of interviews can be easily traced and analysed. The methodology section has a specific section which provides a brief description of data analysis which certainly makes it confirmable and credible.

3.1.2 The influence of relationships on personhood in dementia care: a qualitative, hermeneutic study

Smebye and Kirkevold (2013) in this study have clearly reflected the content of the study in the title. Both authors are very credible being faculty member of Health and Social Work Studies, Ostfold University College. The abstract of the study has explicitly summarised the aim objectives of the study with a brief description of research process under a particular heading. Though study has not clearly marked the rationale of the study however, towards the end of the introduction section Smebye and Kirkevold (2013) has presented their arguments to justify the need of this research.

The aim of the study is stated very explicitly both in abstract and in the background section. This study do not have any specific literature review section which makes it little weak on conceptual footing. This study has not identified any particular ethical issue in relation to the research work, but it has clearly mentioned that this study is approved by the “Regional Committee for Medical Research Ethics in Norway”. Smebye and Kirkevold (2013), has explicitly identified the research

method and design in an exclusive methodology section. This is a qualitative inquiry with hermeneutical research design. As another major flaw of this study there is no justification provided for the choice research method.

On the scale of Cadwell framework, Smebye and Kirkevold (2013) have given a brief conceptual background of their research work. Though there are no particular heading to distinguish but the major concepts are certainly identified in the background section. Though no particular section is dedicated to mark the context of the study but brief background section serves to present the context of this study.

Smebye and Kirkevold (2013) in the method section has identified sampling method and clearly described the study's participants. Besides, this article has explained that the primary data was gathered through semi structure interviews hence, keeping in view the likely availability of interview transcription the data collection can be ranked as auditable. Smebye and Kirkevold (2013) have stated that data in this study was analysed in two stages (i.e. inductive and deductive analysis), hence it's confirmable and credible.

3.1.3 Dementia Care 2: Exploring how Nursing Staff Manage Challenging Behaviour

Wheeler and Oyeboode (2009), in this article have reflected the content of the study in the title. Both authors are very creditable. Wheeler is research psychologist and Oyeboode is faculty member in the University of Birmingham. The abstract of the study has explicitly summarised the aim objectives of the study with a brief description of research process under a particular heading. Wheeler and Oyeboode (2009), in the introduction section have with the reference of previous studies provided a rational for conducting this research.

The aim of the study is stated very clearly both in the introduction section as well as in the abstract. This study do not have any specific literature review section which makes it little weak

on conceptual footing. This study has not identified any particular ethical issue in relation to the research work. This article has identified the research method and design in an exclusive methodology section. This is a qualitative inquiry with hermeneutical research design. As another major flaw of this study there is no justification provided for the choice research method. Wheeler and Oyebode (2009), have given a brief conceptual background of their research work. Though there are no particular heading to distinguish but the major concepts are certainly identified in the background section. Though no particular section is dedicated to mark the context of the study but brief background section serves to present the context of this study. Wheeler and Oyebode (2009), in the method section has identified sampling method and clearly described the study's participants (data was collected through Focus groups from nine care homes with 36 direct care staff). Keeping in view the likely availability of focus group transcription the data collection can be ranked as auditable. Wheeler and Oyebode (2009),) have very vaguely described their analysis of primary data which leave the reader in haze to declare its health. However, since this study is published in a distinguished medical journal of "Nursing Times", so despite the lack of clarity about data analysis and ethical consideration, it cannot be rated unreliable or unconformable.

3.1.4 Caring relationships with patients suffering from dementia

Rundqvist and Severinsson (1999) in the title of this study have very clearly reflected the content of this article. Severinsson is very credible author being a part of faculty department of nursing, Rundqvist, though a doctoral student can also be considered as creditable for the fact that this is a peer reviewed article and published in distinguished "Journal of Advanced Nursing". Unlike many contemporary studies this article has not donated any title to mark the abstract section but

it certainly has an abstract of the study at the beginning of article, which provides a clear understanding of the aims and objectives of this research.

Rundqvist and Severinsson (1999), in the introduction section has briefly presented his arguments regarding the rationale of this work. As a major flaw, this study too does not have any formal literature review section. Only in the introductory parts key theories and concepts pertinent to the research topic are explained with the reference of academic sources.

This article has dedicated a brief but separate subsection in the methodology part to explain the ethical issue pertinent to interviews. This article contains a comprehensive methodology section with clear identification and justification of the study method and design. This is basically a qualitative, for the primary data was collected through interviews. Rundqvist and Severinsson (1999) made tape recordings of the interview and later transcribed them. For the analysis of data the qualitative analysis of narrative was used in the analysis of data. Keeping in view the availability of tapes and transcript this data collection and analysis is considered here as confirmable, accurate and reliable.

3.2 Theme 2: Communication

3.2.1 Carers' Interactions with Patients Suffering from Severe Dementia

The title of this study by Hansebo and Kihlgren (2002) very clearly reflect the content of this article. Both authors are very credible as they are medical professional with a thorough involvement in the academic and research work. Unlike many contemporary studies this article has donated the title of summary to the abstract section but this provides a clear understanding of the aims and objectives of this research. In the introduction section Hansebo and Kihlgren (2002) has briefly presented his arguments regarding the rationale of this work. As a major flaw, this study too does not have any formal literature review section. Only in the introductory parts key

concepts and theories pertinent to the research topic are explained with the reference of academic sources.

Hansebo and Kihlgren (2002) have very professionally dedicated a separate subsection in the methodology part to explain the ethical issue pertinent to this research. This article contains a comprehensive methodology section with clear identification and justification of the study method and design. This is basically a qualitative, for the collection of data to reveal any changes in the interactions of carers with end stage dementia patients Hansebo and Kihlgren (2002) made recordings of the video during , after and before the intervention. The qualitative analysis approach was used in the analysis of data. Keeping in view the availability of videos and transcript this data collection and analysis is considered here as confirmable, accurate and reliable.

3.2.2 Interaction between patients with severe dementia and their caregivers

Kihlgren and Hansebo (2002) in this study have clearly reflected the content of the study in the title. Both authors are very creditable as this is a peer reviewed study. The abstract of the study has explicitly summarised the aim objectives of the study with a brief description of research process under a particular heading. Though study has not clearly marked the rationale of the study however, towards the end of the introduction section Kihlgren and Hansebo (2002) has presented their arguments to justify the need of this research.

The aim of the study is stated very explicitly both in abstract and in the background section. This study does not have any specific literature review section which makes it little weak on conceptual footing. This study has briefly identified the particular ethical issue in relation to the research work. This article has explicitly identified the research method and design in an exclusive methodology section. This is a qualitative inquiry with hermeneutical research design. Kihlgren

and Hansebo (2002) while justifying the approach that this design was chosen due to lack of any other appropriate tool in literature.

On the scale of Cadwell framework, Kihlgren and Hansebo (2002) have given a brief conceptual background of their research work. Though there are no particular heading to distinguish but the major concepts are certainly identified in the background section. Though no particular section is dedicated to mark the context of the study but brief background section serves to present the context of this study.

Kihlgren and Hansebo (2002) in the method section has identified sampling method and clearly described the study's participants. Besides, this article has explained that the primary data was gathered through interviews hence, keeping in view the likely availability of interview transcription the data collection can be ranked as auditable. Kihlgren and Hansebo (2002) have however left some confusion while explaining the data analysis, on one hand they have mention of calculating the mean values on the other they have stated that codes were compared. This weakness shades doubts on the conformability and credibility of the data analysis. However, keeping in view the fact this is a peer reviewed study its findings are reliable after all.

3.3 Theme 3: Therapeutic Intervention

3.3.1 Dementia Care 1: Person Centred Approaches

Wheeler and Oyeboode (2009), in this article have reflected the content of the study in the title. Both authors are very creditable. Wheeler is research psychologist and Oyeboode is faculty member in the University of Birmingham. The abstract of the study has explicitly summarised the aim objectives of the study with a brief description of research process under a particular heading. Wheeler and Oyeboode (2009), in the introduction section have with the reference of previous studies provided a rationale for conducting this research.

The aim of the study is stated very clearly both in the introduction section as well as in the abstract. This study do not have any specific literature review section which makes it little weak on conceptual footing. This study has not identified any particular ethical issue in relation to the research work. This article has identified the research method and though this study as a surprise do not have ant methodology section. This is a qualitative inquiry with hermeneutical research design. As another major flaw of this study there is no justification provided for the choice research method.

Wheeler and Oyeboode (2009), have given a brief conceptual background of their research work. Though there are no particular heading to distinguish but the major concepts are certainly identified in the background section. Though no particular section is dedicated to mark the context of the study but brief background section serves to present the context of this study. Wheeler and Oyeboode (2009), in the method section has identified sampling method and clearly described the study's participants (data was collected through Focus groups from nine care homes with 36 direct care staff). Keeping in view the likely availability of focus group transcription the data collection can be ranked as auditable. Wheeler and Oyeboode (2009),) have very briefly described their analysis of primary data. Overall this analysis can be rated as confirmable and reliable.

3.3.2 Personalized One-to-One Intervention in Agitated Individuals with Dementia

Ploeg, et al., (2015), has reflected the content of article very tactfully in the title of this study. Dr. Ploeg the chief author of this research is a creditable author being a health faculty member and recognised medical professional. The article began with a formal abstract which has explicitly summarised the aim objectives of the study with a brief description of research process. In the

introduction section this article after providing the background of the study has briefly rationalise the need of conducting this research.

As a major weakness of this study there is no formal literature review section in this study.

Ploeg, et al., (2015), in the introduction section have referred to numerous scholarly sources to establish a conceptual background of the research. Otherwise they have hardly utilised any literature in this study. In the introduction section the aim of the research is clearly stated.

Besides, this has highlighted the key ethical consideration in this study.

Ploeg, et al., (2015), has dedicated a particular section to explain the research method and process. This is basically a quantitative inquiry, using Randomise Control Trial design. As another weakness of the research, the article has provided a brief rational of the research design in the introduction.

This article has not marked any experimental hypothesis of the study under a particular heading, though the description of aim and rationalisation of purpose somewhat serve to the illustration of experimental hypothesis. Ploeg, et al., (2015) has clearly identified the two core variables of the study (agitated patients and patients who were stable). This article has clearly explained the sampling method and the selection of the participants are also elaborated. On the basis of precise explanation of sampling process the data collection can be declared reliable and valid.

3.3.3 The Influence of Caregiver Singing and Background Music

Götell, et al., (2009), in this selected study has reflected the content of the study in the title of article. All of the authors are very creditable as they have peer reviewed publication(s). The abstract of the study has explicitly summarised the aim objectives of the study with a brief description of research process under a particular heading. Wheeler and Oyeboode (2009), in the

introduction section have with the reference of previous studies provided a rational for conducting this research.

Götell, et al., (2009), in this selected study has clearly stated the aim of the study both in the introduction section as well as in the abstract. This study do not have any specific literature review section but a comprehensive section has briefly identified and explained the key concepts with reference to contemporary academic literature. This study has not identified any particular ethical issue in relation to the research work but it has mentioned that regional ethic committee has approved this research he it can be assumed that ethical issues must have been taken care. This article has identified the research method in separate methodology section (Qualitative content analysis), besides, the research design is identified as comparing session. In this article there concrete justification provided for the choice research method.

Götell, et al., (2009), have given a brief conceptual background of their research work. Though there are no particular heading to distinguish but the major concepts are certainly identified in the background section. Though no particular section is dedicated to mark the context of the study but brief background section serves to present the context of this study. Götell, et al., (2009), in the method section has identified sampling method and clearly described the study's participants (primary data was collected through the tape recording of three types of caring sessions). Keeping in view the likely availability of session's transcription the data collection can be ranked as auditable. Wheeler and Oyeboode (2009,) have very briefly described that collected data was analysed using qualitative content analysis which make it confirmable and reliable.

3.4 Theme 4: Training

3.4.1 The Experiences of staff in a specialist mental health...

Smythe, et al., (2015) in this article have reflected study's content fairly well. The authors in this study are creditable as they have few as there are member of destining faculties of academia. The article began with a formal abstract which has explicitly summarised the aim objectives of the study with a brief description of research process. Smythe, et al., (2015), in the introduction section after providing the background of the study has briefly rationalises their conducting of this research. As a major weakness of this study there is no formal literature review section in this study. Besides, this study under a particular heading has highlighted the key ethical consideration in this study.

This article has begun with the brief presentation of philosophical background of the research problem, though there are no particular headings to distinguish any concept but in the background section Smythe, et al., (2015), have referred to numerous scholarly sources to explain the key concepts discussed or related to this work.

In an exclusive method section, by stating that this study has followed qualitative/naturalistic method, Smythe, et al., (2015) has also given the rational for the choice of method. The study provides a brief rational of the research design and its theoretical background. This article has also has clearly identified sampling method and research population. The data collection method is clearly auditable as the transcripts of focus group can be easily traced and analysed. The methodology section has a specific section which provides a brief description of data analysis which certainly makes it confirmable and credible.

Chapter 4 Discussion

This narrative review has examined the literature pertaining to the importance of communication in the care of service users suffering from severe dementia. The studies identified in the search were divided into four broad themes: (1) Caregivers-service user's relationships, (2) communication, (3) therapeutic intervention and (4) training. The reviewed studies from these themes show that there are vary of variety in the methodology used. By reviewing the literature it showed that there some possibly glimpse of a much more coherent picture of how the care provided by caregivers and the communication styles in which they use effects the communicative behaviour of service users suffering from severe dementia and how the communication can be altered in order to improve the interaction in service users.

The studies featuring the caregivers-service user's relationship theme has found that for the effective implementation of any care intervention, and positive outcomes of intervention in end stage dementia patient the most crucial factor is the mutual relationship between caregivers and service.

The studies featuring the communication theme have indicated that communication is a major barrier in the patient of late stage dementia, this barrier not only affects the personal life of the patients but it severely hampers the process of effective treatment. Studies under the theme of communication has highly emphasized on the sharpenskills and ability to facilitate communication with patient.

The studies featuring the therapeutic intervention theme have highly recommended relying on person-centred approach in developing these relations. These studies have sought care provider to discover innovative intervention to enhance communication with patient for instance introduction music signalling etc. The studies featuring the training theme has given the central

role in the care and treatment of end stage dementia patients to nursing and care staff. To enhance communication carers ought to fully understand the patient first, in this context understanding facial expressions, body language and other non-verbal signals ought to be comprehended by carers, particularly nursing staff in hospitalised care.

Chapter 5 Conclusion and Recommendation

In conclusion, the nurse must be a person able to create, through communication, therapeutic nurse - patient relationship, which can meet the careful person, understand their needs, provide help when needed, relieve your pain even if it cannot express. The nurse must learn to interpret the gestures of his patient, rely on tricks to achieve communication with him, be assertive, creative, clever, noble, tolerant, discreet and respectful among other things, able to achieve the development of their own profession, which requires new processes to achieve professional training from a more global perspective.

Interventions to enhance the communication in patients dementia is promoted primarily by way of neuropsychological rehabilitation, with the development of techniques in the form of adaptation to the environment and stimulating workshops and memory training. By way of cognitive stimulation through the use of therapy reality orientation, advanced level sessions; also with its own specific interventions and psychotherapies animation gerontological sociolúdicas through various activities.

Recommended

Some proposals to improve and strengthen communication with patients:

The hospital should rethink their practice to suit the user's needs. This requires not only teaching but also theoretical concepts of ethical principles and moral values that make a humanized practice nurse profession. As professionals, our contribution to this change will enable a nurse (or) patient, warm and empathetic relationship in which the patient feels prioritized for us, who will be ready to assist you at all times.

It is important to provide physical and emotional support to the patient, providing a friendly, company and explanation in performing the procedures, confidence, peace, comfort and, finally, give timely attention to pain by acting quickly and allowing express their feelings and emotions.

To facilitate the dialogue, working with simplicity and humility, leading the team, keeping one's word, approach, take the place of another, listen and communicate with cordiality.

Limitations

Time constraint is one of the major limitations of this research study. This is an academic level research study which has to be completed within a given time frame. This means that the researcher has to perform all the research activities within a limited time frame. As this is a research where data is collected through critical review of literature, thus, limited time frame is proved to be a major limitation;

The second major limitation of this work was lack of resources, especially financial resources is also one of the basic limitations of this study. As discussed earlier, it is a student level research which is not funded by anyone and whole research has to be completed by the student in his meagre resources. This scarcity of financial resources proved to be an impediment, especially in data collection process.

Implication for the Practice

This review of literature can serve as a concert secondary evidence for the nursing professional to realise and comprehend the significance of communication while care dementia patients, particularly those in the end stage. The findings of this study would able to care-staff to reposition their focus on communication with patient, they more they will do this the more the will naturally cling towards a person cantered approach.

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Appendix

1. Summary of the Reviewed Articles

Author/s/ country of origin/Title	Study Aims/objectives	Method/sample	Results/outcomes
(1) van der Ploeg et al. (2015). 'Personalised one-to-one intervention in agitated individuals with dementia – responders versus non-responders'.	The aim of this study was to understand why some service users with dementia and agitated behaviour showed limited response to a personalised intervention	Method: quantitative study, which used repeated measures, a crossover design with a random allocations of the order of treatment and control condition. Participants were ten service users who were consistently agitated (i.e. non-responders) who were compared to 34 service users who were more settled during the personalised intervention (i.e. responders).	Results showed that respondents showed improvement across conditions however agitated behaviour had remained for those who were non-respondents. Nevertheless both respondents and non-respondents both showed increased interest and engagement during the intervention.
(2) Wheeler and Oyeboode (2010). 'Dementia Care 2: Exploring how nursing staff manage challenging behaviour.	The aim of this study was to explore to what extent care home staff have adopted a person-centred approach. What were the key features of the person centred approach?	Method: qualitative research. Focus groupswere carried - out with 36 direct care staff from nine care homes.	Results from this study showed that both models of dementia care were used in the care homes. What are the models? Three of the homes showed that they had mainly used the medical approach whereas four of the care homes showed evidence of using person-centred approach and two of the other care homes were moving towards using the person-centred approach.
(3) Wheeler and Oyeboode (2010). 'Dementia Care 1: Person centred approaches help to promote effective communication.	The aim of this study was to explore the views of care home staff on the communication issues.	Method: qualitative research. Focus groups were carried out with 36 members of care home staff from nine nursing and residential care homes.	The results showed that three types of communication were identified in care homes, which were: staff to staff, staff to service user and staff to family.
(4) Kihlgren and Hansebo (2002). 'Carers' interactions with patients suffering from severe dementia: a difficult balance to facilitate mutual	The aim of this study was to explore and understand the carers interactions between service users who are suffering with severe	Method: qualitative research. Participants included 5 caregivers and 9 service users.	The results showed that after an initial naïve understanding, different subthemes emerged in the structural analyses:

togetherness’.	dementia and the caregivers and the difficulty of facilitating mutual togetherness		promoting competence, struggling for co-operation, deep communication for communion, showing respect for the unique person, skills in balancing power, distance in a negative point of view, and fragmentary nursing situations.
(5) Gotell et al. (2007) ‘The influence of caregiver singing and background music on vocally expressed emotions and moods in dementia care: a qualitative analysis’.	The aim of this study was to explore the influence of music and what impacts it has on service users with severe dementia; and exploring their emotions and moods in the communication between the caregivers.	Method: qualitative research. Participants included 5 professional caregivers and nine participants with severe dementia.	The results showed that compared to having a normal morning care sessions known as ‘usual’ and having background and caregiver singing highlighted that there were mutuality of the communication between caregiver and the service users. The service users were able to show positive emotions and aggressiveness was diminished.
(6) Smythe et al. (2015) ‘The experiences of staff in a specialist mental health service in relation to development of skills for the provision of person centred care for people with dementia.	The aim was to investigate the experiences of staff and their developments of skills for the provision of person-centred care for service users with dementia.	Method: qualitative research. 14 focus groups were conducted with staff, with 70 participants in total.	There were five themes that emerged such as: (1) competency-based skills, (2) beliefs, (3) enablers, (4) barriers and (5) ways of learning. The results showed that participants had felt that skills for person-centred care were innate and could not be taught, while effective ways of learning were identified as learning by doing, learning from each other and learning from experience.
(7) Smebye and Kirkevold (2013) ‘The influence of relationships on personhood in dementia care’.	The aim of this study was to explore the understanding of relationship between caregivers and service users with dementia and how these relationships influenced personhood in people with dementia.	Method: qualitative research. Study had a qualitative hermeneutical design based on ten cases. Each case consisted of a triad: the person with dementia, the family carer and the professional caregiver. Inclusion criteria for persons with dementia were (1) 67 years or older (2) diagnosed with dementia (3) Clinical Dementia Rating score 2 i.e. Moderate dementia (4) able to communicate verbally.	Results highlighted that relationships that sustained personhood instilled close emotional bonds between the caregivers and services users with dementia, however it also showed that relationships had diminished personhood because the care provided were task-centred.

<p>(8) Rundqvist and Severinsson (1999). 'Caring relationships with dementia suffering from dementia-an interview study'.</p>	<p>The aim of this study was explore the caring relationship with service users with severe dementia.</p>	<p>Method: qualitative research. Data were collected through interviews with caregivers in a ward with service users with severe dementia.</p>	<p>Results from the study showed that communication skills are important when caring for service users with dementia.</p>
<p>(9) Ericsson et al (2011) 'Creating relationships with persons with moderate to severe dementia'.</p>	<p>The aim of this study was explore how relationships between the service users who are suffering from moderate and severe dementia and the caregivers are created.</p>	<p>Method: qualitative research. Nine services with dementia had participated in the study and caregivers.</p>	<p>The results had highlighted that openness, communicating equality and establishing security and trust has positive effect on making relationship possible between the caregivers and the service users.</p>
<p>(10) Athlin and Norberg (1998). 'Interaction between patients with severe dementia and their caregivers during feeding in a task-assignment versus a patient-assignment care system'.</p>	<p>The aim of this study was to explore the interaction between the service users with severe dementia and caregivers whilst during feeding.</p>	<p>Method: quantitative study. Participants included six service users and 3 caregivers in a long term-care setting.</p>	<p>The result showed that several of the interactions had increased, when the service users was fed by the same caregiver meal after meal. Which had highlighted that this positive effect of the continuity on the interaction between the service users and the caregivers</p>