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Interaction with older people with memory disorders: A literature review

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Abstract

Interaction is the forever tool in the nursing application. It benefits and facilities both patient and nurse relationship. Nurses play an important role in using knowledge of communication and development theory to enhance the growth of the quality relationship.

The purpose of the thesis is to conduct a narrative literature review and suggest effective communication methods for nurses when interacting with older people suffering from memory disorders. The literature review aims to summarize evidence-based literatures from reliable sources on the topic "Interaction with older people with memory disorder" for effective nurse-patient interactions.

The research questions are formulated as follows:
- What kind of studies are available about interactions with older people with memory disorders?

- What are the best practices for nurses to communicate with older people with memory disorders?

Data collection method is literature review: Inclusion and exclusion criteria is used after the keywords are identified, data bases used are SAMK Finna, Google scholar and PubMed. Reliable inclusive articles were evaluated through CASP and inductive content analysis method.

During the analysis process, several themes are identified then divided into categories and explained in detail. The result of this thesis suggests that patient centered care, maintaining boundaries, trust, support and respect and cultural awareness are the important elements in interaction with older people with memory disorders. To conclude, Nurses play a prime role in promoting and facilitating effective communication. with older people with memory disorders.

FOREWORD

This thesis writing process was a new experience for both of us. It took a while to familiarize the contents, methods, and process of the research. The resources from the school, other references materials and discussing the ideas helped us throughout.

We learnt a lot about conducting nursing research, improved our critical thinking, problem solving skills, teamwork, and evaluation of the previous scientific work. Most importantly, the research we conducted enabled us to gain a deep understanding and knowledge of memory disorders, interactions skills and methods which will be handy in the future as professional nurses working with older people with memory disorders.

We are very thankful to everyone who helped us throughout the thesis. At first, we would like to thank our supervising teacher Johanna Kerro for the guidance throughout the writing process. She also encouraged, motivated, and inspired us a lot. Hence, we feel so lucky to have her as our mentor, teacher, and the supervisor.

Finally, the constant love and support from our families and friends made us through completing the thesis. We are very thankful to them.

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CONTENTS

1 INTRODUCTION

Memory disorders are rising worldwide, there are approximately 190,000 people suffering from memory disorders in Finland (THL, 2020). According to the Finnish Social Insurance Institution (KELA) prescription medicines for memory disorders were purchased by 8600 people in 2019 (KELA, 2019). Memory disorder can be referred to the condition when there is impairment in memory and other cognitive functions of the body. Old people with progressive memory disorders are at risk for developing dementia, where they require assistance with everyday activities. Alzheimer stands out as the most common progressive memory disorder, accounting for 70% of cases (Tuomikoski et al., 2022). Other disorders that cause memory problems include cerebrovascular disease, Lewy Body disease, Parkinson's disease with dementia, frontotemporal lobar degenerations, etc. (THL, 2020). Most memory disorders experienced by old individuals exhibit both Alzheimer's disease and cerebrovascular disease characteristics (Tuomikoski et al., 2022).

This is a narrative literature review which revolves around interaction with old people suffering from memory disorders. The idea behind the thesis was chosen from a nurse's perspective, as nurse-patient interaction is a crucial factor in nursing. The interaction can have a positive impact on patient's health by reducing social isolation, low self-esteem, loneliness, and depression. (Cobertt 2014, p.3). It is important for nurses who are taking care of older people with memory disorders to feel positive that being social and having non-clinically oriented conversation can be beneficial in supporting psychological well-being among their patients, and that this can have the same therapeutic value as treatment itself. (Cobertt 2014, p.16). Therefore, good nursing education and awareness is essential for creating a proper interaction with old people with memory disorders.

The purpose of the thesis is to conduct a narrative literature review and suggest effective interaction methods for nurses when interacting with old people suffering

from memory disorders. This aim of the literature review is to summarize evidence-based literature from reliable sources on the topic "Interaction with old people with memory disorder" for effective nurse-patient interactions. The goal of this thesis is to act as an educational reference material for nurses and nursing students when taking care of older patients having memory disorders. Thus, helping the professionals to further develop, enhance and promote their interaction skills.

2 THEORETICAL BASIS

The key concepts were identified after analyzing various aspects related to the topic of the thesis. The key concept includes old people, memory disorders, and methods of interactions. These concepts are further explained in the following subheadings to provide a general explanation and a clear picture.

2.1 Older people and memory disorder

The population demography of world is changing rapidly. The people are living longer, and older people population is mostly in the incline (WHO 2011, National Institute of Aging). According to WHO (2011), anybody above sixty years old can be referred as an old person. The population of people aged 65 or older is growing an estimated 524 million in 2010 to nearly 1.5 billion in 2050, with mostly increment in developing countries (WHO 2011, National Institute of Aging).

According to Käypä Hoito (2016), memory disorders are conditions in which a person's ability to process information, to explore language, and to control action gradually declines over time. A decline in memory function may result from physiological changes in the body (degradation of bodily functions, etc.) or medical conditions such as psychological illnesses such as depression, etc. (National Institute for Health and Welfare 2017). Memory disorders might start appearing as a person gets older. There are many factors that contribute to memory disorders in old people, such as reduction of brain functions, impairment of cognitive abilities, impairment of the physical, mental, and other bodily abilities, etc. (Memory & Aging, 2009). Aheimer's disease, dementia Lewy body disease, Parkinson's disease, and cerebrovascular disease are some of the most well-known memory disorders in the old people (Käypä hoito 2016).

2.1.1 Alzheimer and Dementia

Alzheimer can be referred as a memory disease that causes cognitive decline in the brain over time. Alzheimer might happen with any age range, but it is prevailing mostly among old people (Duodecim 2021). Dementia can be defined as a prevalent memory disorder in older people with the collection of symptoms including memory loss, personality change, and impaired intellectual functions resulting from disease or trauma to the brain (Aigbogun et al., 2017).

Alzheimer's diseases are one of the leading causes of dementia in the old person, according to research it constitutes 60 % of it causes dementia. Studies shows that it is the seventh leading cause of death in the United States of America, more old people are dying, and the number keep rising every year, whiles in Finland 70% of the population within the ages of 60-65years in the year 2010 are old people of which every third person over age 65 has a diagnosis of dementia. As the year age the number of care homes and housing for the old people with dementia increased by 27% (Hynninen et al., 2015).

2.1.2 Lewy body disease

After Alzheimer's disease, Lewy body disease is the second most common degenerative brain disease. Finland has a prevalence of about 5% of the elderly population and about 20% of all memory disorders. Men are slightly more likely than women to develop the disease, which typically begins around the age of 65 (Duodecim 2019).
The onset of Lewy body disease is gradual, with symptoms appearing over a period. Impaired cognitive function and changes in alertness and alertness may be the most common symptoms. Insomnia is marked by recurrent, often-detailed hallucinations. Also depicted are symptoms of Parkinson's disease, such as slowed movement, stiffness, and trouble walking. REM sleep behavior disorders are also common. Short lapses of unconsciousness, as well as falls, confusion, and behavioral symptoms, may also occur in patients with dementia. Memory issues are more common as the disease advances. For most people, the disease progresses slowly but steadily over the course

of about eight years before leading to a loss of independence and eventually death (Duodecim 2019).

2.1.3 Parkinson's disease

Parkinson disease is the second most common neurodegenerative memory disorder after Alzheimer disease. Parkinson disease typically develops between the ages of 55 and 65 years and occurs in 1%–2% of people over the age of 60 years, rising to 3.5% at age 85–89 years (Rizek et al., 2017).

Parkinson disease is a neurodegenerative syndrome which involves multiple motor and nonmotor neural circuits and characterized by two pathologic processes:
- premature selective loss of dopamine neurons resulting in dopamine deficiency (Duodecim 2018).
- the accumulation of Lewy bodies, composed of α-synuclein, which become misfolded and accumulate in multiple systems of patients with Parkinson disease (Rizek et al., 2017).

2.1.4 Cerebrovascular disease

The major risk factors for memory disorder or cognitive impairment relate to or impact of the vascular system. The impact includes hypertension, smoking, obesity, diabetes, hypercholesterolemia, and lack of physical exercise. In addition, many cardiovascular risk factors occur in conjunction with each other, compounding the risk of subtle gray matter changes and subclinical cerebrovascular abnormalities in the brain, leading to memory disorder (Ng et al., 2013).

2.2 Interaction methods

Interaction refers to the ability to communicate effectively in a socially acceptable manner. It is a means for exchange of information, knowledge, and for human relationships with one another. A nurse, who is a member in the healthcare system,

handles caring for older people with memory disorder who can speak or cannot speak and use interaction to thoroughly assess patients' needs and meet them during nursing care (Vertino 2014). The interaction process entails both verbal and nonverbal interaction which starts from birth till the death (Kiessling & Fabry 2021).

Social interactions will foster healthy and sustainable relationships, and they will also call for an active engagement of older people within the society in which older people with memory disorder will find them a part or the community and have more positive feelings (Sen et al., 2022). In addition, this will reduce negative social habits of older people, such as addictive behaviors (Byun, Kim, & Ahn, 2021) or negative feelings associated with the intention to commit suicide, as well as loneliness and abandonment (O'Conor et al., 2016).

The interaction between nurse and patient is a mutual and comprehension-oriented positive discussion and actions which are exchanged between nurse and patient (Tejero 2012). The nurse-patient interaction is an ongoing dynamic process which starts whenever a nurse meets a patient either in the patient's room or during a consultation throughout the delivery of nursing care. Effective NPC (Nurse Patient Communication) is always related to positive patient care outcomes (Bramhall 2014).

2.2.1 Verbal interaction

Verbal interaction is the use of language to transfer and convey information. It supplies a terrific way to convey messages through voice. To effectively interact with patients, nurses need to take into consideration the choice of words, usage of words, the personal elements of patients, volume, etc. to give the best interaction possible, so that they can receive and give feedback for each interaction. The use of verbal interaction enhances the ability to interact, creates opportunities for interaction, and increases brain capacity (Valentina & David 2012).

2.2.2 Non-verbal interaction

Non-verbal interaction involves non-vocal interactions, such as body language, emotional expressions, gestures, and emotional expressions through actions. Non-verbal interaction plays a significant role in interaction. Non-verbal interaction eases verbal interaction as well, allowing elderly patients and nurses to develop interpersonal relationships (Valentina & David 2012). Interaction through nonverbal means is useful for older people who have memory disorders, as it helps them improve interaction and improve their ability to communicate information, as well as allowing them to interact in a more positive way.

3 LITERATURE REVIEW

A narrative literature review is conducted as the purpose is to determine the comprehensiveness of the available data, to identify parallels and contrasts between studies, to describe overall diversity, and to identify any gaps in the literature (Lucas et al., 2007). This literature review is conducted by synthesizing diverse literatures from the reliable databases and academic sources from PubMed, Google Scholar and SAMK Finna into common themes relevant for addressing the research question (Downey et al., 2017). The used literature is chosen based on the topic, keywords, and language of publication (in English and Finnish). The data assessed from the relevant sources are used in different research methods, for example in, inclusion and exclusion criteria, Critical Appraisal Skill Programmer (CASP) method and inductive content method analysis (Long et al., 2020).

Keywords used are Communication OR interaction AND memory disorders, nurse-patient interaction, older people OR aging AND memory disorder.

The theoretical framework describes the keywords of memory disorder, interaction skills and supply information needed to understand the result of the literature review. Initially, the background information about the research topic "Interaction with older people with memory disorders" is assessed from reliable sources.

Synonyms are used to define the keywords for seeking more detailed information. Examples of the synonyms used are, Interaction = Communication, Older people = Elderly = Older adults. Next, it was to identify the key concepts of the thesis, research questions were formulated to explore the topic in depth.

4 PURPOSE AND OBJECTIVES OF THE RESEARCH

The purpose of the thesis is to perform a narrative literature review and to propose effective interaction techniques for nurses to use while interacting with older adults with memory disorders. The aim of the research is to summarize evidence-based literature from reliable sources on the topic "Interaction with old people with memory disorder" for effective nurse-patient interactions. The purpose of this thesis is to deliver as a resource for nurses and nursing students when caring for elderly patients with memory disorders. As a result, the professionals could further develop, improve, and promote their interaction skills.

4.1 Research questions

The research questions are formulated as follows.

I.   What kind of studies are available about interaction with older people with memory disorders?

II. What are the best practices for nurses to interact with older people with memory disorders?

5 IMPLEMENTATION OF THE
LITERATURE REVIEW

The data used in the study were used from reliable sources such as Google scholar, PubMed and Samk Finna. Inclusion and exclusion criteria were used to gather appropriate and reliable data for the narrative review. Out of several articles only fifteen articles qualified the inclusion and exclusion criteria. The articles were then used to proceed to the findings for the thesis. The authors critically apprised the data collected from sources with CASP scales mentioned in Table 3 (i.e., excellent/good/satisfactory). The articles were further analyzed through inductive content analysis to form themes and sub-themes through research questions. During inductive content analysis, the keywords were highlighted at first, and grouped into themes which were again subcategorized into sub-themes. The sub-themes are patient-centered care, maintaining boundaries, trust, support and respect and cultural awareness. And finally, the main themes of the results were formulated which are collaboration and therapeutic relationship. The entire process of analyzing the literature is explained in the following sub chapters.

5.1 The method of narrative literature review

A narrative review as a research method is used to synthesize the literature, accessed from the reliable databases which synthesis key findings into macro categories (Hauer 2016, p.2).

5.2 Inclusion and exclusion

According to Gerrish and Lacey (2013), inclusion criteria are detailed documents that describe the inclusion and exclusion criteria for the search process. Each criterion utilized must be supported by a rationale. The inclusion criteria might include the language of the studies, the date of publication, and the type of publishing (Gerrish & Lacey 2013).

For this literature review, the authors focused on the material that discusses interaction with old people with memory disorders. The databases collected contained peer-reviewed publications, full-text materials, and were freely accessible. The language search for this literature review was conducted in either English or Finnish. There were no timing restrictions for the publications. The inclusion and exclusion criteria mentioned in

Table *1* was used to select the relevant article for this thesis.

Table 1: The inclusion and exclusion criteria of the narrative literature review

INCLUSION CRITERIA	EXCLUSION CRIETRIA
Material that addresses and focuses on the topic.	Material which does not address or are not focused on the topic.
Academic database materials	Non-academic database materials
Peer reviewed article	Article that is not peer review
Materials can be in Finnish and English language.	Materials in a language other than English or Finnish.
No time restriction	Non-dated materials
Full text materials	Materials not available in full text
Free accessible material	Chargeable materials

5.3 Data collection

The literature retrieval relevant to this thesis was made from reliable databases such as PubMed, Samk Finna and Google scholar. They were compared, checked and read by the authors thoroughly so that the duplicate articles were excluded. There was exclusion of many articles because they were not focused on interaction, older people and memory disorders. From them, the remaining 15 articles meet the inclusion area for the research finding of this thesis. The data were critically evaluated, and 15 articles were selected through inclusion and exclusion criteria and CASP with scale "yes/No". The inclusive articles were further investigated through the research questions and authors found that (n=15) articles are the best answers to the research questions.

Table 2 presents the data retrieval summary from the databases. The summary of selected articles with list of authors, country, type of studies, title, date of publications, purpose, and our main findings are presented in the

Table *3*.

Table 2: The literature retrieval summary table

Database	Search terms	Results	Selected articles	Article used
Pubmed	Communication or interaction AND memory disorders	1321	20	5
SAMK Finna	Nurse-patient interaction	98	9	6
Google scholar	Aging AND Memory disorder	2100	80	4
The total no. of articles used				15

5.4 Critical appraisal

Critical appraisal is defined as the process of examining data in depth and systematically to determine its value. CASP is used to evaluate the strength and limitation of qualitative research data and find the best evidence-based information (Al-Jundi & Sakka 2017, pp. 1-5). The tool in CASP holds ten questions which focus on a qualitative study from different methodological aspects (figure 1). The questions in the tool ask the researchers if the research is well presented and meaningful with the adequate research method. Also, CASP is an educational and pedagogical tool that is used in workshops. (Long, French, Brooks 2020, pp. 2-3).

1. Was there a clear statement of the aims of the research?
2. Is a qualitative methodology appropriate?
3. Was the research design appropriate to address the aims of the research?
4. Was the recruitment strategy appropriate to the aims of the research?
5. Was the data collected in a way that addressed the research issue?
6. Has the relationship between researcher and participants been adequately considered?
7. Have ethical issues been taken into consideration?
8. Was the data analysis sufficiently rigorous?
9. Is there a clear statement of findings?
10. How valuable is the research?

Figure 1: CASP qualitative checklist (Long, French, Brooks, 2020, p.3).

The authors went through the CASP checklist tool as shown in Figure 1 to evaluate and answer the data using "yes/no" scale. The questions were read thoroughly to make sure that the articles are appraised clearly and according to the instruction provided in Figure 1 CASP qualitative checklist. However, the authors were unable to find the searching tools within Critical Appraisal Programmed so the researchers came in a decision to categories articles as "Excellent", "Good", "Satisfactory" or "Poor". The score for the categorization of the articles is excellent = minimum scale of eight out of ten (8/10), good = minimum score of seven out of ten (7/10), satisfactory = minimum score of five out of 10 (5/10) and poor = score below 5 (Sanib Mohamed 2019). Table 3 demonstrates the critical appraisal of data in detail with the authors, years, country, title, purpose of the study, type of research, finding and CASP score. The articles used for the finding were from Pakistan, Australia, Turkey, USA, England, Finland, UK, Spain, and Canada.

Table 3: CASP evaluation of the articles used

Authors, year, and country	Title	Type of the research and Purpose	Findings	CASP Score
Bhanji S.M., 2013, Pakistan	Respect and Unconditional Positive Regards as mental health promotion practice. Journal of clinical research and bioethics.	Qualitative study To encourage healthcare professionals to recognize respect and unconditional positive regard as practices that promote mental health.	Interventions to demonstrate respect	Good
Cannin's, D. Rosenberg, J. & Yates, P 2017, Australia	Therapeutic Relationships in Specialist Palliative Care Nursing Practice. International Journal of Palliative Nursing	Qualitative study To explores one key domain of specialist palliative care nursing practice therapeutic relationships that was identified as underpinning other domains of practice.	The Goals of the nurse-patient therapeutic relationship	Satisfactory
Dinc L.& Gastmans C. 2013, Turkey	Trust in Nurse-Patient Relationships: A Literature Review	Qualitative study To present the findings of a review of empirical studies on trust in the nurse–patient relationship.	The professional competencies and interpersonal caring characteristics of nurses were important in developing trust.	Good

Frampton,s., Guastello, B., et al. 2008, USA	Patient centered care improvement guide	Qualitative study To explore methods for integrating compassion into healthcare delivery and organizational culture in order to satisfy patients' expressed desire for empathic and respectful human interactions.	Principles of patient centered care	Good
Jane Roberts, Gaynor Fenton, Michaela Barnard 2015, England	Developing effective therapeutic relationships with children, young people and their families	Qualitative study To conducts a critical review of the therapeutic relationship between the children's nurse, child and family, identifying areas for practice development.	Characteristics of therapeutic communication Challenges of therapeutic communication	Good
Jones & Bartlett 2009, Australia	Nurse-patient relationship	Qualitive studies To report a literature review on the meaning of trust in the context of patients' nursing experiences.	Nurses nurture trust between patients and nurses by representing positive behaviors.	Good

| Kitson et al, 2013, Australia | What are the core elements of patient-centered care? A narrative review and synthesis of the literature from health policy, medicine and nursing | Qualitative study

To identify the common, core elements of patient-centred care in the health policy, medical and nursing literature | patient participation and involvement, the relationship between the patient and the healthcare professional, and the context where care is delivered. | Good |
|---|---|---|---|---|
| Mattila, Kaunonen, Aalto et al., 2010, Finland | Support for Hospital Patients and Associated Factors. | Qualitative research

To describes hospital patients' perceived access to emotional and informational support from nursing staff. A further concern is the relationships between patient background factors. | Identifying emotional support | Good |
| Mc Cabe, C. & Timmins, F 2013, UK | Communication Skills for Nursing Practice | Qualitative study methods

Introduction to essential communication skills with an emphasis on practical application within modern healthcare settings. | Therapeutic interaction supports patients' feelings | Good |

Nursing and Mid Wifey Council (NMC) 2020, UK	The Code: Professional standards of practice and behavior for nurses, midwives and nursing associates	Qualitative study Contains the professional standards that registered nurses, midwives and nursing associates1 must uphold	Maintaining boundaries in nurse-patient relationship	Excellent
Chang et al., 2013, USA	Transforming primary care training--patient-centered medical home entrustable professional activities for internal medicine residents	Qualitative study method Address two key questions regarding the training of internal medicine residents for practice in PCMHs. First, what are the educational implications of practice transformations to primary care home models? Second, what must we do differently to prepare internal medicine residents for their futures in PCMHs?	resident workplace competencies, teamwork, continuity of care, assessment, faculty development, 'medical home builder' tools, and policy	Good
Sandhu et al., 2012, UK	Experiences with treating immigrants: a 32 qualitative study in mental health across 16 European countries.	Qualitative study method Examine the experiences of professionals delivering care to immigrants in Europe's immigrant-dense districts.	Culture awareness and culture different in nurse and patient relationship	Satisfactory

Spector RE, 2010, USA	Cultural Diversity in Health and Illness.	Qualitative study methods Explains the theoretical models underlying Cultural Diversity in Health and Illness.	Different cultural backgrounds can make it difficult for patients to comprehend various illnesses, diseases, and symptoms.	Good
Taylor 2022, Spain	Defining and characterizing the nurse–patient relationship: A concept analysis	Integrative review of article Define the concept of the nurse-patient relationship	Definition of attributes of nurse-patient relationship	excellent
Newman 2005, Canada	Too close for comfort: Defining boundary issues in the professional client relationship.	Qualitative content analysis To provide guidelines for the protection of the public. Components of the relationship between personal support workers and clients	Duty of nurse in maintaining boundaries between nurse and patient	Good

5.5 Inductive content analysis

The authors implemented qualitative content analysis to form the findings and obtain answers about the research questions formed beforehand. Content analysis can be used in either an inductive or deductive way, using qualitative or quantitative data. The inductive content analysis is used to identify concepts, categories, and themes from the study data, while the deductive content analysis uses either a structured or unstructured matrix for analysis, based on the study goals (Kyngäs et al., 2020, pp. 15-16).

A qualitative study with an inductive starting point is known as an inductive content analysis. This means the approach to data collection is open and follows many loosely defined themes. It can be used when the phenomenon under study has not been explored in prior studies or if prior knowledge is fragmented. Inductive content analysis involves three phases: data reduction, data grouping, and the formation of concepts that can be applied to answer research questions. Therefore, content analysis is used for data abstraction. (Kyngäs et al., 2020, pp.19).

5.6 Analysis process of the thesis

An inductive content analysis method was used in this thesis. First, the authors read each of the 15 articles included. All the information which was related to the thesis was first highlighted in the article. The materials were read and reread to fully comprehend them. Keywords were highlighted during this process of reading. They were later grouped into themes. Those coded points were documented for discussion then they were later grouped into subcategories. To facilitate sub-theme categorization, all codes that were linked together or related to one another are grouped together, including: patient-centered care, maintain boundaries, trust, support and respect and cultural awareness. These sub-themes were further divided into main themes, such as collaboration and therapeutic interaction. The content analysis process is shown in Table 4.

Table 4: Data analysis process

Sub-theme	Main theme	Research question
Patient centered care Maintaining boundaries	Collaboration	I. What kind of studies are available about interaction with older people with memory disorders?
Trust Respect and support Cultural awareness	Therapeutic relationship	II. What are the best practices for nurses to interact with older people with memory disorders?

6 RESULT

The findings are presented above in Table 4 based on fifteen articles relevant to this literature review. The articles chosen were analyzed in depth through research questions. The inductive content analysis comprises of the two main themes collaboration and therapeutic relations with the sub themes: patient-centered care, maintaining boundaries, trust, respect and support and cultural awareness.

6.1 Collaboration

Analyzing various findings from the literature review demonstrate the collaborative interaction with older people with memory disorders requires nurses to have several competences such as patient centered care and maintaining boundaries.

6.1.1 Patient centered care

Patient-centered care is defined as "effective collaboration between patients and health care professionals." (Chang et al., 2013). To identify and satisfy the full range of patient needs and preferences. The Picker Institute established eight principles of patient centered care (1) respect for patients' values, preferences, and needs, (2) coordination and care integration, (3) information, interaction, and education, (4) physical comfort, (5) emotional support and alleviation of fear and anxiety, (6) involvement of family and friends, (7) transition and continuity; and (8) access to care (Frampton et al., 2008).

A study by Kitson et al. (2013) identified three core themes for patient-centered care. The first theme is patient participation and involvement. In this theme, patients should have control and actively participate in the care given. The care plan should be customized to the needs, preference and values of the clients. The follow-up and continuity care agreements for the older people are the responsibility of the nurses. The care of old people with memory disorders should address the patient's physical

needs, emotional needs, spiritual needs, cultural needs and provide comfort and relieve stress, worry and anxiety. (Kitson et al., 2013, 10–11.)

The second theme is the relationship between the patient and the health professional. There should be a real and genuine relationship with comfort and open communication that will allow patients to share knowledge, information, feelings, and clinical expertise. The patient's experiences are important things to be considered so feedback mechanism should be established to measure patient experiences. Personal attributes such as politeness, positivity, respectfulness, empathy, trustfulness, and sensitivity should be included with the skills and knowledge of the health care professionals. The teamwork and relationship between multi-professionals should be cohesive and cooperative (Kitson et al., 2013, p 10–11).

The last theme or the third theme of patient centered care is where care is provided. There is presence of systemic, organizational, and environmental issues that allow or prohibit the practical significance of patient-centered care. The challenge is to put the policy into practice alongside issues of evidence-based care, patient safety, and patient's rights and responsibilities. There are the barriers in adaption of patient centered care such as lack of time, staff, equipment, and a more reductionist nursing philosophy. (Kitson et al., 2013, 10–11).

Therefore, multi-professionals should cooperate with each other by discussing, consulting, and sharing information concerning to the patient to facilitate and foster the delivery of patient care (Carver & Jessie 2011).

6.1.2 Maintaining boundaries

The nurse-patient relationship is the important foundation of successful care and treatment. This relationship involves a certain level of intimacy such as touching, disclosure of personal information by the patient about their health, feelings, and concerns to the nurses (Taylor 2002). It is therefore imperative to maintain therapeutic relationships with trust, respect, and care. It should be based in accordance with the health care needs of the patient (Nursing and Mid Wifey Council (NMC) 2012).

The boundaries between nurse and patient for this rehabilitative approach contributes crucial factor in maintaining therapeutic relationship. The NMC code (2012) implies that nurses should always maintain professional boundaries". Nurses must always maintain appropriate professional boundaries in the relationships with patients. Nurses must ensure that all aspects of the relationship solely focus exclusively upon the needs of the patient or client" (NMC code 2012, clause 2.3.)

The nurses are obliged to maintain and set the appropriate boundaries within the relationship between nurse-patient. The nurses have a major duty in informing and making the clients or patients realize when their need and demands are beyond the therapeutic relationship. Any activity that is deemed a breach of the boundaries between nurse-patient should be included in the care plan of the patient who the nurse is taking care of. This will help to solve the possible scenario and improve the therapeutic relationship between nurses and patients (Newman 2005.)

6.2 Therapeutic relationship

The other finding indicates maintaining therapeutic relation is the most important aspect in nurse-patient interaction especially with older people with memory disorders. The core theme of the therapeutic relations are trust, respect and support and cultural awareness.

A nurse-patient therapeutic relationship can be defined as the relationship where the patient feels comfortable and safe to open and being honest with the nurse (Nicole 2015). The therapeutic interaction is not only limited to curing disease but instead showing empathy, care and warmness which will help the patient to feel secured and relaxed with the sense of confidentiality (Mc Cabe, & Timmins 2013). The main goal of the therapeutic relationship between nurses and older people is to develop effective relationships and interaction with positive outcomes. (Canning, Rosenberg, & Yates 2016).

The therapeutic relationship is achieved when the nurse is caring, honest, open, welcoming, and warm. For the positive cultivation of therapeutic relationship, there is a key role of nurse where nurse will employ listening and questioning techniques along with providing information, open discussion, giving support, showing empathy, and ensuring care. Therefore, to enhance and support the therapeutic relationship with older people with MD, nurses must be skilled listeners and interactors (Bach & Grant 2011, cited by Robert et al., 2015).

6.2.1 Trust

Trust is one of nursing's most important assets and the foundation for a therapeutic relationship. As the foundation of any interpersonal relationship between nurse and patient, trust must be established. Nurse-patient relationships require trust to reduce patient anxiety and give the patient a sense of control. To effectively meet the needs of patients, trust must exist Patients attest to the importance of trust in their nurses" and "measurement of this trust is significant to include in the assessment of nursing care quality" (Dinc L.& Gastmans C. 2013).

Nurses facilitate trust between patients and nurses by portraying positive characteristics. In the first place, an active listening approach is crucial which allows the patient to express themselves, feel understood, and feel cared for. Nurses should be honest, respectful, and consistent toward older people which will makes them valued as a person and gives a sense of comfort leading to effective communication.

Moreover, it is imperative for a nurse to have an accepting attitude, which enables older people to open about themselves, which is beneficial to the nursing plan. Therefore, trust is therefore very crucial in this relationship without which it would be difficult to effectively meet the needs of a patient or enhance the patient's satisfaction with nursing care. (Jones & Bartlett 2009)

6.2.2 Respect and support

The foundation of good therapeutic relationship between nurse-older people is established when they are supported, accepted, and respected. Stuart 2009 mentioned that acceptance means viewing patient's action as coping behaviors which that will change when the patient becomes less threatened and learns more adaptive ways. Having a sense of companionship, showing respect, and showing patience is necessary to foster a nurse-patient therapeutic relationship. Therefore, despite the belief, behavior, needs and habits of the patient, nurses should accept and respect the patient. In this regard, a trusting relationship can be established. If the patient feel that they are respected, accepted and not stigmatized, they feel dignity and empowered (Bhanji 2013).

In order to convey respect to patients, nurses should take their concerns seriously and accept their problems. Bhanji (2013) also stated that there are four interventions to demonstrate respect: 1) acknowledging the patient's suffering and distress; 2) being non-judgement to the patient; 3) not over-powering the patient and 4) viewing the patient as knowledgeable.

The characteristics of good nurse-patient interaction includes providing privacy and silence to the crying patient, genuine laughter, or gesture of happiness, maintain patient's secret and privacy, apologizing for any unintentional harm caused by phrases, accepting the anger or stress expressed by the patient and not taking the behavior personally. Therefore, positive regards and respect gives older people freedom and the opportunity to expresses their feelings, stress, concerns, and thoughts without fear of being disrespected or stigmatized. (Bhanji 2013).

Support can be defined as an interactive method of giving and receiving between patient, nurses, caregivers, and family members. Patient and family members need support in an emotional and informational level. Emotional support includes feelings and expressing care, empathizing, actively listening, respecting and human dignity. Moreover, informational support involves provision of information, counselling, and advice. Lack of social support may lead to patient isolation, depression, loneliness, and loss of meaning in life (Mattila, Kaunonen, Aalto et al., 2010).

6.2.3 Cultural awareness

The one of the challenges for the foundation of therapeutic nurse-patient relationship is cultural diversity (Fatahi et al., 2009). It is crucial for health care provider to respect patient's culture and beliefs to maintain trust. Due to diversity in culture, language and country, patients from different background have difficulty in developing confidence and trust towards the health care (Sandhu et al., 2012). Moreover, cultural differences and less cultural awareness may lead to mistrust and misunderstanding, which may have complications on nursing diagnosis and treatment.

The diverse cultural background can make patient difficult to understand several illness, diseases, and symptoms. The cultural awareness is achieved by the nurse when they understand the differences between themselves and the people from different background and culture. The fore, to achieve the cultural competences nurses should be first aware of the similarity and differences and then approach patient with acceptance and respect (Spector 2010).

6.3 Summary of the results

As a result of research findings, the authors have identified important interventions which allows older people to express their feelings and thoughts to nurses in an environment that fosters collaboration and the therapeutic relationship. Therefore, the two main themes identified in the thesis are collaboration and the therapeutic

relationship. The collaboration is defined through sub themes which are patient-centered care and maintaining boundaries.

Kitson et al. (2013) has defined and explained three core elements for the patient centered care such as (1) patient participation and involvement, (2) relationship between patient and health professionals, (3) where the care is provided. In addition, maintaining boundaries plays an important role in the therapeutic relationships. Older people with memory problems should be emphasized, respected, accepted, and cared and nurses must ensure that the relationship between nurse-patient to focus on the requirement the patient (NMC code 2012).

Based on the articles discovered on therapeutic relationships, by Nicole (2015), Canning, Rosenberge & Yates (2016) and McCabe & Timmins (2013) the authors gathered indications that nurses play a crucial role in the therapeutic relationship. Nurses should not only provide treatment but demonstrate empathy as well to make the older people feel secure and comfortable. It can be achieved by allowing them space to trust and open up their concerns and thoughts. This helps to improve treatment outcomes and social interactions (Canning, Rosenberge & Yate 2016).

The three most important aspects of a therapeutic relationship are trust, respect and support, and cultural awareness. Trust is a crucial factor in maintaining therapeutic relationships which is achieved by the demonstration of positive personalities and active listening (Jones & Bartlett 2009). Despite the belief, background, and culture the older people should be accepted, cared and empathized positively through respect and support (Bhanji 2013). Cultural and linguistic differences may act as a barrier between nurses and patients. The barriers might have significant impacts on patient's first impression of the nurse and may also affect the trust development process between nurse-patient to form a positive relationship, especially in caring of older people with memory disorders. Therefore, non-verbal communication such as touch, gestures and facial expressions plays an important role in nurse-patient relationship (Bhanji 2013). Furthermore, to avoid any misunderstanding or mistrust due to cultural differences, nurses should have cultural competences as a skill and awareness of cultural similarities and differences (Spector 2010).

7 ETHICAL GUIDELINES AND RELIABILITY

It is crucial to protect participants, ensure the integrity of research, and ensure that it is reliable. Therefore, every study must consider ethical issues. Aside from promoting the goals of research, ethical norms also promote knowledge, truth, and accuracy. To protect the ethical conduct of research, many organizations have adopted codes, rules and policies concerning research ethics (Rensik, 2011, pp. 2-3).

The ethical guidelines for thesis writing at (Ammattikorkeakoulujen rehtorineuvosto 2017) outlines that ethical research is allowed and privacy statements are needed. The sources of this thesis are reliable and cited appropriately. Knowledge of the thesis topic was taken into consideration, and the thesis was made original as possible, according to university applied science ethics guidelines. TENK (Finnish Advisory Board on Research Integrity), which is the guideline the author should be familiar with to follow this guideline. There was no conflict between authors and supervisors about topic interest (Website of SAMK 2022).

Paraphrasing and referencing the work of other researchers was done to avoid plagiarism in this research paper according to the SAMK referencing guidelines. Any information that is taken from literature review articles or other online sources are credited where credit is due throughout the thesis writing process. The researchers attended several thesis seminars as part of the thesis process, to receive feedback from supervisors to see their classmates' presentations for future references and learn more about how to make relevant theses (Website of SAMK 2022). The findings during the research process were carefully, honestly, and truthfully noted and described further.

One of the challenges the researcher finds in a narrative literature review is reliability. With the reliability of research reviewed the reliability of narrative literature review will depend. The researcher did not quote or write any sentences with their own opinion. All the research and studies for the thesis writing were from evidence-based articles and scientific resources and academic databases such as PubMed, google

scholar and SAMK Finna. The articles which were used in the thesis were from different country however the article chosen were based on English or Finnish language.

8 CONCLUSION

As there is a rapid increment in memory disorders among older people worldwide, nursing-patient interaction is an integral part of nursing care. The authors have chosen narrative literature review as a part of the study for the thesis writing. The objective and purpose were formulated, different research questions were formed, the data based were accessed, different research method for example, inclusion and exclusion criteria, CASP method and inductive content method analysis were used as a qualitative analysis in the writing process. CASP tool was used to evaluate the data because to focus on the relevant articles to address the research questions. Similarly, inductive content analysis was used due to the limited expertise of the authors in relation to the research topic. Moreover, the ethical guidelines provided by the school were implemented in this study process.

The authors discovered limited studies and few recurrent research articles and studies related to interaction with older people with memory disorders. Most of the research are related only to dementia and Alzheimer as a target group (older people) but there was very few research related to interaction with older people with memory disorder. Most of the research were based on communication but not on interaction. Hence, communication has been used as interaction, but these terms might not be the synonyms to each other. Only most common memory disorders were described and used in this thesis focusing on interaction with older people, however the spectrum of the memory disorder is not limited only to the disorders mentioned within this thesis. There were also some gaps in the key concepts, findings, and conclusions among the existing literatures.

The results were formulated into different themes through fifteen articles which were gathered inclusively. The main themes were defined through different subcategorization of sub-themes. It was found a good collaboration is essential in maintaining nurse-patient relationship. Patient centered care and maintaining professional boundaries are the essential components to achieve effective collaboration. Moreover, therapeutic relationship was discovered to foster the

interaction with older people with memory disorders. The therapeutic relationship is only successful when there is trust, respect and support and cultural awareness.

The authors agree that therapeutic relationship is center to the nursing practice. Maintaining trust, showing respect and support and cultural awareness plays a vital role in interaction. The nurses should pose competences and skills such as communication (verbal and non-verbal), acceptance, frankness, empathy, honesty and cultural awareness in order to develop trust and to support interaction. However, maintaining professional boundaries and patient centered care are essential part of nursing to maintain quality interaction with older people with memory disorder.

The authors suggest more research to be conducted on nurses' interaction skills to evaluate the strengths and challenges in nursing practice with older people with memory disorders in different geographic areas with diverse cultural practices and beliefs. As the world becomes more culturally diverse, nurses should acquire skills and knowledge to communicate and interact effectively with older people with memory disorders from diverse cultures to prevent mistrust, conflicts, and misunderstandings.

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