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THERAPEUTIC COMMUNICATION SKILLS OF NURSES TOWARDS PEOPLE WITH DEMENTIA

Integrative Literature Review

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Abstract of Thesis

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To deliver adequate and successful care to people with dementia, it is important for nurses to be competent in therapeutic communication skills and apply these skills with various communication techniques towards clients with dementia. The purpose of this research was to identify and describe therapeutic communication skills of nurses and nursing students in interacting with people with dementia, and to identify various methods to improve therapeutic communication skills. The aim of this research was to provide information and knowledge for nurses and nursing students on how to enhance their therapeutic communication skills competence when interacting with people with dementia, and how these affect the nurse-patient relationship.

The data for the study were extracted mainly in the EBSCO CINAHL and Academic Search Elite with 10 articles chosen. The research method used was integrative literature review with qualitative content analysis.

The results showed that nonverbal communication skills have positive dominant effects to improve communication with people who suffer from dementia. It was beneficial for nurses to build therapeutic relationship to clients and convey warmth, respect, empathy to their stories and problems. Therefore, nurses can enhance the quality of care of clients as well as identify and meet the client's needs and demands.

There are several educational communication trainings and communication strategies presented in this thesis. The most important findings of this study indicated that adapting to recommended communication strategies and participating in educational communication training programs aimed for nurses enhance their knowledge and communication skills on therapeutic level in delivering care for persons with dementia. It also demonstrated improvement on general well-being and quality of life towards people with dementia and lessens the burden of nurses during delivery of care.

Key words: Communication skills, therapeutic communication and dementia

CONTENTS

FOREWORD

We would like to express sincere gratitude to our supervising teachers Hannele Pietiläinen and Seppo Kilpiäinen for their guidance and support from the beginning until the end of our thesis process. They dedicated their time for giving us guidance and detailed instructions for the success of our thesis. Their contribution, enthusiasm and valuable advices were very helpful in order for us to understand and reflect on important things that we should consider when doing our thesis.

We would like to thank also our families and friends who are always by our side to support and encouraged us to accept the challenges and to overcome obstacles when doing our thesis. With their unconditional love and patience, they motivate us to pursue and finish our thesis.

ABBREVIATIONS

ADL	Activities of Daily Living
CAG	Cytosine Guanine Adenine
DLB	Dementia with Lewy- Bodies
HD	Huntington’s disease
HTT	Huntingtin
MTC	Music Therapeutic Caregiving
PCC	Person-centred care
PWD	Person / People with Dementia
VERA	Validation, Emotion, Reassurance and Activity
VOICE	VideOing to Improve Communication through Education

1 INTRODUCTION

A recent publication of World Health Organization (2018, 6) reported that there is a global trend in dementia. Approximately 50 million people are affected with dementia worldwide and about 9.9 million people each year develop dementia. By 2030, it is expected to increase 82 million and about 152 million by 2050. Approximately 190,000 people in Finland have some type of memory disorder and each year about 14,500 of new dementia cases (THL 2018).

According to Varner (2012, 5), there are many challenges when taking care for a person with dementia for both families and healthcare professionals. Dementia is a progressive brain disorder that affects the person to think clearly, remembers things, has difficulty in communicating and taking care of themselves. As dementia progresses, the level of difficulty to communicate also increases. From the study of Eggenberger, Heimerl & Bennett (2012, 1), the authors pointed out that caring for people with dementia demands specific communication skills from healthcare professionals including nurses when communicating with this group in all settings. Also, Jootun & McGhee (2011, 41) emphasized that communication process between nurse and a person with dementia could be complicated. It is important that nurses acknowledge the significance of being skilled communicators when interacting with person with dementia. It allows nurses and patients with dementia to build a trusting relationship on a therapeutic level.

Furthermore, Eggenberger, Heimerl & Bennett (2012, 1-2) stated that various studies indicated that there were negative effects on the quality of life and delivery of care as well as relationships between person with dementia and caregivers because of communication barriers. This is because the family and healthcare professionals had received little support and training to improve communication skills. The findings from the study of McKenzie & Brown (2014, 630) reported that communicating with patient with dementia was recognized as the main barrier of nursing students when delivering care. A suggestion of implementing dementia care training in nursing curricula during early education can help in

addressing challenges which include interpersonal communication issues with patient with dementia.

These communication challenges when taking care of person with dementia had been personally encountered by both authors. We experienced these difficulties during our previous nursing work practices in different care settings and during summer work experiences in elderly care homes. It was difficult to facilitate communication with people with dementia because of our limited knowledge of dementia care during our early studies and due to lack of experiences of working towards this patient group. We had witnessed as well that even nurses who had been working in hospital or care homes still have challenges in providing care to a patient with dementia because of communication and behaviour issues. As aspiring future nurses, this motivates both writers to conduct integrative literature review, on how to improve communication skills and seek therapeutic ways of communicating with patient with dementia during nursing interventions.

In this research, authors concentrate on therapeutic communication skills of nurses. It involves interpersonal process between patient with dementia and the nurse as inspired by Peplau's Theory of Interpersonal Relations. These communication skills help nurses to achieve more than the required general interaction with patients, gain deeper understanding towards patients with dementia and create trustful relationship between both parties. Addressing to this communication gap, may contribute useful knowledge in nursing science and research. This is significant in improving nurse competence, specifically client-centredness that involves professional interaction and good communication skills. On the other hand, this implies health promotion, because it is a way to improve the quality of life and well-being of a person with dementia resulting from enhanced therapeutic communication skills of nurses that influences positive way of delivering care.

The purpose of this research is to identify and describe therapeutic communication skills of nurses and nursing students in interacting with people with dementia and to identify various methods to improve therapeutic

communication skills. The aim of this research is to provide information and knowledge for nurses and nursing students on how to enhance their therapeutic communication skills competence when interacting with people with dementia, and how these affects to nurse-patient relationship.

The thesis problems are the following:

1. What are the essential therapeutic communication skills nurses need to interact towards patients with dementia?

2. What are the various methods nurses can improve therapeutic communication skills in interacting with people with dementia?

2 THEORETICAL FRAMEWORK

A study that is organized based on a theory is referred to as theoretical framework (Coughlan et al. 2013, 75). The use of existing theory applied in the literature review serves as a structure of the study and it is relevant to the research questions (Aveyard 2014, 36).

This research study had chosen Hildegard Peplau's theory of interpersonal relations as our theoretical framework and guided us to organize this literature review. Peplau (1991, 16) recognized the importance of nursing as therapeutic and interpersonal process that happens when nurses interact with people in need of healthcare services. Peplau's theory is focusing on building and maintaining interpersonal relationship with patient. She pointed out that nurses failed to have conversation with patients resulting to lack of interpersonal communications between nurses and patients (McKenna, Pajnkihar & Murphy 2014, 31). Peplau believed that interpersonal relations theory serves as a theoretical framework applicable to nurses' aspect on interaction that happens during care relationships and have an impact on quality of care towards patients. Recognizing and application of interpersonal relations theory guide the nursing interventions to understand patients' health problems in nursing care. (Peplau 1991, v.)

The theory of Interpersonal relations has four overlapping phases of nurse-patient relationships (Figure 1). It includes orientation, identification, exploitation and resolution. Every phase has indicated features that helps nurse and patient to work together in resolving issues in connection to health problems (Peplau 1991, 17).

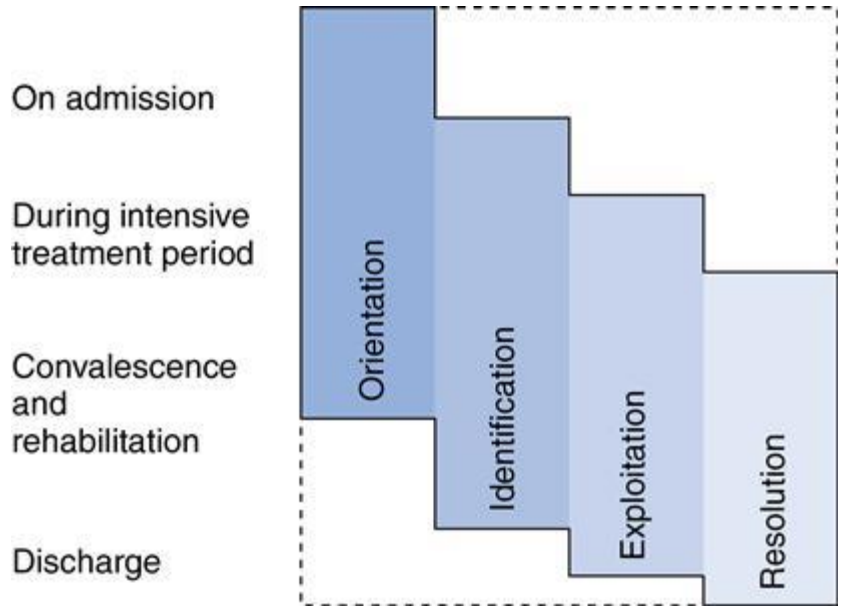

Figure 1. Overlapping phases of interpersonal relations theory (Alligood 2017, 13).

In orientation phase, this is the initial meeting between nurse and patient. Both are strangers during this phase, it is important that nurse primarily considers the development of patient's trust. This can be accomplished by encouraging the patient to actively participate in recognizing their needs and problems. When the patient feels and knows that the nurse is willing to take care of his needs, then the patient is more comfortable in expressing his own self for the need of help. (Erci 2012, 86-87.) As the patient communicates their needs of care, the nurse at the same time listens attentively and pays attention to understand patient's experience and asks questions to clarify patient's problem (Antai-Otong 2007, 6). This results to a trusting relationship between the nurse and the patient and then both are ready to move to the next phase (Erci 2012, 86-87).

The second phase is known as the working phase where most work in the nurse-patient relationship takes place. The main focus is on patient’s reactions and participation in working towards understanding his needs. (Peplau 1997, 164.) It includes two subphases, the identification phase and exploitation phase. All throughout the working phase, the nurse and patient continuously respect and know each other (Deane & Fain 2015, 39). During the identification phase, the nurse may take various roles such as an educator, care provider or counsellor. The nurse makes use of his professional skills and knowledge in solving health

related issues. This is a significant phase where patient recognizes nurse's willingness to help, provide care and empathy. (Senn 2013, 32.) In exploitation subphase, patient avails and take advantage of the offered services for him according to his needs and interest (Peplau 1991, 37). Also, nurses use strategies to facilitate communication during patient's care such as listening, clarifying, interpreting and educating the patient. Thus, in this process the nurse provides help in solving the patient's problems. (Franzoi et. al 2016, 3656.)

Lastly, the resolution phase, this time the person's needs are already met and become more independent. This happens through nurse and patient collaboration and by communicating effectively. (Antai-Otong 2007, 6.) Moreover, this phase indicates helping the person strengthen slowly in becoming more self-reliant, and it can be accomplished only after passing through all the phases (Peplau 1991, 40).

The relevance of Peplau's theory to this research study is that her theory emphasizes that nursing involves a therapeutic interpersonal process. Peplau's theory of interpersonal relations remains useful and important in psychiatric nursing, as well as to other areas of nursing practice (Deane & Fain 2015, 38). The interpersonal relations theory consists of overlapping phases that the writers of this thesis believe that this theory is beneficial in assisting nursing students and nursing professionals in understanding and giving importance in interpersonal relationship. This makes communication therapeutic during nurse's interaction with person with dementia.

According to Peplau (1992, 18), the interpersonal relations theory is useful in understanding the nurse-patient interaction phenomena. Also, it is useful in assisting the nurse on their own personal growth and understanding their patient's needs. Furthermore, Erci (2012, 87) emphasized that interpersonal relations theory can be applied to health promotion and in improving the health of the client. It is the basis of different interactions in nurse-patient relationship because they work together to solve the problem and to meet the needs of the patient.

3 DEMENTIA AND COMMUNICATION

3.1 Dementia

Dementia is a general term for diseases and conditions marked by a decline in memory or other thinking skills that interfere person's capacity to execute activities of daily living (Alzheimer's Association 2014, 5). Dementia results from various type of diseases such as Alzheimer's disease or injuries such as stroke that may affect the brain primarily or secondarily. Though it is not part of normal ageing process, it affects the older people worldwide that causes disability and dependency, which has greater impact on the individual itself, their families or carers. Alzheimer's disease is a form of dementia which is considered most common that affects 60-70% of cases. Most often, there is insufficient knowledge and perception towards dementia that hinders care and diagnosis. (World Health Organization 2017.)

Dementia has symptoms that continuously progresses and worsens gradually with time that varies in each person. Cognitive ability gradually decreases which includes ability to communicate, think and to understand new information. Additionally, the patient may not be able to start a conversation due to difficulty in communicating and some cognitive impairments linked to dementia. The nurse's awareness of how communication affects dementia will benefit the process in helping the patient to communicate. Depending on the stage of dementia, the effect towards the person's capacity to communicate varies. (Jootun & McGhee 2011, 44.) It makes harder for a person with dementia to communicate, especially if they have hearing or sight impairments. They have difficulties in expressing themselves and finding the right word. These can make them feel depressed and lose self-confidence. Some person can no longer say any words and may act in a strange way. Moreover, illness, pain, discomfort or side-effects of medications are other factors that can affect communication. (Alzheimer's Society 2016, 2-3.)

3.1.1 Types of Dementia

There are different types of dementia such as Alzheimer's Disease, fronto-temporal dementia, vascular dementia, alcohol- related dementia, lewy-body dementia, mixed dementia and Huntington's disease (Dementia Care 2018) and many other kinds. However, not all types of dementia are covered in this thesis and we only discuss the essential types of dementia below.

The most typical type of dementia is Alzheimer's disease, which comprises 60-70% of all dementias (Jenkins, Ginesi & Keenan 2016,13). Alzheimer disease is a neurodegenerative disorder characterized by progressive dementia associated with widespread encephalopathy (Wegiel et al. 2003, 89). Alzheimer's disease is associated with progressive memory impairment and cognitive deficits that have a negative effect on visual spatial function (Quinn 2014, 8). The brain changes due to accumulation of protein in plaques and vessels, degeneration of neurofibers and neuron loss. It leads to decrease of daily task performance, disorientation, behavioural changes, short-term memory loss, learning difficulty and inability to take care of themselves. (Wegiel et al. 2003, 90.)

Vascular dementia is known as the second most common form of dementia. The brain is damaged, particularly, the frontal lobe function, as the blood supply is not sufficient. Brain cells are destroyed when the blood supply to the brain is declined in short period of time known as mini stroke or infarct. (Dementia Care 2018.) It leads to brief series of dizziness and confusion. In addition, individuals with cerebral vascular disease is usually diagnosed with amnestic syndrome, associated to the primary subcortical dementia due to early memory degeneration of frontal lobe function. Also, the onset of vascular dementia is acute and step-like deterioration. Therefore, it is considerably difficult to diagnose vascular dementia with focal signs and symptoms. (Quinn 2014, 10.) Leukoaraiosis, lesion volume, lesion site, mixed dementia, atrophy, are considered as types and aetiologies of vascular dementia. As a result, it is beneficial to identify the type of vascular dementia because it will help to identify

the risk factors and provide appropriate treatment to slow down the progression of the disease. (Krishnamoorthy, Prince & Cummings 2010, 31-35.)

Dementia with Lewy Bodies (DLB) is a general neurodegenerative disorder related to neuronal alpha-synuclein inclusions, and a complicated appearance associated with fluctuations, Parkinson's disease, cognitive impairment, REM (Rapid Eye Movement), visual hallucination and autonomic function impairment (Larsson, Torisson & Londos 2018, 1). Visual hallucination and delusion are appeared intermittently and might recur several times a day. Those psychotic symptoms are also considered risk factors to diagnose Parkinson's disease dementia. (Lin et al. 2018, 2.)

Frontal-temporal dementia affects mainly the frontal lobe of the brain tissue that causes marked shrinkage of the affected lobes while other parts of the lobe are relatively not affected. Some people with frontotemporal dementia may have problems with language, speech, unable to understand words and possibly language impairment as the condition progresses. (Cayton, Graham & Warner 2006, 11.) Regarding to this progressive damage, it leads to thinking and behavioural difficulties, which usually are implemented by frontal lobe of the brain. Problems involved in emotion, behaviours, communication difficulties, trouble walking or working difficulties are potential symptoms of frontal-temporal dementia. (National Institute on Aging 2017.)

Huntington's disease (HD) is a fatal genetic brain disorder that leads to dysfunction of neuron and breaking down the nerve cell in certain area of the brain (Huntington's Disease Society of America 2019). Its symptoms usually appear in ages between thirties or forties and less in the age of 10 to 25. Also, it is a hereditary neurodegenerative disorder caused by mutation in HTT genes for making the protein called Huntingtin; and also by repeating of CAG segment more than 40 times linked to develop HD. Behavioural and personality changes, depression, involuntary movement, slurred speech, trouble walking or swallowing, critical thinking and reasoning impairment are included as the early signs and symptoms of HD. (U.S National Library of Medicine 2019.)

Alcohol related dementia is rare type of dementia that results from excessive drinking of alcohol over period of years. There is development of short-term memory loss also known as Korsakoff's syndrome due to deficiency of vitamin B1. Heavy drinkers consume large amount of alcohol for long period of time and the body cannot absorb vitamin B1 properly, resulting in impaired cognitive function such as difficulty in learning new information and others may develop similar symptoms as Alzheimer's disease. (Cayton et al. 2006, 16.)

Mixed dementia coexists between Alzheimer's disease and vascular dementia. It includes the symptoms and signs of both diseases. Because of its combination, development of the disease is doubled and poses major difficulty to identify and diagnose the disease. (Krishnamoorthy et al. 2010, 34.)

According to the study of McMurtray et. al (2006, 62-63), they found out that 30% of patients with dementia involved in a 4-year investigation memory disorder program had an early onset of dementia. These patients were less than 65 years old and the onset were resulted from alcohol abuse, head trauma, HIV and other conditions. Other types of dementia are present in younger people which includes Huntington's disease and frontotemporal lobar dementia. In relation to the context of our study, we consider including any person with dementia regardless of age, its causes and type of dementia. (McMurtray et. al 2006, 62-63.)

3.1.2 Stages of Dementia

Dementia consists of three main stages: mild, moderate and severe. However, The Global Deterioration Scale released the assessment of Primary Degenerative Dementia into seven stages (Table 1). In the first three stages, dementia has not diagnosed yet. From stage four until stage seven, cognitive impairment has accelerated extensively. Stage four is recognized as early stage dementia, stage five and six are considered as middle-stage dementia and stage seven is late-end stage dementia. (Dementia Central Care 2018.)

Table 1. Stages of Dementia (Dementia Care Central 2018)

Stages and Diagnosis	Characteristics
Stage 1: No Cognitive Decline (No dementia)	Memory deficits have not yet appeared, the brain function well and mental health is still well. Duration: N/A
Stage 2: Very Mild Cognitive Decline (No dementia)	Age is connected to impairment of cognition. For example, they tend to forget familiar objects or names. Duration: Not known yet
Stage 3: Mild Cognitive Decline (No dementia)	There is progression of memory deficit. People manifests one of the following areas: slight difficulty in concentration, decreased work performance in social context and denial occurs. Duration: Between 2 years and 7 years
Stage 4: Moderate Cognitive Decline (Early-stage dementia)	Person has difficulty concentrating in managing finances or completing complicated tasks. Social withdrawal might be inevitable because social interaction becomes problematic and at this stage dementia denial progresses. Duration: Around 2 years
Stage 5: Moderately Severe Cognitive Decline (Middle stage dementia)	From this stage, assistance is necessary in order to support people with dementia with their activities of daily living. Also, loss of memory is noticeable and might affect to essential aspects of their life. Duration: Around 1.5 years
Stage 6: Severe Cognitive Decline (Middle stage dementia)	Doing activities of daily living (ADLs) requires assistance. Memory loss is dominant that is difficult for them to remember previous long-term events. They are not able to finish or absorb new knowledge or tasks and have trouble with counting down from ten. Some psychological problem starts appearing transparently. Duration: Around 2.5 years
Stage 7: Very severe cognitive decline (Late stage dementia)	All verbal ability is lost at this stage and some often loses psychomotor skills. Duration: From 1.5 to 2.5 years

In stage one to three, it has shown explicitly that dementia has not been diagnosed yet, but mild cognitive impairment is noticeable. In stage one, the person has no signs of dementia, which means that he or she is still able to perform daily activity, has no memory degeneration and well- functioned mental and physical health. In stage two, age is main risk factor and its appearance relates to cognitive activity and functional ability. (Dementia Care Central 2018.) Memory, language, executive function, personality and behaviour play an important role in diagnosis of dementia at this stage (Cunningham, McGuiness, Herron & Passmore 2015, 80). However, a mild cognitive impairment has been progressing more severe than the first two stages. Those patients are shown with forgetful enhancement, but with little or no degeneration of daily activities. Also, the experience of amnesic is dominant and considered as the onset of dementia. (Ryan & Rossor 2011, 2.)

The next four stages demonstrate the main progress of dementia. Stage four or early stage, patients might be capable of doing ADLs without help from nurses and family. Nevertheless, driving might be less able to function well because of cognitive decline, so patient ask for support or cease to ensure safety. (Sinnott et*.al* 2018, 2.) Also, changes in behaviour and mood lead to be less interested in their hobbies, unable to concentrate as well as be difficult to perform complicated task. At this stage, cognitive problems are clearly noticeable during doctor's visit. (Dementia Central Care 2018.)

Next, stage five and six or middle stage are associated with memory deficits as a result of brain damage. It leads to confusion about relatives, family and friends as well as events in the past. Social withdrawal and psychological problems occur due to inability of social interaction. In addition, language and speech are dysfunctional attributed to problems with verbal communication, problem solving and degenerative decision making (Hoe & Thompson 2010, 49).

In stage seven (end-stage dementia), the patient reaches to limited verbal communication and severe memory loss. So, forgetting about names, people, past events, inability to organize well daily tasks, critical thinking or handling a

complicated task are implicitly unachievable. Mental health problem such as hallucinations and delusions connected to this stage is quite common. Furthermore, most patients have reduced mobility function and motor damage resulting to higher risk of falling. (Hoe & Thompson 2010, 49.) According to Alzheimer's Association, 40% of dementia patients spent their time at the last stage and most likely to be bedridden due to deteriorating physical health and mobility dysfunction. As a result, nursing assistance is recommended for ADLs and personal hygiene; careful monitoring and appropriate care plan are emphasized to enhance person's quality of life. (Dementia Central Care 2018.)

3.2 Communication with Person with Dementia

Communication is the means of exchanging information in a relationship that occurs on various stages and situations in life. It is possible to fully understand the patient and seek to understand their own views and attitudes by means of communication established in nurse-patient relationship. (Silva et al. 2015, 155.)

Verbal and nonverbal are two classifications of communication skills. The basic way of delivering a message is through spoken word or verbal. While most of interactions are made up of nonverbal component such as body language and tone of voice. Furthermore, communication skills which nurses particularly use in building a trusting relationship with patients include various techniques such as listening, touching, rephrasing, paralinguistic, body language and asking questions. In nonverbal communication skills, listening is one of the most important skills and frequently not valued. Nurse shows attention and commitment by actively listening to another person. Paralinguistic are nonverbal communication skills that associated to pitch, tone of voice, the speaker's speed and accent when speaking. Together with these paralinguistic components, a simple statement of the speaker might be understood in many ways. (McCabe & Timmins 2013, 71, 74-75, 88.)

Rousseaux et.al (2010, 3888-3889) argued that communication with people with dementia might be difficult for nurses because of their cognitive degeneration. The level of communication difficulties depends on person's ability and different types of dementia. For example, Alzheimer's disease patients indicate impairment in verbal communication, particularly, verbal comprehension and lexical-semantic difficulties, whereas nonverbal communication is mostly maintained. Frontotemporal dementia patient is degenerated severely in participation in communication (greetings, participation and attention) and pragmatic problems. Therefore, health care delivery should be based on the background of each type of dementia. (Rousseaux et.al 2010, 3888-3889.)

According to Machiels et al. (2017, 38), nursing staff lack skills and knowledge to communicate properly, which leads to challenges in understanding the expression of nonverbal behaviour of person with dementia during communication. It is because of increased stress, burnout level of nursing staff, and lack of awareness towards importance of communication. On the other hand, Cunningham & McWilliam (2006, 16) stated that the accumulation of aggressive and agitated behaviour of people with dementia are caused by insufficient meeting of demands. It is significant to understand client's preference to provide great quality of care among people with dementia.

3.3 Therapeutic communication

Therapeutic and communication are two completely different words and convey also different meaning. Therapeutic - *"refers to the science and art of healing; of or pertaining to a treatment or beneficial act; the helping relationship, which is one that promotes growth and development and improved coping with life for the other person"* (Sherko, Sotiri & Lika 2013, 458). Also, the term 'therapeutic' is linked to the efficient treatment of medical disorders, facilitation of people's well-beings and decrease of illness. Therefore, to emphasize the importance of good communicators, nurses need to pay attention to patient's feelings and sensitivity as well as give support to family and patients on a therapeutic level. (Jootun &

McGhee 2011, 43.) By establishing therapeutic relationship, it helps nurses to meet the patient's demand in delivery of care.

Therapeutic communication is a process that involves in verbal or nonverbal communication, in which the nurse helps patient to understand better. It helps the patient to trust and feel comfortable to develop the relationship. Also, the nurse is responsible in determining patients' worries, needs and assessing patients' understanding (Mosby's Medical Dictionary 2009). Dejan (2018) emphasized that basic forms of therapeutic communication include listening actively to patients, giving support, recognizing their needs, expressing empathy and providing meaningful advices to relieve and overcome their health issues.

There are specific strategies used in therapeutic communication that give support to the patient to share their ideas and feelings and that leads to acceptance and respect (Mosby's Medical Dictionary 2009). To build nurse-patient relationship, the nurse might use various communication techniques. The nurse must consider the patients' ability to communicate verbally and the purpose of delivering care before choosing the applicable communication techniques. (Sherko, Sotiri & Lika 2013, 462). In addition, communication techniques might be useful for nursing education in working with vulnerable groups in general level and clients with dementia (Tappen 1997, 8).

4 IMPLEMENTATION OF THE THESIS

4.1 Purpose, aim and research problems

The purpose of this research is to identify and describe therapeutic communication skills of nurses and nursing students in interacting with people with dementia and to identify various methods to improve therapeutic communication skills. The aim of this research is to provide information and knowledge for nurses and nursing students on how to enhance their therapeutic communication skills competence when interacting with people with dementia and how these affects to nurse-patient relationship.

Thesis problems are the following:

1. What are the essential therapeutic communication skills nurses need to interact towards patients with dementia?

2. What are the various methods nurses can improve therapeutic communication skills in interacting with people with dementia?

4.2 Research Method

The authors of this thesis used literature review as the research method. Literature review is a summary of researches including previous researches and other relevant evidence brought together that relates to a particular topic being studied (Moule, Aveyard & Goodman 2017, 80). Using this method of research usually follows a structure that starts in identifying the research question, followed with some method for search strategy to collect the data which are further critically analysed, appraised and evaluated the combined results to answer the research question (Aveyard 2014, 2-3). Furthermore, after critically evaluating relevant researches, a discussion of the summarized existing relevant literature points out any inconsistencies and similarities on the research topic (Coughlan, Cronin & Ryan 2013, 2). Nurses can then contribute in developing nursing

knowledge and enhancing the care for the patient through evidence-based practice when conducting a literature review (Coughlan, Cronin & Ryan 2008, 43).

Integrative literature review was specifically chosen method of research used in conducting this thesis study. Integrative review identifies specific topic of current knowledge which are then analyse and incorporate results of relevant independent studies which has beneficial impact on delivering quality of care to patients. This type of review integrates data from empirical and theoretical literature and covers broad range of purposes, concepts, evidence and review of theories and analysis of problems related to a specific topic. (Souza, Silva & Carvalho 2010, 103.) Furthermore, the review is usually structured by model or theoretical concept that influences the categorization of data into main themes and sub-themes of the chosen theory or model (Coughlan & Cronin 2017, 15).

The initial process of conducting integrative literature review identifies the purpose and the problem of the thesis. This is to set boundaries and concentration of the topic being reviewed. Moreover, search strategies should be applied by filtering relevant data during database searching using various databases. This includes specifying inclusion and exclusion criteria and relevant keywords to improve data searching of relevant articles. The data obtained will be evaluated carefully and the result will be reported accordingly to address the topic of the research. (Whittemore & Knafl 2005, 548-549, 552.)

Integrative literature review method was conducted on this thesis because of its appropriateness and significance in incorporating data collected in this research. It was applicable in doing this research since the researchers were aiming to recognize the therapeutic communication skills needed for nurses and the methods of enhancing these skills in interacting effectively with patients with dementia. This integrative research method allows the researchers to identify, analyse and summarize useful information we gathered both from qualitative and quantitative evidenced based articles.

4.3 Data collection

Data collected were mainly from reliable scientific databases provided by Lapin AMK such as EBSCO CINAHL and Academic Search Elite. In doing database searching, Boolean operators such as “AND, OR, NOT” are linking words used to ensure that the keywords are relevant. Using operator “AND” let all keywords used in research must show in the result (Moule, Aveyard & Goodman 2017, 45-47). In our thesis, data were searched electronically using appropriate keywords with Boolean operator to achieve better results such as “Therapeutic Communication AND Dementia” and “Communication skills AND Dementia”.

Furthermore, the researchers assessed the data they retrieved by developing an inclusion and exclusion criteria. The inclusion criteria helped the researcher determine which data should be incorporated in the review and to guarantee that these data were relevant to the research questions. While research studies were excluded when they did not meet the inclusion criteria from the review (Aveyard 2014, 11). Below are inclusion and exclusion criteria that set limitations for the research and to narrow down collected information (Table 2).

Table 2. Inclusion and exclusion criteria to set boundaries for the search.

Inclusion Criteria	Exclusion Criteria
Articles found within the research topic’s keywords that answer research questions.	Articles which did not match the keywords of the research topic.
Articles in English language.	Articles in other languages.
Articles that are in full text which has free access to read and use the data.	Articles not in full text and do not have free access.
Research articles must be evidenced-based.	Non-evidence-based research articles.
Articles and studies conducted from 2008 to date.	Articles and studies conducted before 2008.

To get most of relevant research results, specific geographical areas, locations, any culture, age group and healthcare settings were not included in limitations criteria. This was made in order to gather more results that covers multi-cultural aspects and different healthcare settings when communicating and caring towards person with dementia. Also, even if dementia is more common to people over 65 years of age, we did not include any 'age range' or consider "Elderly" for keyword because dementia in some cases may begin at age below 65 years of age as we had mentioned earlier in theoretical section of this thesis. All throughout in writing our thesis we used the term "person with dementia" or "people with dementia". We were including studies with any person affected with dementia despite of any age, type and causes of dementia.

During retrieval of articles from two reliable databases, the authors used the keywords derived from the research topic together with Boolean operator to achieve definite result as possible. The keywords "Therapeutic Communication AND Dementia" had 28 hits in total from EBSCO and CINAHL as first search results. While "Communication skills and Dementia" obtained 68 hits in total from EBSCO and CINAHL for the initial search results. Furthermore, the inclusion and exclusion criteria were applied to narrow down the search and to get the most relevant evidenced based articles.

After gathering the articles from the databases, we then compared and checked for any duplicate articles before proceeding to the next process. Most of the articles were excluded because it did not focus on communication and dementia. From then, the remaining 14 articles were further investigated in relevance to our research topic by reading the title and its abstract which resulted to elimination of more articles. The remaining articles were further assessed for eligibility through reading the full text and its relevance to our research topic and research questions. After both authors read carefully and thoroughly all the articles, the authors discussed and considered to include 10 articles that best answers to our research questions. The summary of selected articles with list of authors, title, date of publications, purpose and our main findings are presented in Appendix 1 (page 58). While Table 3 below shows the retrieval summary of articles from the

school databases together with keywords, limitations and number of articles included in this study.

Table 3. Retrieval of articles from school databases

KEYWORDS	Limitations	EBSCO	CINAHL	INCLUDED
Therapeutic Communication AND Dementia	Full text English 2008-2018	4	2	2
Communication skills AND Dementia	Full text English 2008-2018	25	41	8

4.4 Data Analysis

Data analysis is the next process undertaken in this review after selecting the included articles which were relevant to this thesis study. According to Elo & Kyngäs (2008, 107-108) that Cole (1994) defined content analysis as method of analysing written, visual or verbal communication messages. Furthermore, qualitative content analysis includes dividing data into smaller units, coding and naming the units that corresponds to the idea they exemplify and grouping them based on relevant concepts (Polit & Beck 2012, 564).

Deductive content analysis was used in our thesis in analysing and organizing the data collected from the articles. Deductive reasoning is a process of organizing data that starts from general principles to developing more specific (Polit & Beck 2012, 11). It is usually based from previous works which includes theory or model and to test the theory (Elo & Kyngäs 2008, 109).

As we proceed to data analysis part, both authors read independently the chosen articles several times to understand the content and meaning of the data. We highlighted and marked key details in the articles that relates to our research topic and we created an excel file to summarize them to meaning units and labelled it

to codes. Furthermore, coding and categorization were based from the significant findings and similarities we identified from the articles and grouped together. Subcategories were divided into four areas which included verbal communication skills, nonverbal communication skills, therapeutic communication training programs and communication strategies. Then, generic categories were group accordingly to our research questions such as therapeutic communication skills and methods to improve therapeutic communication skills. The main category corresponds to our main topic of the research study which is therapeutic communication skills of nurses towards patient with dementia (Figure 2).

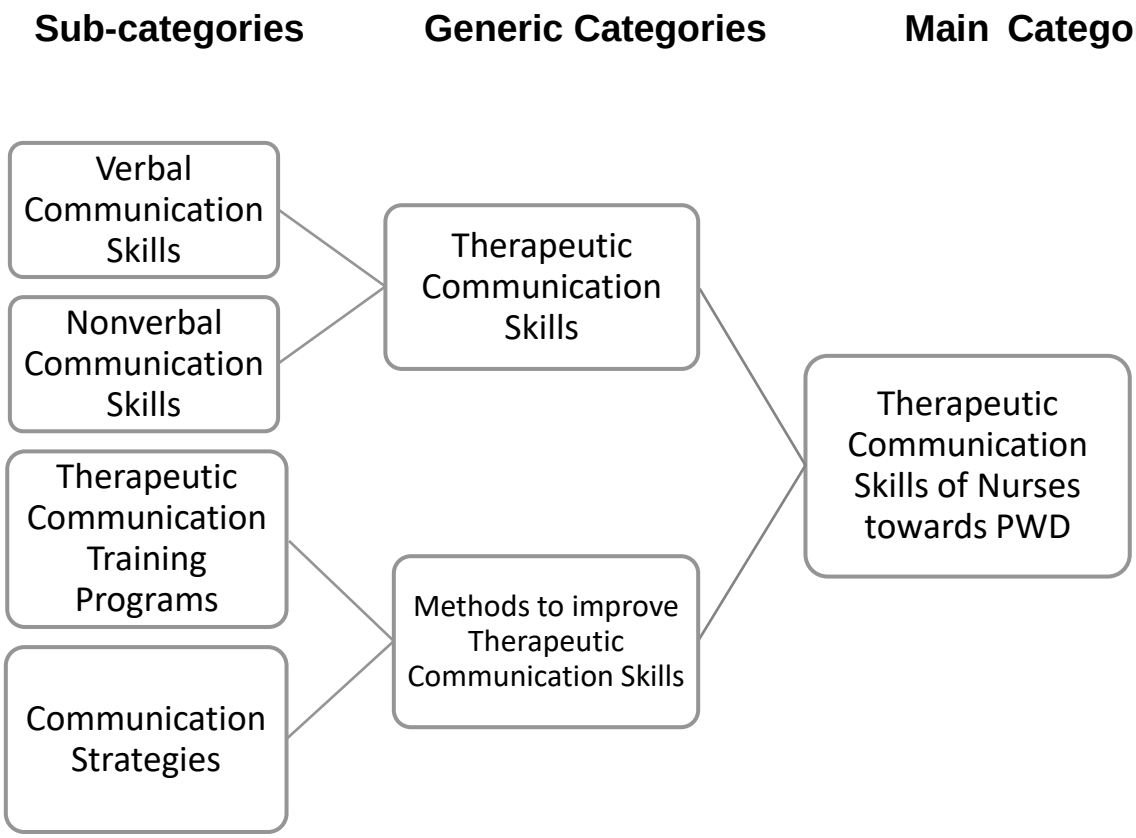

Figure 2. Categories of Therapeutic Communication Skills of Nurses

5 RESULTS

5.1 Therapeutic Communication Skills

According to the data analysis process of categories mentioned above, to answer the first research question, therapeutic communication skills were taken into account as the generic category. Next, the authors divided it into two sub-categories: verbal and nonverbal communication; the authors continued to analyse and specified the following: rate of speech, verbatim repetition, simple sentence, opened-closed questions, volume, intonation and pitch, tone of voice, paraphrasing, speaking skills as verbal communication skills; and SOLER, facial expression, therapeutic touch, eye contact, posture, gesture, appearance, personal space, listening skills as nonverbal communication skills. Singing might correspond to verbal (use of voice) and nonverbal communication context where the voice is considered as musical instrument (de Vries 2013, 34), but the authors on this thesis acknowledged it as part of nonverbal communication sub-category.

Table 4. Categories description of therapeutic communication skills

Generic category	Therapeutic communication skills	
Sub- categories	Verbal communication skills	Nonverbal communication skills
	Rate of speech Volume Intonation and Pitch Tone of voice Verbatim repetition Paraphrasing Simple sentence Opened-closed questions Speaking skills	SOLER Facial expression Posture Gesture Appearance Personal space Eye contact Therapeutic touch Listening skills Singing skills

5.1.1 Verbal Communication Skills

Verbal communication is considered as an essential element in conveying a message by using words to express ideas or feelings of themselves (Jootun & McGhee 2011, 42). Also, in this part, the authors explain each key component on verbal communication mentioned above.

Each person has distinctive way of speaking or each person's voice is unique which is referred to as paralinguistic features of communication. Volume, intonation of pitch, rate of speech and tone of voice are regarded as features of paralinguistic. Volume is defined as adjusting of volume from soft to loud voice depending on different situations because its exposure can influence on person's feelings. Next, intonation and pitch are range of frequencies, specially, from low to high in order to signify meanings. Also, rate of speech is involved in the speed of delivering message, emotion and attitudes. (Jootun & McGhee 2011, 43.)

However, from the study of de Vries (2013, 33) presented the argument of Small et al. (2003) that speaking slowly to a person with dementia does not help the person in improving their understanding of a sentence because of memory deficit. Particularly, people with dementia have to absorb information in long period of time that leads to forgetting previous content of conversation by the time they listen at the end. Because of difficulty in understanding, it is challenging for a person with dementia to respond or others can comprehend to them. Emotional tone is used to communicate with people with dementia in homecare linking to difference in expressing behaviour. For example, increased resistivity of care is related to tones delivering high level of controls (de Vries 2013, 33). In addition, using calm tone voice are recommended for nurses, minimizing to raise voice and approaching people with dementia in a calm manner (Levy-Storms 2008, 19). Thus, tone of voice is crucial in communicating (de Vries 2013, 32) because it is a combination of volume, intonation and rate of speech to express messages (Jootun & McGhee 2011, 43).

To communicate successfully with a person with dementia when asking questions, it should be maintained with verbatim repetition, simple sentences, open-closed questions and paraphrased repetition (deVries 2013, 33). Repeating and rephrasing words are used to continue conversation, refill missing information and give correct information as much as possible without indicating the person's mistakes. Additionally, the ability to speak simple sentences, short and familiar words, concrete language and direct communication will help to get residents' attention and be easy to understand. Using positive statements illustrate improvement in verbal communication (Levy-Storms 2008, 17, 19.)

Furthermore, open-ended questions are linked to conversation with emotions and relationships, whereas, closed questions are used to end activities, specially, when daily living activities are implemented. Some positive and meaningful response are shown by people with dementia when it comes to opened- ended questions, to be more specific, if it demonstrates respect and person-centred conversation. (de Vries 2013, 33.)

Levy-Storms (2008, 17, 19) pointed out that one study of therapeutic intervention had four interactive parts to improve the interaction with person with dementia. These includes speaking skills, reacting skills, redirecting skills and communication cards. However, only speaking skills are further described which focuses on concentrating of social greetings to residents' name or introduction of oneself, which are beneficial for residents to focus on listening. Additionally, to be more interactive with person with dementia, healthcare professionals can choose to sit or stand in front of residents and give them time to process and respond to the information.

5.1.2 Nonverbal Communication Skills

Jootun & McGhee's (2011, 42) study illustrates that nonverbal communication skills are the major skills used in communicating with people who have dementia. Only 7% of the message is conveyed verbally during interaction, whereas the

remaining 93% is used nonverbally. Nonverbal plays important role on communicating with patients in different cultures since there are different connotations needed to pay attention and recognize to respond in proper way.

From our thesis results, facial expression, posture, appearance, gestures, personal space and acronym SOLER are presented. Listening skills, therapeutic touch, eye contact are mentioned respectively to discuss further nonverbal communication skills. Also, singing fitted in verbal or nonverbal communication will be mentioned alongside with eye contact and body movements to prove its effectiveness.

SOLER is an abbreviation engaged in nonverbal communication skills: S – means nurses will sit face to face with residents; O – means open posture is maintained; L – means to lean forward; E- means eye contact is establish and maintained and R- means relaxed posture is implemented. This technique is used to interact and communicate with a person who has dementia. However, a person who has psychosis symptoms in the late- stage dementia will not be affected by this technique. (Jootun & McGhee 2011, 43.)

According to de Vries (2013, 33), sincerity and kindness are delivered through interaction with people with dementia. This communication approach should follow the ethical principle of care such as responsibility, attentiveness, competence, responsiveness and trust. Furthermore, when people with dementia are given opportunity to speak freely, they seem to be more talkative during conversation and they are able to express their sensitive feeling when given a personal space. Some gestures can be noticed from them like banging a hand against their chest. Also, during conversation, topics can be changed to other topics such as things on the room or views from the window. This makes both nurses and people with dementia feel relieved during their interaction. The nurses have to wait for the person’s response and observe signs of interest when communicating. During the waiting time, nurses can approach the person with dementia by sitting close to them and touching the person. (Söderlund et al.

2015, 42-43.) This indicates interest, concern and warmth (Jootun & McGhee 2011, 43).

Listening is an important skill in communication. It involves paying attention to the words and emotions expressed by the speaker. Listening is a combination of three complex processes. Cognitive process such paying attention, comprehension, receiving and analysing messages. Affective process which emphasized to keep motivated in paying attention to another person's message. Lastly, behavioural process such answering and giving feedback to the person verbally and nonverbally. (de Vries 2013, 32.) Furthermore, there are recognized types of listening skills. Active listening means the audience listens attentively with their senses. Active-empathic listening, this needs conscious, active and emotional engagement of a listener when trying to understand the other person's feeling during interaction. Compassionate listening means the ability to acknowledge connectivity between those who are communicating. Supportive listening means engagement in emotional support. It comprises of two key elements such as being person-centered and using behaviours. Being person-centred is the expression of sympathy to legitimise other persons' feelings by using "comfort message". "Comforting communication" is implemented to reduce emotional distress and aimed at communicating with people with cognitive impairment in stressful situations. The second element is using behavioural communication such as eye contact, involvement, leaning forward, awareness and attentiveness. (de Vries 2013, 32.)

For a nurse to be a good listener, there are other factors to consider. A nurse should wait or give extra time for the person with dementia to response. The nurse should also be willing to continue the conversation, redirect conversation by shifting topics. More importantly, interrupting the conversation should be avoided. The signs and behavioural expressions of the person with dementia should be carefully monitored by healthcare professionals. (Levy-Storms 2008, 19.)

Additionally, attentive listening skills of nurses are used to support the remaining abilities to communicate with a person with dementia. The nurse keeps own thoughts and focus only to the other person with sensitivity and open attitude concerning the person's expressions. (Söderlund et al. 2015, 38.) For example, in a specific conversation, when persons with dementia is not interrupted, they speak more freely about their own thoughts. The nurse listens attentively, rephrase, repeat and ask questions about the topic that the person with dementia are talking about. Through this way, it makes the person with dementia feel encouraged and motivated to continue share their stories. (Söderlund et al. 2015, 38, 42.) In other words, positive effects of listening skills are connected to productive interaction, better healthcare delivery and satisfactory relationship (de Vries 2013, 32).

In the study of de Vries (2013, 34), results show differences of communication during ordinary care with no music, with background music during care and with caregiver singing to or singing together with the person with dementia. During care with background music and the caregiver singing indicated improvement of communication between the patient and the caregiver.

For example, nurses know about the person's interest of singing would help in initiating conversation, she can talk about the song:
"Nurse: *Do you have enough energy to sing a song? ... How about if we try ... 'Härlig är jorden' (a hymn).*
Patient: Yes, that one is beautiful, we should sing (inaudible) (close her eyes)
Nurse: *Should we sing that?*
Patient: Yes, let's do that." (Söderlund et al. 2015, 43.)

This conversation described the process in which both patient and the caregiver participated in singing and humming. This process was repeated few times and it showed close relationship when they sat near to each other, sang and hummed the tune during the whole conversation (Söderlund et al. 2015, 43). In addition, the use of music and singing to establish communication have been shown in

many studies that can facilitate to develop positive experiences of person with dementia (de Vries 2013, 34).

Hammar et al. (2011, 165) analysed the communication of caregivers through singing for or singing together with a person with dementia during morning care situations. There were two morning care situations in which singing and maintaining eye contact were implemented to encourage communication. The person with dementia responded actively and participated in care activity. For example, when caregivers asked the patients to get dressed, the caregivers started singing a song and then the person with dementia sang along or hummed a tune. At the same time, the nurse used nonverbal communication, specifically, body movements to help the patient to get dressed. In other situation, even though the caregiver stopped singing, the person with dementia continued singing and created their own lyrics to a song. While on other situation, the patient that usually speaks single word started to sing and it overwhelmed the nurse because of the positive outcome during care intervention. Also, eye contact was emphasized and some people with dementia followed caregiver's eye contact frequently. Here is an example of singing used as verbal communication and eye contact as nonverbal communication combined successfully to facilitate communication:

"C: 'Safer could no one be .... (singing an old psalm)'. She holds a bra in front of the PWD so she can put her hands in it. Looks at the PWD's face as if to attempt to make eye contact.
P: '....., than God's little children, not the star in the sky... (singing the psalm)'. Puts her hands in the bra and helps to pull her arms through it. Look at the bra, and then at the caregiver."

(Hammar et al. 2011, 163)

As a result, singing made caregiver more interested in communicating and person with dementia responded promptly and cooperated voluntarily. Also, singing as a part of music therapy could be taken as caring treatment for PWDs because both

parties can cooperate and interact at the time during morning care situations. (Hammar et al. 2011, 166-167).

Touching is one of nonverbal communication skills and it is essential demands of human beings. Hands have been specified as the individualised choice of communication method. The use of hand massage to take care of people with dementia is connected to reduce physiological and psychological distress. This therapeutic touch improves communication with person with dementia and provides healing. In other words, hand massage stimulates relaxation, calmness, comfort and sleep. Also, it is beneficial to reduce anxiety, stress and facilitate close connection between caregiver and nurses. (Tuohy et al. 2015, 300.)

According to Tuohy et al. (2015, 300), hand massage is considered as the therapeutic intervention to decrease the tension, strenuous situation between nurses and people with dementia. It is difficult for a person with dementia to manage communication and sustain relationship. However, it is important for nurses to put their feelings, attitudes and self-awareness when doing hand massage. It is important to know the person well and acknowledge how the person responds when providing hand massage. To be more specific, it is crucial to assess and monitor individual response of the person. The nurse should constantly aware when to start, continue and stop the hand massage. This is to promote person centred care and to respect the patient's responds to hand massage. In regards with ethical practice, patient consent should be obtained before doing hand massage, especially from this vulnerable group of patients. Other physical conditions must be considered such as skin conditions, immobility and pain. Finally, touch in connection of hand massage is considered as therapeutic communication skill to make patients feel secure and relieve. It provides positive impact on their well-being. (Tuohy et al. 2015, 300.)

5.2 Methods To Improve Therapeutic Communication Skills

Based from our data analysis, the generic category which is methods to improve therapeutic communication skills is divided into two sub-categories: therapeutic communication training programs and communication strategies. Therapeutic communication training programs are further specified such as TANDEM model, VERA programme, The VOICE study, Music Therapeutic Caregiving, Validation Method and Hand Massage Educational DVD. While communication strategies sub-category has only recommended communication strategies. The categories are shown in Table 5 below.

Table 5. Category of Methods to Improve Therapeutic Communication Skills

Generic category	Methods to improve Therapeutic Communication Skills	
Sub-categories	Therapeutic Communication Training Programs	Communication Strategies
	TANDEM model VERA programme The VOICE study Music Therapeutic Caregiving Validation Method Hand Massage Educational DVD	Recommended communication strategies

5.2.1 Therapeutic Communication Training Programs

We had identified various therapeutic communication skills that were specified from the research articles included. Developing these communication skills are significant during interactions of dementia care because it will affect the quality of care and in building nurse-client relationship. There are methods to improve therapeutic communication skills towards patient with dementia and one of them is to participate in therapeutic communication training programs.

Habertstroh et al. (2011, 406-407) emphasized that TANDEM, a communication model in dementia, is the basis of psycho-educative communication training program in Germany. This training helps caregivers to develop both verbal and nonverbal communication skills by following the steps of communication and uses the suggested strategies to support strengths in communication of person with dementia. This is helpful in order to lessen the burden of caregiver and improve the quality of care received by person with dementia.

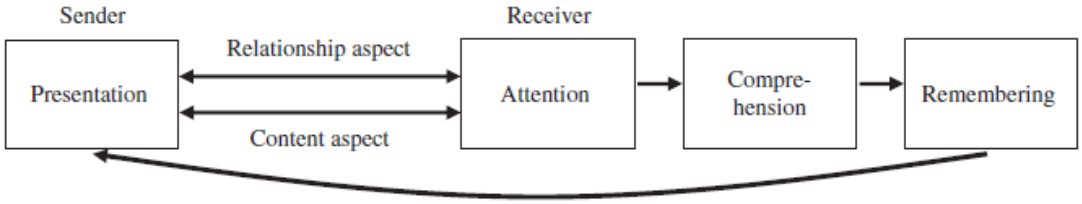

Figure. 3 Tandem Model used in Communication Training (Habertstroh et al. 2011, 406)

Furthermore, the program suggested steps of communication that is based from TANDEM model (see Figure. 3). It includes presentation, attention, comprehension and remembering with strategies in each step for caregivers to support communication of person with dementia. The result of this study indicated that the training based on TANDEM model made the caregivers progressively use the steps of communication with strategies recommended. It improves caregivers' mood and increased the quality of life of the care receiver. However, it cannot be verified if burden of the caregivers had lessen based on the authors' analyses because of research limitations and other factors that contributes to the caregiver's burden. Despite of this, the recommended option for caregivers in improving communication in dementia care is through participating in TANDEM communication training program. (Habertstroh et al. 2011, 407-411.)

In addition to aforementioned training, Söderlund et al. (2015, 45) suggested that nurses needed to be trained to develop communication skills such as Validation Method training programme. According to Naughton et al. (2018, 95), validation

means accepting the person's experience of reality and being responsive to them with empathy and to recognize the meaning of what a person with dementia is trying to explain. Furthermore, nurse's attentive listening skill become significant in focusing their attention to a person with dementia. Also, being sensitive and open-minded towards the person's behaviour and expressions that conveys meaning and to support remaining abilities of person with dementia to communicate. This validation method training was integrated to nurses' daily work in nursing home in one-to-one conversations in Sweden. Based on its findings at the end of validation training, the person with dementia were able to use its remaining communication abilities and nurses were able to support them resulting to increase person's well-being and the value of nurse's work. (Söderlund et al. 2015, 44-45.)

Another communication skills training programme was based on VERA framework. VERA stands for Validation, Emotion, Reassurance and Activity. The framework was also influenced by a person-centred care model (PCC) (Naughton et al. 2018, 95). Person-centred care enables the nurse to recognize the remaining ability of the person with dementia to communicate and encourage the person to interact according to the person's ability (Jootun & McGhee 2011, 44). Additionally, VERA addresses the emotion and physical needs of the person with dementia and provides support to nurses in developing therapeutic relationship with the patient. Also, the training on this study is intended for students to enable behavioural change and to have proper approach of person-centred communication toward a person with dementia based on respect and positive interaction with active listening and understanding the person. The result on this study indicated that all students participated in the training found this training useful and will apply their skills in practice and recommend the training to other students. However, the students suggested that more training is needed to handle patients with difficult behaviour and would be better if the training was already introduced during first year of education. (Naughton et al. 2018, 95-97.)

The VOICE (Videoing to Improve Communication through Education) is a recently developed dementia communication skills training course that is useful

in acute hospital settings. The study focuses on two areas for improvement in healthcare professionals during interactions with person with dementia when delivering tasks: (1) making a request and (2) responding to refusals and frequently prolonged closings of healthcare encounters. For example, asking a patient in taking medication or washing, these situations need patient's cooperation to complete tasks, but the request cannot be understood sometimes with patient with dementia. (O'Brien et al. 2018, 2-3.) The VOICE training used real video recorded material from conversation analysis study and simulations. However, some participants thought that using simulated patients may respond differently compared to real patients resulting to not effective way to train communication skills. On the other hand, some students argued that it enabled them to practice their communication skills during difficult situations such as dealing with behaviour problems. As identified on the result of this training, there were improvement of knowledge and confidence of the participants in communicating with person with dementia. The participants still valued the skills they learned and continue to apply it as reported after one month of training. (O'Brien et al. 2018, 10,12.)

Also, there is another communication training that used "video interaction analysis" method which is applicable in long-term care institutions. It was targeting to improve both verbal communication (e.g. paraphrasing, encouraging behaviours, open-ended questions) and nonverbal communications skills of nurses (e.g. eye contact, leaning forward, nodding). The result of the training made the nurses more interested in communicating and warmer to the patients during interactions. (Levy-Storms 2008, 17.)

Another method to improve therapeutic communication skills is through educational dvd on the use of hand massage in the care of people with dementia (Tuohy 2015, 299). Touch is another way to open communication, help in concentration and offers encouragement and reassurance to the person with dementia (Jootun & McGhee 2011, 45). Moreover, touch is one of therapeutic nonverbal communication skills that nurse can use to make the patient with dementia feel relax, secured and improve their well-being. This educational DVD

of hand massage let the users learn at their own time and pace and they can apply hand massage into their nursing practice. This educational DVD is a resource for learning which is also available to healthcare professionals and to the public. Moreover, the educational program has been used in workshops for student nurses, carers and registered nurses as well as in residential settings caring for people with dementia in which it gained positive feedback on its usage. (Tuohy 2015, 302.)

Hammar et al. (2011, 160) argued that Music Therapeutic Caregiving (MTC) is another method for the nurses to facilitate verbal and nonverbal communication during morning caregiving activities. The caregiver sings or sing together with persons with dementia during morning care situations while maintaining eye contact. De Vries (2013, 34) emphasized that singing enhanced the caregiver's sincerity during interaction. On the other hand, it enhances communication and experiences of the person with dementia and stimulate positive mode and emotions; and lessened their aggressiveness. Moreover, Hammar et al. (2011, 161-162) identified that MTC course were using movements of body while singing songs that elderly people recognized from their childhood such as children's songs or popular songs in the past during their younger years. According to the result of their findings, applying MTC in morning care where the person with dementia sang along with the caregiver while maintaining eye contact resulted to relaxation and improvement of well-being of both caregiver and person with dementia, although some responded with resistance. Therefore, MTC could be considered as a possible method to enhance verbal and nonverbal communication between person with dementia and their caregivers in caring situations. (Hammar et al. 2011, 164-165, 167.)

From the review study of Machiels et al. (2017, 41-44), they identified different interventions, and all had included communication skills training that can be integrated into daily nursing care with the aim of improving nursing staff's communication skills. The identified training programs from the articles differs in content and structure, length of training period, frequency and settings. It was emphasized that nurses learned and developed their skills best when the content

of the training were applicable to the communication problems of their daily practices and care settings. (Machiels et al. 2017, 41-44.) These had similarities from the study of Levy-Storms (2008, 17-18) that there were some variations of the therapeutic communication interventions from simple tips to a more ideal principles of interventions and the differences of care environment were considered. Also, it was emphasized that therapeutic communication composed of different approaches which were emotion-oriented such as personal-centred care, emotion-oriented care, dementia skills, cultural competence and behavioural management skills. These variety of components influence the interpersonal communication skills of a nurse during interventions.

5.2.2 Communication Strategies

Aside from therapeutic communication training programs, another method to enhance therapeutic communications skills of nurses is to adapt several communication strategies. These are recommended strategies to facilitate therapeutic communication with a person with dementia. As emphasized by Kohler (2004, as cited in Levy-Storms 2008, 18) these strategies focus on verbal and nonverbal behavioural skills of nurses to attain an emotional connection towards the person with dementia.

Before starting the conversation, ensure to have a peaceful and quite surrounding that is free from distractions (Jootun & McGhee 2011, 45). That is to turn off the radio or television (de Vries 2013, 33) with the approval of the person with dementia in this way, it promotes concentration and attention. This is applicable to a person with vascular dementia and other dementias with attention deficit that occurs at early stage (Haberstroh et al. 2011, 406-407). Also, when speaking to the patient, position yourself facing the patient and maintain same eye level as the person (de Vries 2013, 33). Use the person's name, say some social greetings (Kohler 2004, as cited in Levy-Storms 2008, 18) or a touch of hand in getting person’s attention to start the conversation. It offers comfort and encouragement to the person to engage and maintain communication (Jootun & McGhee 2011, 45).

Furthermore, use simple language with familiar words, short sentences and speak slowly (Jootun & McGhee 2011, 45). Repeat messages few times by rephrasing it (de Vries 2013, 33). This allows the person to understand and process the information, if a patient does not comprehend to what you are saying (Haberstroh et. al 2011, 407). Also, avoid raising your voice and speak calmly with reassuring voice, speak to the patient as an adult and refrain from talking about the person as if they were not there (Kohler 2004, as cited in Levy-Storms 2008, 18).

Moreover, when asking questions to person with dementia, it is recommended to use “yes or no” questions or ask one question at a time (de Vries 2013, 33) and avoid walking around while talking (Haberstroh et al. 2011, 407). Using “yes-no” questions is applicable when a nurse needs to determine location of pain or other needs (Kohler 2004, as cited in Levy-Storms 2008, 18). On the other hand, if person with dementia is asking the nurse same questions few times, instead of correcting the person that it has already been answered, the nurse should value it as a new conversation and connect the new information to the old one, this is remembering old experiences (Habertstroh et al. 2011, 406). Additionally, avoid arguing, contradicting, correcting the patient for his or her mistakes or forcing the person to respond (Jootun & McGhee 2011, 45). Instead, take time to listen carefully and observe to their body language and facial expressions. This gives cues that they understand and show what they feel (Kohler 2004, as cited in Levy-Storms 2008, 18).

Also, use any mode of communication in expressing thoughts and feelings. Nonverbal communication aids and assists the patient in expressing himself in a comfortable way such as using gestures or pointing something or writing things down and the nurse will read it aloud. Refrain from guessing what the patient is trying to express (Jootun & McGhee 2011, 45).

Among these strategies, the most commonly used which are identified effectively includes the use of simple and short sentences, use of ‘yes’ or ‘no’ questions and

repetition of messages by paraphrasing. However, speaking slowly is ineffective because some person with dementia forget the earlier part of the conversation and this did not improve understanding of the information delivered (de Vries 2013, 33). Furthermore, every care situation with person with dementia is different. One of the recommended strategies may be applicable in a certain situation that helps the nurse but may not work in other cases (Habertstroh et al. 2011, 408). Therefore, the means to interact successfully with patients with dementia and increase better outcome depends on the capabilities of the nurse to adopt some communication strategies that are useful in care situations (Jootun & McGhee 2011, 45)

6 RESEARCH ETHICAL CONSIDERATIONS, VALIDITY AND RELIABILITY

6.1 Research Ethical Considerations

Ethics refers to various ways of examining and understanding the moral value in life (Moule, Aveyard & Goodman 2017, 101). Ethics is significant in decision making that concerns which one is right or wrong in all human activities. Research ethics covers mainly on complying to the guidelines of daily work, information of published research and safeguarding the dignity and privacy of subjects (Fouka & Mantzorou 2011, 4). In doing a research, nurses need to understand ethical principles and implement this when conducting their own research, also when reading and reviewing a research (Heale & Shorten 2017, 7).

According to Finnish Advisory Board on Research Integrity (2012, 30), research should be written according to the responsible of conduct of research so that the research is ethically reliable, acceptable and has a credible research result. Also, the researcher should maintain integrity and respect the work of other researchers by acknowledging and citing their published works properly. Violating to this responsible conduct of research is referred to as plagiarism. Any borrowed ideas, texts, materials or translations and copy-pasting any text from any publications without recognizing the author(s) are considered unethical and a research misconduct.

In accordance to rules and regulations provided by Lapland University of Applied Sciences, the authors of this research carefully followed ethical guidelines in conducting thesis works. Proper citations of all the articles, books and other published materials were done to give credits to the primary and secondary sources that has been used throughout the research and to avoid any plagiarism errors. In addition, the researchers were aware that the final work will be checked through Urkund plagiarism identification system.

6.2 Validity and Reliability

Validity is another term for truth (Silverman 2013, 301). Validity is the accuracy of data interpretation, so the conclusion will reflect accurately and represent original content that was studied (Yin 2016, 88). In other words, in order for the study to be valid, the data should be analysed and evaluated properly. The study is presented in reasonable and credible way that relates to earlier studies (Silverman 2013, 285). In this study, validity is ensured through proper interpretation of the data collected by the two authors. We worked independently and then compared our works to each other to make sure that the content of information was not corrupted. Also, to ensure consistency and relevance of the data to our purpose and research questions, the limitations criteria were carefully followed.

Reliability is the consistency with which the tool measures what it is intended to (Moule & Goodman 2014, 184, 186). Reliable research demonstrates consistency of collected data of same category done by different or same researchers (Silverman 2013, 302). Lapland University of Applied Sciences provided reliable databases that the researcher was using to collect related articles on this research study. This ensured that the articles retrieved were from reliable sources. Possible database to retrieve evidenced-based articles for this research were from EBSCO CINAHL and Academic Search Elite EBSCO. Also, in the data collection, authors set limit on date of publication of the research within 10 years, it enhanced the reliability of the research and the used content is updated.

In addition, the integrative literature was conducted on our research that authors had gone through five steps to enhance the rigour of the research: problem identification stage, literature search, data evaluation, data analysis and presentation. The data analysis part was highlighted as the thorough and unbiased interpretation of data, which both authors needed to order, code, categorize and summarised each research to draw conclusion. (Whittemore & Knafl 2005, 548, 550). The process was implemented carefully by two authors,

this enhanced the validity and reliability of our thesis and ensure all reviews were presented in our results. Our own private opinions or point of views and personal experiences were not considered to avoid bias of interpretation of data.

7 CONCLUSION

This thesis is conducted to identify and describe therapeutic communication skills of nurses and nursing students in interacting with people with dementia and to identify various methods to improve therapeutic communication skills. The aim of this research is to provide information and knowledge for nurses and nursing students on how to enhance their therapeutic communication skills competence when interacting with people with dementia and how these affects to nurse-patient relationship. This study was done through integrative literature review to examine, understand and summarize relevant studies that have beneficial impact on the development of therapeutic communication skills of nurses.

Peplau's theory emphasized on the therapeutic process of nurse-client relationship that happens when engaging with patient that needs health care services. Peplau's interpersonal relations theory guided us in analysing our data, organized and categorized them accordingly to identify therapeutic communication skills. These essential communication skills can be seen during interventions when delivering care of daily activities, training programs and recommended strategies to further enhance nurse's therapeutic communication and their relationship with patient with dementia. Therapeutic communication in the context of our study involved factors to consider such as cognitive level and behaviour of a person with dementia, care setting environment; the nurse behaviour, knowledge and communication skills that affects interaction.

Based from the results of our research, we found out that therapeutic communication skills of nurses should include verbal and nonverbal communication skills to better interact towards person with dementia. Verbal communication skills such as emphasizing in repetition and rephrasing of speech and sentences, use of simple sentences and asking open-closed questions. These verbal processes were beneficial to people with dementia to absorb information slowly, fill the gap of missing information, get the person's attention during conversation and demonstrate respect towards patients. Researches also analysed the power of using positive statement to enhance the quality of

conversation, particularly to attain emotional and behavioural connection towards people with dementia.

Moreover, our research findings showed that nonverbal communication skills were described as the cornerstone of therapeutic communication towards people with dementia. Researches indicated that nonverbal communication skills if expressed in the right manner will show respect, warmth, responsiveness, empathy and build trust in the relationship between nurse and patient. In addition, listening skills, eye contact and therapeutic touch were mentioned. These had close connection to gain mutual understanding and development of interpersonal relationship in therapeutic level.

Furthermore, the research review results showed that there were various communication intervention training programs and recommended strategies to improve therapeutic communication skills of nurses towards person with dementia. These communication training programs varies according to the content of the training, the methods used, frequency, duration period and applicability to some settings. These training programs shared common aims which helped to enhance nurses' communication skills in a therapeutic level of interaction while delivering care. These were various therapeutic interventions that were useful to nurses during engagement and interactions with patients who were in need of healthcare services such as person with dementia.

This thesis literature review also showed that adapting to suggested communication strategies and participating in communication training programs had significantly improved nurses and other healthcare professional's communication skills. It enhanced their therapeutic communication skills competencies, had better understanding towards dementia care and changes of their behaviour during interaction. On the other hand, it had significant impact on person with dementia's well-being and quality of life resulting to a trusting nurse-patient relationship and positive communication interventions in various healthcare settings.

8 DISCUSSION

The thesis review study we conducted made us aware, improved our knowledge and understand the importance of nursing therapeutic communication skills needed when interacting and caring towards people with dementia. Based from our personal experiences and observation from other healthcare professionals in delivering care towards this patient group, communication was a big challenge. It is the nurse responsibility to act and respond accordingly to guide and help the person with dementia to identify their needs and care when they cannot express their feelings.

In our thesis, the theoretical framework was based on Hildegard Peplau's theory of interpersonal relations. This theory was used to guide us about human interaction and how to establish therapeutic nurse-patient relationship. Peplau's theory has four overlapping phases which discussed the ways to solve problems and facilitate cooperation between nurses and patients. During interaction, it enables nurses to critically assess and understand the need of the patient and change their own personal behaviour towards communication. This influence patient's cooperation and enhance their ability to maintain conversation. Integrating all significant components suggested by this theory are helpful foundation to promote nurse's communication skills and improve the quality of care. As we compared to the results of this study, although the included articles differ in methods of enhancing therapeutic communications skills, their process of interactions relate to the interpersonal relations theory of Peplau.

Therapeutic communication training programs and communication strategies are the key elements to improve therapeutic communication skills of nurses. It helps nurses and nursing students to prepare for interaction towards people with dementia and build nurse-patient relationship. Also, these might have positive impact in improving the quality of life of a person with dementia and enhance their communication and experiences as well.

The results from our thesis are useful to nurses, student nurses, healthcare professionals and even to the family of a person with dementia. However, the

care of a person with or without dementia varies in different culture, thus the results of this study are applicable to those countries that the studies were conducted in the reviewed articles. At present, many countries are becoming more diverse and multicultural and the results of our study are useful to those who wants to apply an evidenced based nursing practice of care. The authors of this literature review consider this work an essential part of contributing knowledge on health promotion of geriatric nursing in the field of nursing research. It helps to improve the quality of life of a person with dementia as well as improving therapeutic communication skills of nurses that results to a better quality of care delivered to this patient group.

Doing the whole process of this thesis were new to both authors. It required time to read and understand unfamiliar contents, methods and process of the research but with the advice and guidance from our supervisors, we were able to follow and work well. Since English language is also a second language to both authors, there were some challenges in understanding and writing some contents. However, we resolved this issue with the use of available resources from the school, read more references and discussed the ideas we have. There were also some challenges with time management because of some personal factors but we were still able to manage and adjust to our own differences.

Despite of our challenges, we also learned a lot in doing this research, we were able to learn gradually the process of conducting this nursing research, able to improve critical way of thinking and able to evaluate previous scientific works and also our own work. Most of all, the research we conducted had contributed in-depth understanding and knowledge to the authors and hopefully, we will be able to apply this knowledge and therapeutic communication skills in the future as professional nurses when working with person with dementia.

The authors of this study suggest that more research should be done in nurse's communication skills towards people with dementia in specific geographical area appropriate for its cultural practices. Also, suggestion for further research to evaluate the strengths and drawbacks of application of therapeutic communication in various cultures. Because the world is becoming more

culturally diverse, nurses should be educated in proper ways to communicate with people from diverse cultures to minimize conflicts and misunderstandings between them.

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APPENDICES

Appendix 1 1(4) Summary of reviewed researches

Title	Purpose and Aim	Method	Main Findings	Authors and Year of Publication
Therapeutic communication training in long-term care institutions: recommendations for future research	This article gives the general view to critique contemporary experimental research and recommendation to future research intervention on nurses' therapeutic communication with older adults with dementia or cognitive impairment	Literature review	Therapeutic communication interventions training with emphasizes on verbal and nonverbal communication behaviours can improve communication among staff and improve quality of life of residents with dementia. Improving these interventions with continuous evaluation and supervision increases staff competence and behaviour; and lower turnover rates.	Levy-Storms, L. 2008
TANDEM: Communication training for informal caregivers of people with dementia	The aim is to develop and evaluate an intervention program or training for nurses to improve the communication with people with dementia.	Intervention study training program	Tandem training resulted to enhancement of communication skills of caregivers by giving importance and increasing use of communication strategies for improvement of quality of life of people with dementia.	Haerstroh, J. Neumeyer, K. Krause, K. Franzmann, J. Pantel, J. 2010
Effective communication with people who have dementia	Description of essential therapeutic communication skills for healthcare professionals and identify any barriers that might affect nurse-patient relationship.	Literature Review	Therapeutic communication skills are essential for nurses to successfully interact with PWD. Nurses should have the ability to adapt process of communication and apply some strategies to enhance quality of care.	Jootun, D. McGhee, G. 2011

Appendix 1 2(4)

Communicating through caregiver singing during morning care situations in dementia care.	The study describes the expression of verbal and nonverbal communication of people with dementia (PWD) and their caregivers during morning care scenarios with and without (MTC) Music Therapeutic Caregiving (MTC	Qualitative Study	Music Therapeutic Caregiving has positive effect during morning care interactions between person living with dementia. It increases communication of both parties and encourage co-operation of person with dementia.	Hammar, L. Emami, A. Engström, G. Götell, E. 2011
Communicating with older people with dementia	It is aimed at examining nurses' communication skills and their knowledge as well as facilitate effective communication strategies as working with demented people.	Literature review	Developing communication skills of caregivers promotes quality of care and improves the quality of life of PWD. Few educational training programmes have been evaluated to enhance communication skills of healthcare professionals.	de Vries, K. 2013
Developing an educational DVD on the use of hand massage in the care of people with dementia: An innovation.	To describe the process of developing a hand massage educational DVD in the care of people with dementia.	Programme development: Design team, Project management and Post production	Therapeutic communication skills of nurses include presence and touch particularly hand massage that improves well-being of patient with dementia. The development of educational DVD of hand massage serves as a learning resource using technology for healthcare professionals, families and of the public.	Tuohy, D. Graham, M. Johnson, K. Tuohy, T. Burke, K. 2015

Appendix 1 3(4)

Conversations between persons with dementia disease living in nursing homes and nurses - qualitative evaluation of an intervention with the validation method.	The aim is to illustrate the actions and reactions of people living with dementia in one-to-one conversations with nurses by applying Validation Method training and videotapes are used to observe the process.	Naturalistic Design (Qualitative Descriptive Method)	Through videotaped observation at the end of validation method training, it can be confirmed that nurses developed their communication skills and also, person with dementia has an opportunity to communicate by using their remaining communication abilities.	Söderlund, M. Cronqvist, A. Norberg, A. Ternestedt, B-M. Hansebo, G. 2015
Interventions to improve communication between people with dementia and nursing staff during daily nursing care: A systematic review.	To provide an updated description of communication interventions in daily nursing care activities, regardless of care settings and its effects on communication outcomes.	Systematic literature review	Four of six studies had positive effects on nonverbal communication while three found positive effects on verbal communication. However, it cannot be identified which intervention is better than other because of its variation in the effectiveness of strategies and its suitability to nursing staff daily care with PWD.	Machiels, M. Metzelthin, S. Hamers, J. Zwakhalen, S. 2016
The VOICE study – A before and after study of a dementia communication skills training course.	Aimed to develop dementia communication skills training course that is useful for health care professional, patients and their relative.	Experimental research Design - Quantitative	The knowledge of dementia communication and confidence in communicating with dementia patients and their behaviour are enhanced after the training program.	O'Brien R. Goldberg S.E. Pilnick A. Beeke S. Schneider J. Sartain K. Thomson, L. Murray, M. Baxendale, B. Harwood, R. 2018

Appendix 1 4(4)

A dementia communication training intervention based on the VERA framework for pre-registration nurses: Part I developing and testing an implementation strategy.	A foundation level of communication intervention training is established to help pre-registered nurses to manage complicated conversations with people with dementia based on Vera framework (training).	Intervention Design	The training program based on VERA framework is useful because nursing students were given opportunity to learn the theory and behaviour change at first and applying it into practice. It enhances the students' knowledge of dementia communication and value the need of training to handle complex challenges in interaction with patients with dementia.	Naughton, C. Beard, C. Tzouvara, V. Pegram, A. Verity, R. Eley, R. Hingley, D. 2018