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A systematic literature review on Nurses' and Health Care Support Workers' experiences of caring for people with dementia on orthopaedic wards:

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Abstract

Aims and objectives: To review literature on nurses' and health care workers' experiences of caring for patients with dementia on orthopaedic wards.

Background

Dementia is a condition that affects a large number of the older population worldwide. It is estimated that there are 47.5 million people worldwide living with dementia, with 4.6 million new cases being diagnosed annually. This number is said to increase to 75.6 million by 2030 and triple by 2050. From these statistics, it is clear that some people with dementia may be admitted to orthopaedic wards with various injuries. Consequently, it may be difficult to care for confused and vulnerable patients with dementia in orthopaedic ward.

Design

A systematic review.

Methods

An extensive literature search using; CINAHL, MEDLINE, Academic Search Complete, NHS Evidence, websites like Department of Health, Dementia and Alzheimer's Society.

Results

There were several articles on dementia in general, but after exclusion criteria, only 14 articles were found and reviewed on care of patients with dementia in acute hospital settings. None were found on care of patients with dementia on orthopaedic wards. The main themes identified were; challenging behaviour and unsuitable care environment; lack of education on dementia; strain from nursing patients with dementia; ethical dilemmas arising from care of people with dementia.

Conclusion

It would be an over-simplification to say that the care of people with dementia on medical wards is the same as the care of trauma patients with dementia. Therefore, there is a need for a study to explore nurses' and health care worker's experiences of caring for trauma patients with dementia on orthopaedic wards.

Relevance to clinical Practice

The results of this study could provide guidance on the effective care of patients with dementia on orthopaedic wards.

Keywords

Alzheimer's, dementia, orthopaedic ward, Registered Nurses, Health Care Support, patients, NHS, older people, confusion, behavioural, aggression.

Introduction

Dementia is a general term used to describe various symptoms of the brain disorders caused by structural and chemical damage to the brain cells leading to symptoms that are characterised by loss or decline in memory, impaired ability to communicate and gradual loss of skills needed to carry out activities of daily living (Dementia UK 2014, Alzheimer's Society 2014). Thus people with dementia

may have problems communicating their needs and may not be able to make sense of what other people are communicating to them (Eriksson and Saveman 2002). Although dementia can affect all age groups depending on the causes, the incidence increases with age. It may occur from the age of 65 accounting for one in fourteen cases, but it is most common in people over 80 years of age accounting for one in six cases (Department of Health 2009, Dementia UK 2014). There are various types of dementia of which Alzheimer's disease accounts for two thirds and the remaining one third of cases include; Vascular dementia, Lewy body, Fronto-temporal dementia, Parkinson's disease, Down's syndrome and chronic alcoholism (Birch and Stokoe 2010, Dementia UK 2014 and Goff 2000). People with dementia need help and protection because they are vulnerable due to their cognitive, emotional and behavioural deficiencies (Berg et al 1998). The terminology in this paper of dementia is intentionally broad and therefore includes any types which nurses and health care support workers encounter on a day-to-day basis.

Background

It is estimated that, there are 47.5 million people worldwide living with dementia, (WHO 2015; Alzheimer's Society 2014; Dementia UK 2014). This number is predicted to increase to 75.6 million by 2030 and triple by 2050. In UK alone, there were about 815 827 people with dementia in 2013/2014 and that it will reach 856 700 by 2015 (Dementia UK 2014, Alzheimer's Society 2014). It is also estimated that the cost of dementia care in UK is approximately £26.3 billion per annum and that this cost will continue to increase due to an increase in dementia care (Alzheimer's Society 2014). These factors indicate that dementia is a condition that affects a large number of the older population in the UK and as a result it is an important health and social care concern. According to Alzheimer's Society's (2008) survey, 14% were admitted following a fall, 12% had broken bones, 9% for urinary tract infection, 7% for chest infection and another 7% for stroke. It is evident from these statistics that some people with dementia may be admitted to orthopaedic wards and may display behavioural and psychological symptoms such as aggression, confusion and screaming (Boebasi et al 2010, Rodney 2000). Consequently, it may be difficult to care for patients with behavioural and psychological symptoms on orthopaedic wards.

The care of older people in general has been subject to criticism. For example, a report in February 2011 by the Health Ombudsman reported that 'National Health Service (NHS) is failing to provide even most basic standard of care for older people' (Alzheimer's society 2011 press release). However such reports are not new, the care of older people has been subject to criticism as early as 1990 (Norman 2006). It was for this reason that the Department of Health introduced the National Service Framework for Older People whose aim is to improve the care given to older patients. However according to Francis's report (2013) on the Staffordshire Public Inquiry, previous inquiries had provided 'theoretical' ways of improving the care but no tools for improvement were identified. The report also found that most of 'occupants' in the NHS hospital wards are older people, therefore, there is need for nurses to be trained in care of the older people as a specialist area. Registered nurses play an important role in the care of patients with dementia in acute settings, they are responsible for assessment, planning and implementing care while delegating and supervising Support Workers. However, how nurses and Support Workers are able to manage their daily routines while accommodating patients with dementia on orthopaedic ward remains unexplored from their perspective.

Aims and Objectives:

To review literature on nurses' and health care workers' experiences of caring for patients with dementia on orthopaedic wards.

Method

An extensive literature search was carried out using CINAHL, MEDLINE, Academic Search Complete, NHS Evidence, websites like DoH, Dementia and Alzheimer's society using the following key words: dementia, registered nurses' experiences, health care support workers' experiences, caring, and orthopaedic wards. The search span was first limited to publication from 2000 to date, due to limited articles on care of the older people on acute hospital setting; the search was extended to publication from 1998. This yielded three relevant articles as identified by the inclusion criteria from late 1990s (Holst et al 1999, Tolson et al 1999, Stanley et al 1998)

on care of the older people in acute hospital settings and were included in this literature review. The search strategy included manual searches of journal, article, and references from previous review. Keywords used in the search were: Alzheimer's, dementia, trauma, orthopaedic ward, Registered Nurses, Health Care Support, patients, NHS, older people, research, confusion, behavioural, aggression. Inclusion criteria were: papers with clear methodology, research conducted in acute settings, papers written from 1998 to 2014, peer reviewed journals. Papers were excluded if they were not in English as it would have proved expensive to get interpreter services, paper written before 1998, as they would be out of date, paper not in acute settings as these were not applicable to orthopaedic wards.

Results of literature search

The search initially yielded 3832 papers, Only 14 primary research articles were found on care of patients with dementia in acute hospital settings (Clissett et al 2013, Cowdell 2010, Moyle et al 2010, Edberg et al 2008, Fessey 2007, Nolan 2007, Borbesi et al 2006, Norman 2006, Andersson et al 2003, Cheek and Gibson 2003, Ericksson and Saveman 2002, Holst et al 1999, Tolson et al 1999, Stanley et al 1998). Two systematic review papers (Birch and Draper 2008, Cunningham and McWilliam 2006) and Lots of other secondary articles, documents and guidelines on care of patients with dementia were reviewed which helped to find some primary research. No published articles were found on nurse's experiences of caring for patients with dementia on orthopaedic wards. This scarcity of literature suggests that there is a need for research into nurses' and health care support workers' experiences of caring for trauma patients with dementia on orthopaedic wards. The process of the search is summarised in figure1. [The reviewed papers were subjected to a process of systematic analysis to determine validity and reliability. The results are outlined in table 1.](#)

Findings

[Comparative Thematic Analysis](#) was used to come up with broader themes for this review. The main research papers were read thoroughly in order to become familiar with the subjects. Then, initial codes were made using some common words from the reviewed papers, thereafter themes were created, reviewed to arrive at the four main themes which are; (1) challenging behaviour of patient

with dementia and the unsuitability of the environment for care of patients with dementia; (2) lack of education on dementia; (3) the strain of nursing patients with dementia; (4) the ethical dilemmas arising from care of people with dementia.

Challenging behaviour of patients with dementia and the unsuitability of the environment for care of patients with dementia

When discussing dementia care in an acute setting, Cowdell (2010) states that people with dementia find hospitalisation very frightening because of the decline in their mental capacity. As a result they are not able to understand the situation they find themselves in. Cowdell (2010) goes on to suggest that due to anxiety about the new environment, people with dementia may portray behaviour that can be challenging to staff. Similarly, Nolan (2007), Cunningham and McWilliam (2006) found that the general hospital settings were not well adapted for people with dementia and as a result it worsened their confusion and distress. Cheeks and Gibson (2003) also suggest that ward environments are not suitable due to their layout and structure, patient mix, routine, lighting, noise and constant traffic from the multidisciplinary team caring for patients. This is also echoed by Goff (2000) who states that patients with dementia are overwhelmed by the activities on wards, such as phones ringing constantly and call bells buzzing. As a result, they are horrified by the ward environment and their confusion worsens leading to challenging behaviour. However Andrews (2013) states that this may be overcome by having dementia friendly wards.

Due to the 'fast-paced environment' and increased work load, nurses may have little time in acute settings, to reassure a patient with dementia who has challenging behaviour, therefore making the situation worse for the patient and leaving nurses feeling ill-equipped to care for a patient with dementia (Clissett et al 2013, Moyle et al 2010 and Cunningham 2006). According to Eriksson and Saveman (2002), due to the lack of time for reassuring and calming patients in acute settings, patients have been known to become physically violent against staff. Moreover, most acute settings have their own routine which nurses and health care workers should meet before the end of their shift (Moyle et al 2010). Having two or more patients with dementia may increase their workload due to their wandering behaviour (Cunningham 2006). However, Tolson et al (1999) in their study found that most patients with dementia who were admitted

found acute wards potentially threatening. As a consequence, patients wandered around the ward in the hope of finding their way to their home, thus disturbing other patients and staff. As a result some staff were forced to lock ward doors to prevent the patients from leaving the ward and this was frustrating to other patients who were capable of leaving the ward freely (Eriksson and Saveman 2002).

Lack of training in dementia

Available evidence highlights that most staff in acute setting have little or no training in the care of older people to equip them to care for patients with dementia (Clissett et al 2013, Birch and Stokoe 2010; Birch and Draper 2008; Cunningham and McWilliam 2006; Eriksson and Saveman 2002). This is also in line with Atkin et al (2005) who identified that general nurses perceived themselves as lacking the skills needed for management of people with mental issues associated with dementia. Eriksson and Saveman (2002) develop this further by stating that the perceived lack of knowledge led to nurses feeling powerless and stressed when dealing with patient with dementia. Goff (2000) goes on to suggest that appropriate staff education, a multidisciplinary approach and provision of suitable environment can have a positive impact on the care of patients with dementia in acute settings.

Furthermore, Eriksson and Saveman (2002) identified that the level of staff knowledge on dementia had an effect on nursing care. They also highlight that, nursing staff that had some form of training were able to understand patients' behaviour better and were able to assess patients appropriately, thereby helping patients before they became distressed. They also suggest that, on the other hand, nursing staff with no training avoided patients with dementia due to problems with communication and left them until last as they took more time trying to communicate their needs. This is in line with Cunningham and McWilliam (2006) who state that well-trained nurses are able to communicate effectively with patients with dementia because they utilise taught skills.

Cheek and Gibson (2003) in their study discovered that their participants did not have enough knowledge and skills to help them care for the complex needs of patients with dementia in acute settings. They go on to state that, although most nurses had a good knowledge of acute care for other general conditions, few or no nurses were trained in care of the older people or dementia which

made it difficult for them to provide care which would achieve best outcomes. Cheek and Gibson (2003) concluded that older people patients were on acute wards where nurses had no knowledge of ageing process, physiological changes, nutrition needs and drug interaction, thereby putting these vulnerable people at risk of mismanagement. Similarly, Borbasi et al 2010 draw attention to staff education and state that well-trained nurses are able to manage patients with dementia effectively, hence avoiding stress and burnout. This was also put forward by Clissett et al 2013 and Berg et al (1998) who concluded that any form of educational intervention for nurses, on dementia, increased their ability to reflect and implement their knowledge on the care given to the patients.

Strain from nursing patient with dementia

Edberg et al (2008) identified various issues that contribute to strain for nurses caring for people with dementia and found that challenging behaviour is one of the factors. Their study show that nurses caring for people with dementia were stressed by 'behavioural and psychological symptoms of dementia (BPSD)' such as screaming, yelling and aggression. Similarly, Eriksson and Saveman (2002) also found that disorderly conduct in patients with dementia led to burnout of nursing staff both physically and mentally and led to ethical conflicts as nurses were not sure what to do with such behaviour. Following on from this, Borbasi et al (2010) state that some staff developed psychological distress which led to long-term sickness and this was due to aggressive behaviour of patients with dementia. Due to loss of communication skills, people with dementia may transfer their feelings to people caring for them through projection; this may lead to frustration for the caring team (Dewing 2003, Eriksson and Saveman 2002).

Cheek and Gibson (2003) also found that patient mix on acute wards increased the work load and led to other patients without dementia not receiving appropriate care as staff concentrated on the care of patients with dementia in order to prevent them from leaving the ward or hurting themselves. As a result, nursing staff found their work both emotionally and physically demanding (Andren & Elnastahl 2008). This led to nurses feeling frustrated because, in most cases, they were not able to stop people with dementia from disturbing other patients on the ward (Eriksson and Saveman 2002). According to Clissett et al (2013) healthcare professionals

promoted worked very hard to promote feelings of attachment and inclusion, although there was little evidence that the professionals supported a sense of identity, occupation and comfort.

Tolson et al (1999) state that reaching and connecting with patients with dementia is impossible due to their cognitive impairment; this makes it difficult for nurses and relatives which leads to frustration. Berg et al (1998) also state that due to decline in memory, patient with dementia are not able to have a good nurse-patient relationship thus there is no mutual understanding, which makes it difficult for the patient to understand what the nurse is communicating and vice versa. They go on to say that, as such, the difficulties in interpretation of patients' needs may lead to work-related problems like stress, burnout and withdrawal, thus affecting the care. Norman (2006) also found that nurses' perception of dementia had an effect on their experience with people with dementia. Along similar lines, Andersson et al (2003) highlight that nurses had problems understanding patients' behaviour, thus were unable to interpret the patient's actions and therefore the relationships were not perceived as reciprocal.

Ethical dilemmas arising from care of people with dementia

Nurses caring for people with dementia often face ethical dilemmas because some patients with dementia will resist nursing care due to their mental status; as a result nurses find themselves in situations where they have to choose between two difficult positions: whether to administer care against the patient's will or leave the patient alone (Bolmsjo et al 2006, Fessey 2007, Ericksson and Saveman 2002). Nurses may find it difficult to tell whether the patient with dementia is in control of their life. For example, the person with dementia may not want to have a wash because they are not well, but the nurse may not be sure whether the patient is making the right decision (Kalis et al 2004). Kalis et al (2004) also found in their study that people with dementia still had some degree of autonomy and freedom; therefore they should be allowed to make decisions as long as it is safe for them and others. Autonomy is an individual's right to make unique decisions concerning their life and may sometimes be contrary to what is advised by others (Kalis et al 2004). Respect for autonomy implies respecting decisions made by individual patients. Individuals ought to be considered

competent unless there are justifiable reasons to think that the person is not competent (Mental Capacity Act 2005). Nonetheless, sometimes nurses may be left in positions where they may have to make decisions on behalf of patients with dementia based on what is in their best interest (Andersson et al 2003, Bolmsjo et al 2006). Other ethical dilemmas for nurses caring for people with dementia are centred around administration of medication and providing nutrition; in such cases, nurses may administer medicines or feed against patient's will if it is an essential drug, or leave the patient alone (Andersson et al 2003, Eriksson and Saveman 2002). However sometimes it may be necessary to use patients' carers, family or advocates when making decisions if the patient lacks capacity (Mental Capacity Act 2004)

Discussion

As seen from this literature review, there are no recorded studies on nurses' and health care workers' experiences of caring for patients with dementia on orthopaedic ward. Although few studies have been done on care of patients with dementia in acute settings, their findings have highlighted problems specific to medical acute settings. It can be argued that the care of a patient with dementia and an orthopaedic injury is completely different and challenging in various ways. Therefore the findings of this literature review show that issues relating to caring for patients with dementia on orthopaedic wards have been ignored or little attention has been paid to this area. Hence more studies are required to shed more light on this topic.

It is evident from this review that nurses found patients with dementia often portrayed disorderly behaviour which was difficult to manage. This was also reported by Eriksson and Saveman (2002), who found that nurses had difficulties in carrying out nursing care on patients with dementia due to their 'outburst of rage' and that this led to frustration. It is the view of some researchers that, the disorderly behaviour of patient with dementia is a sign of communication breakdown and if their needs are not met, it escalates into aggression (Doherty and Collier 2009, Cunningham 2006, Goff 2000). Additionally, challenging behaviour can also be brought about by nursing staff's lack of understanding of dementia and what the person with dementia is experiencing (Cunningham 2006). Goff

(2000) concludes that caring for people with dementia in acute settings is challenging, requires good interpersonal skills while balancing lots of tasks that nursing staff are required to carry out and roles which they are required to fulfil.

Doherty and Collier (2009) found in their review that educating nurses about neurological impairment in dementia would help them understand the behaviour and thus help them to avoid things that trigger aggression. Fessey (2007) also advocates dementia training to be included in both pre and post registration programmes in order to empower nurses with knowledge needed to care for people with dementia.

The lack of education in dementia also brought about ethical issues as nurses were not sure of what constituted good care and what did not while caring for patients with dementia. Lack of time to deliver individualised care for patients with dementia also added to stress experienced by nurses on acute wards. This is in line with what Cheek and Gibson (2003) found, highlighting that due to the increased cases of dementia and insufficient staffing levels there is no time to administer individualised care that patients with dementia need.

The review also found that nurses caring for patients with dementia on acute wards were faced with ethical dilemmas when making choices for their patients (Kalis et al 2004). An ethical dilemma is defined in the literature as a situation with conflicts between two or more undesirable alternatives where existing protocol cannot be used to determine the course of action (Beauchamp and Childress 2001). Thus, nurses looking after patients with dementia use the four basic principles of nursing which are: to promote health, prevent illness, restore health and alleviate suffering in making moral judgement in their daily nursing activities (Nursing and Midwifery Council 2008). However, there may be confusion and uncertainty in regard to the use of the four principles of nursing care in patients with dementia due to their resistance to care. As a result nurses were left to make difficult decisions for patients with dementia. The issue of autonomy in people with dementia needs further studies.

Conclusions

The literature search and review was undertaken to establish nurses' and health care support workers' experiences of caring for patients with dementia on orthopaedic wards. However, no published researches were found on the topic, but the search yielded some research papers on dementia care in acute setting. Four main themes came up from the literature on care of people with dementia in acute settings. What emerges from this literature search is that there is a gap in the literature on nurses' experiences of caring for trauma patients with dementia on orthopaedic wards.

Although research has been done on care of patient with dementia in acute settings, most researchers carried out their research in medical settings where patients had no trauma. It would be an over-simplification to say that the care of people with dementia on medical wards is the same as the care of trauma patients with dementia. Therefore, after an extensive literature search, a gap has been identified in research which calls for a study on nurses' and health care support worker's experiences of caring for trauma patients with dementia on orthopaedic wards. Hence, the main purpose of this literature review is to show why the current literature review is needed and where it fits into the overall body of knowledge on the topic being researched.

Relevance to clinical practice

The idea that research on care of patients with dementia on acute wards could be used to understand nurses' and health care workers' experiences of caring for patients with dementia on orthopaedic may not be reliable and would not provide a true picture. This is from the evidence based on the findings from this literature review; much of the dominant evidence may not be as helpful on orthopaedic wards as may be assumed. [Some of the significant studies reviewed emphasised on lack of training and the ethical dilemmas arising from care of people with dementia and these can clearly be transferrable to orthopaedic ward. This is because if a nurse caring for a person with dementia has no knowledge on dementia as a condition, the care that will be offered will be affected regardless of the department where a patient is. Therefore all nurses who may nurse older people in hospital will need some form of training in dementia. Ethical dilemmas may also be similar regardless of the nursing specialism, therefore more research on this topic would be helpful.](#)

Summary

What does this paper contribute to the wider global clinical community?

- The number of people living with dementia worldwide will keep increasing as predicted by WHO (2015), Alzheimer's' Society (2014) Department of Health (2009) and Ferri et al (2005). This will therefore mean that more patients with dementia will be admitted on orthopaedic wards with different trauma conditions.
- As a result of this rise in dementia cases worldwide, there is no doubt that nurses looking after people with dementia on orthopaedic wards will face the same challenges regardless of the countries they are practicing nursing.
- This review has highlighted that nurses need training in dementia care to enable them to care for people with dementia in acute settings. This will also enhance their continued professional development and as a result patients will receive high quality of care.

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Appendix

Figure 1 process of literature search (PRISMA)

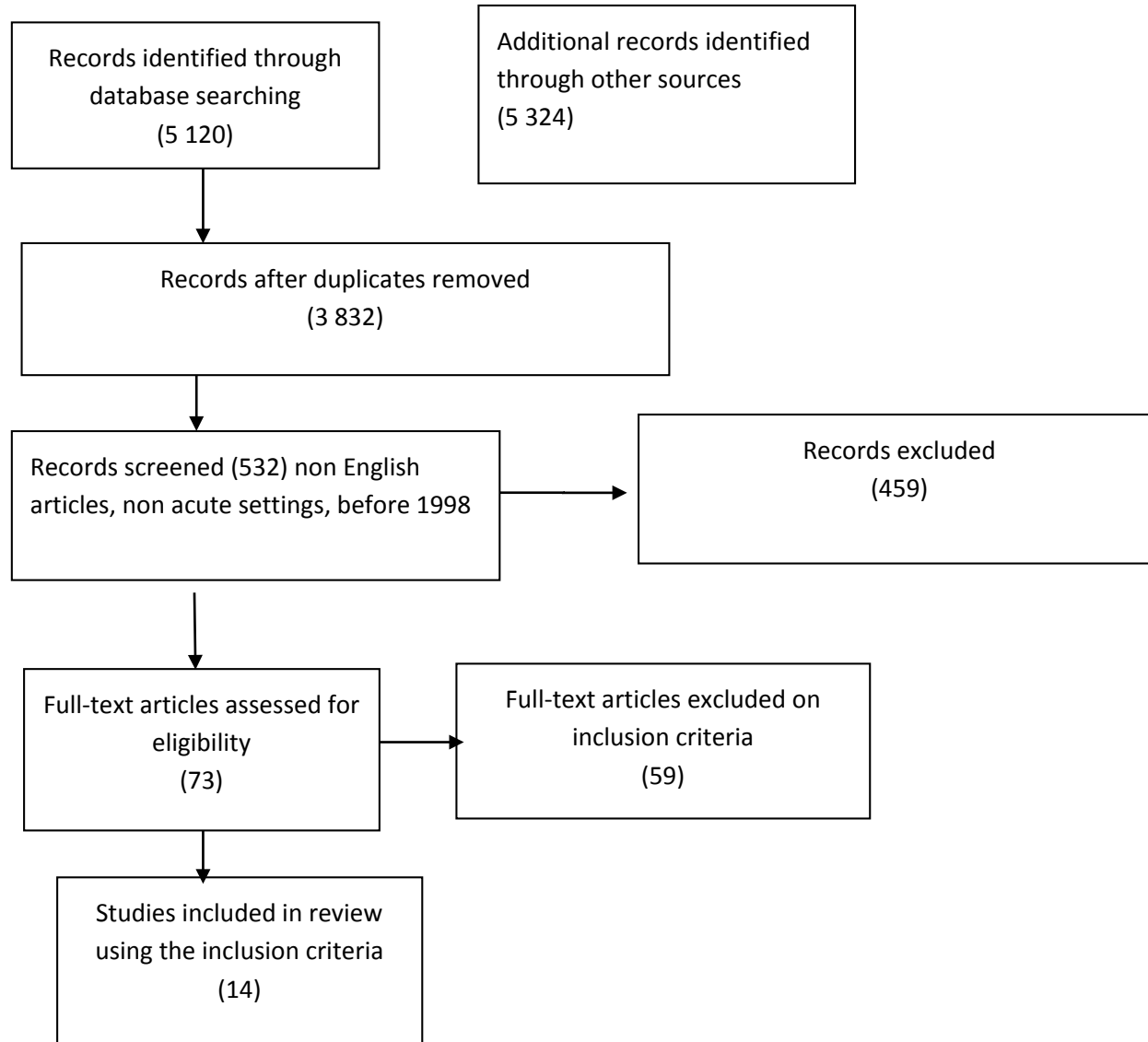


Table 1. Summary Table for Research Literature included in Review Reference

Authors/Title	Study Aims & Objectives	Research Design/ Data collection methods	Sample	Strengths and weakness	Findings relevant to the review/Reasons for inclusion
<p>Clissett et al 2013 The challenges of achieving person-centred care in acute hospitals: A qualitative study of</p>	<p>To explore the way in which current approaches to care in acute settings had the potential to enhance personhood in</p>	<p>Qualitative study. Non-participant observations and interviews</p>	<p>34 patients and their relatives</p>	<p>Good sample size Good recruitment strategies. Good observation hours. Increased internal validity. Good management of biases. Ethical approval obtained. N-Vivo 8 software was used for data analysis.</p>	<p>Healthcare professionals promoted feelings of attachment and inclusion. There was little evidence that the professionals supported a sense of identity, occupation and comfort. There was also evidence of poor practice in these areas. 'Poor patient and carer outcomes were associated with staff not recognising the cognitive impairment which precipitated or complicated the admission and to diagnose its cause, and staff not</p>

people with dementia and their families	older adults with dementia.			All limitation acknowledged.	recognising the importance of the relationship between the patient and their family carer. Better patient and carer outcomes were associated with a person-centred approach and early attention to good communication with carers'. Included in the review because the study was conducted in acute settings involving patients with dementia.
Cowdell 2010 , Care of older people with dementia in an acute hospital setting	To investigate the experiences of patients and nurses in dementia care in acute hospital settings.	Ethnographic observation and interviews	11 people with dementia, 25 registered Nurses and 33 Nursing Assistance	Good sample size The observer spent 125 hours. Ethical approval and consent. Verbatim data transcription was used. No explanation of how the biases were overcome.	The care of people with dementia was not always satisfactory. People with dementia found the wards distressing and nurses found caring for people with dementia difficult. Care of people with dementia in acute setting needs to be improved through training and good practice development. Included in the review because the study was conducted in acute settings involving patients with dementia.
Moyle et al 2010 , Acute care management of older people with dementia: a qualitative perspective	To explore management of older people with dementia in an acute hospital setting.	Descriptive qualitative. Using semi-structured interviews	13 staff nurses in acute setting.	Good sample for qualitative approach. Ethical approval obtained. Verbatim transcription of the interviews was used. No explanation of how the biases were overcome.	Lack of understanding of the differences between acute and chronic confusion. Acute care nurses lack specific knowledge about confusion in older adult Care provision for people with dementia seemed to be task orientated and often devoid of meaningful interaction and lacking a holistic approach to care. Included in the review because the study was conducted in acute settings involving patients with dementia.
Edberg et al 2008 Strain in nursing care of people with dementia: Nurses' experience in Australia, Sweden and United Kingdom	To explore nurses' experiences of strain in dementia care.	Qualitative Study using Focus Groups. Observation, interviews.	35 nurses	Good transcultural representation. Increased internal validity. Good management of biases. Inclusion criteria were well stipulated. Ethical approval done. Qualitative latent and manifest content data analysis. Small sample considering that it covered three counties.	The complexity of dementia care and environmental factors have influence on how nurses work. Nurses found it strenuous when they tried their best to offer good care with the limited resources that they had. Nurses were not knowledgeable about dementia and faced some ethical dilemmas. Included in the review because the study was conducted in acute settings involving patients with dementia.

					dementia. It also looked at nurse's experience of caring for people with dementia.
Fessey 2007 Patient who present with dementia: exploring the knowledge of hospital nurses	To determine the level of understanding and knowledge of caring for people with dementia.	Quantitative, using questionnaires	49 Nurses	Easy to use questionnaires which helped generate some information, with some multiple questions. Participants were not under pressure to take part. Questionnaires were filled in away from the wards; this may have helped with their ability to recall. The response was not good, 49 out of 87, reasons for this was not mentioned.	Nurses found it difficult to manage the challenging behaviour of patients with dementia in acute setting. Nurses were faced with ethical dilemmas. This was attributed to lack of education for nurses on person-centred dementia care. There is need for nurses' education on person-centred dementia care. Included because the study was conducted in acute setting and focussing on nurses' knowledge of caring for people with dementia.
Nolan 2007 Caring for patients with dementia in the acute setting: a study of nurses' views	To explore nurses' experiences of caring for patients with dementia in an acute hospital setting.	Qualitative using interviews 7 nurses	7 Nurses	Used in-depth, non-directive conversational interviews. Ethical approval and consent forms obtained. Thematic content analysis was used. Small size sample	The physical environment, organisation systems and operations, current dementia management and ideal dementia management were issues that were identified. The environment in which patients with dementia were nursed was not conducive. Included because the study was conducted in acute setting and focussing on nurses' views of caring for people with dementia.
Borbesi et al 2006 Health professionals' perspectives of providing care to people with dementia in the acute setting: toward better practice.	To explore Nurses' and other Health Care professionals' experience of caring for patient with dementia with other health problems in acute settings.	Qualitative using interviews.	25 Medical, Nursing and other Health Care professionals	Data collection involved interview which were recorded and field notes were taken. More interviews were conducted based on the saturation of their themes, this helps to explore themes further. Good sample size. Thematic data analysis. There is mention of ethical approval and consent forms.	The professionals did not have right skills to care for people with dementia. The organisations needed to develop better strategies to support staff caring for people with dementia Included because the study was conducted in acute setting and focussing on health professionals' experience of caring for people with dementia.

<p>Norman 2006 Observations of the experiences of people with dementia on general hospital wards</p>	<p>To explore how people with dementia are cared for in general wards in the UK</p>	<p>Observational method- hybrid participants/non-participant approach.</p>	<p>31 participants observed</p>	<p>The observational method was a good way of generating good data. There is mention of 'situating the self' which enhanced their authenticity and trustworthiness of the data collection. Good sample size. Data management software (ATLAS.ti 2002) was used. There was risk of bias during the transition from observer to participant by the researchers. The researchers have already mentions some limitations for the study such as: small scale, time constraints and methodological problems.</p>	<p>The findings reflected patient's holistic responses to the care they received from nurses and how nurses responded to patients' needs. There is need for nursing staff to use a more personal centred approach in caring for people with dementia as individuals. Included in the review because the study was conducted in acute settings involving patients with dementia.</p>
<p>Andersson et al 2003 Nurses' experiences of the encounter with older people patients in acute confusional state in orthopaedic care</p>	<p>To understand nurses' experiences of the encounter of older people who develop acute confusion in orthopaedic care</p>	<p>Qualitative using open-ended questions interviews.</p>	<p>48 Nurses</p>	<p>There is mention of use of open-ended interviews which helped to generate rich information for the study. There is mention of inclusion criteria of participants which helped enhance robustness of the study. Good sample size, ethical approval and consents obtained. Manifest and latent content analysis used. The main limitation brought about by interviews has been identified by the researchers.</p>	<p>Poor interaction between the patient and nurses, various strategies were used during the encounter and some were effective while as some were not. Nurses were not sure what constituted good/bad care. There is need for more information on care for acutely confused patients as nurses found it hard to establish and maintain reciprocity with their patients. Included in the review because the study was conducted in orthopaedic care settings involving patients with acute confusion.</p>
<p>Cheek and Gibson 2003 Issues impacting on registered nurses providing care for</p>	<p>To identify issues that have impacts on the care of older people in acute settings.</p>	<p>Critical Incident Technique (CIT) using interviews, focus and nominal groups.</p>	<p>24 Nurses focus group of 4 from other Health professional</p>	<p>Good methodology used that helped to generate varsity amount of data. Good sample size. There is mention of ethical approval and obtaining of consent forms.</p>	<p>The complexity of RN role in caring for older people in acute settings. There were also issues raised surrounding; funding, education, staffing levels, environmental, family and carers, and administrative demands.</p>

older people in acute care setting			s, nominal group of 9.	Thematic data analysis used to identify themes arising from the recorded data. There was no mention of how biases were overcome as this kind of methodology is open to more biases during data collection and analysis.	Nurses play an important role in the multidisciplinary team and are in forefront of this team, therefore need more resources and various help to care out their duties. Included in the review because the study was conducted in acute settings involving patients with older people
Ericksson and Saveman 2002 Nurse's experiences of abusive/non-abusive caring for demented patients in acute care setting	To describe nurses' experiences of difficulties related to caring for patients with dementia in acute settings,	Qualitative method using semi-structured interviews.	12 Nurses	Semi-structured interviews which helped to generate rich information for the study. Data collection involved interview which were recorded and field notes were taken. Thematic data analysis used which help to generate meaning from gathered data. There is mention of ethical approval and consent forms. There is no mention of how common biases in data collection and analysis were overcome.	Lack of specialised education, environmental factors and high work load resulting in stress and difficult situations for patients and nurses. Ethical dilemmas for nurses There is need to improve nursing care for patients with dementia in acute setting. Included in the review because the study was conducted in acute settings involving patients with dementia and focussing on nurses' experience of caring for people with dementia.
Holst et al 1999 Nurses' Narrations and Reflections about caring for patients with severe dementia as revealed in a systematic clinical supervision sessions.	To explore nurses' reflections and interpretations of caring for patients with severe dementia.	Phenomenological-hermeneutic approach	20 patients from two wards, 39 care givers	There is mention of systematic clinical supervision, which included observation of care givers. Clear inclusion criteria Clear explanation of methods of data analysis. There is no mention of ethical considerations. There is no evidence of detailed data collection, for example were patients/nurses interviewed or only observed. No mention of biases from data collection and analysis.	The main theme identified was ' <i>caring for people with dementia means encountering each other and oneself culminating in either confirmation or threat to the parties' identity</i> ' There is need to consider the opinions of nurses working in dementia care when creating guidelines in dementia management. Included in the review because the study was conducted in acute settings involving patients with dementia and focussing on nurses' experience of caring for people with dementia

<p>Tolson et al 1999 An investigation of the components of best nursing practice in the care of acutely ill hospitalised older patients with coincidental dementia: A multi-method design.</p>	<p>To examine best nursing practice in caring for people acutely ill patients with dementia in acute settings.</p>	<p>Triangulated design comprising of survey, audit and critical incident technique.</p>	<p>213 patients with mild to moderate cognitive impairment</p>	<p>There is evidence of good use of the triangulated method. Good inclusion criteria There is mention of ethical approval and obtaining consent. Good sample size. Good explanation data collect and analysis. Some of the limitations have been mentioned such as: not using the method fully due to some patients not wanting to be interviewed. There is no mention of how some biases were overcome during data collection and analysis.</p>	<p>The study found that patients with normal or severe cognitive functions were most likely to be identified compared to those with mild to moderate levels. This reflected on the way nursing care was carried on the wards. Patients also found the wards strange and threatening. There is need for assessment of all patients over the age of 65 to determine whether they have cognitive impairment as this has an impact on the care they will receive. Included in the review because the study was conducted in acute settings involving patients with dementia and focussing on nurses' experience of caring for people with dementia</p>
<p>Stanley et al 1998 Evaluation of a course for charge nurses on caring for people with dementia.</p>	<p>To assess the effectiveness of the educational programme for Charge Nurses caring for patients with dementia in a residential settings.</p>	<p>Qualitative using Questionnaires and focus groups pre and post test.</p>	<p>6 Charge Nurses</p>	<p>Good use of the method There is mention of how validity and reliability were addressed. There is good explanation of use of questionnaires and focus groups. There is no mention of ethical considerations and limitations. Small sample size No mention of biases from data collection and analysis.</p>	<p>There was an increase in understanding of caring of people with dementia as a result of the course. There is need for dementia training for nurses caring for people with dementia and a bigger study to explore this theme Included in the review because the study was conducted in acute settings involving patients with dementia and focussing on nurses' experience of caring for people with dementia</p>
<p>Birch and Draper 2008 A critical literature review exploring the challenges of delivering palliative care in of older patients with dementia in acute settings.</p>	<p>To consider the challenges of delivering effective palliative care to older people with dementia and the possible strategies to overcome barriers to end-of-life care in these patients.</p>	<p>Systematic literature review</p>	<p>29 articles reviewed</p>	<p>Good number of research papers were reviewed. Good varieties of themes were discussed and explored focussing on palliative care of older people with dementia. Terms of inclusion and exclusions mentioned. There is evidence of peer assessed</p>	<p>The importance of providing appropriate palliative care for older people with dementia in acute settings. Some barriers were found that affect provision of specialist palliative care such as: lack of skills and funding, lack of knowledge on the topic, and communication with specialist palliative care teams Included in the review to help obtain some primary literature.</p>

<p>Cunningham and McWilliam 2006 Care for people with dementia in A&E.</p>	<p>To find out the literature on the experiences of people with dementia using emergency care services.</p>	<p>Systematic literature review</p>	<p>20 articles</p>	<p>Good number of research papers reviewed. A good variety of themes were discussed and explored. The review focused on both the experiences of people with dementia and Health Care providers thus yielding good information. Terms of inclusion of research papers in this review were not mentioned. The literature search strategies were not mentioned.</p>	<p>Staff need more knowledge of dementia care, discharge plan and follow-up, better communication with primary care services and good management of medication for people with dementia who attend emergency department. Included in the review to help obtain some primary literature</p>