South African nurses experiences from caring encounters in nursing care of elderly patients suffering from dementia

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ABSTRACT
To meet patients who are suffering from dementia takes encouragement and imagination. As a nurse you should try to understand the patients verbal and nonverbal communicative skills. How you as a nurse act towards the patient is of great importance for how the nurse-patient relationship will be. In this study a humanistic outlook on people is described and Katie Eriksson is used as a theoretical framework. The aim of this study was to get a deeper understanding how South African nurses' experience of caring encounters with patients suffering from dementia. The method was qualitative, and data was collected through a group interview with four nurses at an old age home in South Africa. Adaptation and analysis was accomplished through content analysis with the intention of reaching different themes. Two different themes emerged: ‘Finding the unique creates a caring relationship in nursing’ and ‘The unique culture has an impact on nursing care’. The central subject throughout the whole study was that the unique is the core in nursing care and that you as a nurse should see the unique in every individual and interact from that.

Keywords: communication, dementia, elderly, nursing-care and South Africa.
Sjuksköterskeprogrammet 120 poäng.

Sydafrikanska sjukskötterskors upplevelser från bra möten inom vården med äldre patienter som lider av demens.

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APPENDIX 1
INTRODUCTION
The relationship between a patient and a caregiver is of great importance in a care situation. Sensibility, trust and a creative process in problem solving have a settling effect, and the individuals’ unique needs and capability are allowed to be controlling (Armanius Björlin, Basun, Beck-Friis, Ekman, Englund, Erikssdotter Jönhagen, Gustafsson, Lannfelt, Nygård, Sparring Björkstén, Terzis, Wahlund & Wimo, 2002). There are many difficulties in a meeting between caregivers and patients suffering from dementia. Some consequences of dementia that influence the meeting are: difficulty to control the meeting with a reduced ability to interpret impressions, difficulty to understand or communicate in language, and a difficulty to orientate oneself or move (Edberg, 2002). As a caregiver it is a demanding task to take care of patients suffering from dementia both physically and psychologically (Sandman & Wimo, 1999). This inspired the authors to find out what might be of importance when you as a nurse want to create a caring encounter in situations with patients in a transcultural context. The authors had the opportunity to get a scholarship within the student exchange program between Blekinge Tekniska Högskola and the University of Pretoria. This made it possible for the authors to accomplish the study in South Africa, which also gave a glimpse of the cultural differences. In this study the authors have decided to use “she” when they are talking about the patient.

BACKGROUND
Patients suffering from dementia
Dementia is a syndrome with a stabilized reduction of the memory and other intellectual functions, such as language, the ability to orientate and to think; the personality and the emotional functions are also effected. According to the definition of dementia, intellectual capacity is reduced compared to how the person was earlier in life (Blennow, Marcusson, Skoog & Wallin, 1995). The patient with dementia becomes more and more dependent on her surroundings, the people and the environment, and at the same time her ability to interpret the surroundings gets worse. Most of the people with dementia finally experience motor disabilities and are therefore incapable to do their daily duties without any help. It’s hard for them to see the reality as it is, and they can’t take responsibility for themselves. The mind disturbance, their changed personality and difficulties to speak, makes it harder to meet with the demented and to take care of them. Both the verbal and non verbal communication abilities are reduced, which makes it hard for the caregivers to interpret signals and individual needs (Kihlgren, 1999).

Communication between a patient and a caregiver is described as one of the most important variables for the patients’ satisfaction with the caring (Fredriksson, 2003). One of the goals for caring with dementia patients is to strive after as much well-being as possible (Kihlgren, 1999). The patient can not always express thoughts and feelings, but this doesn’t mean that she doesn’t have the ability to think and
experience (Lundell & Svensson, 2003). Every human has needs to be treated with respect and as dignified and unique individuals. The patient suffering from dementia is not an exception to that; it is the opposite. Such a patient needs a lot of support to feel equal to other humans (Armanius Björlin et al, 2002). To suffer from dementia means that you have great difficulties in making yourself understood. It gets even harder if the patient has a native language that the care givers don’t understand, and therefore it makes it easier if the caregivers are bilinguals. An angry patient with dementia can be calm if he/ she can be understood (Lundström, 1999). However, one must always remember that, the symptoms are completely dependent on the type of illness: the parts of the brain that have been stricken and the degree of severity (Kihlgren, 1999).

Caring- a theoretical framework
Within the humanistic outlook on people the caring relationship is described as a subject- subject relationship. This means that the caregiver and patient is seen as acting humans with their own wills, goals, intentions and resources. It is important in nursing care not to treat the patient as an object (thing) without her own free will or resources. To see the patient as a subject instead of an object means that in nursing care you notice the patients own wishes, give her a freedom of choice and right to take responsibility of herself (Sarvimäki & Stenbock- Hult, 1996). Buber means that in the me- you approach the caregiver meets the patient as a genuine human (in Sarvimäki & Stenbock- Hult, 1996). The caregiver expresses engagement and mediates caring and thoughtfulness to the patient. In the me- you meeting the caregiver uses insight, empathy, fantasy and intuition to be able to understand the patient. At the same time the caregiver lets the patient be genuine and unique. The patient is able to freely express his/her feelings and thoughts. Buber continues that even though the patient can have completely different opinions than the caregiver, the caregiver will accept the patient as a human (in Sarvimäki & Stenbock- Hult, 1996). For the caregiver to see the patient as a unique human she needs to be secure in her own identity. The “me-you” approach is necessary for a good caring relationship, but it is not enough. For the caregiver to get a deeper understanding of the patient it also takes a me- it approach. This means that the caregiver considers the patient with help of concepts and theories. The caregiver analyzes and organizes the impressions and the experiences that appeared through the “me-you” approach. She uses her own theoretical knowledge to be able to understand the patient. The “me-you” approach is imprinted of to be close to the patient while the “me- it” approach is imprinted to take distance from the patient and try to see her in a more objective way. When the caregiver and the patient
are united in a communion and they both are implicated, it is called a “we” approach. This shows a whole where both have something to provide to one another (Sarvimäki& Stenbock- Hult, 1996).

According to Eriksson caring means that through different forms of purging, playing and teaching a condition of trust, satisfaction, body and spiritual pleasure and a feeling of well-being can be created (Eriksson, 1987; Eriksson, 1995) The science of caring has, at its foundation, as a picture of the human being as a whole, meaning a connection between body, soul and spirit. With help from our knowledge we should see the human being as a whole. Caring means that the caregiver and the patient in a way are a part of the same whole: a concrete or an abstract presence with an awareness of the other human, a meeting (Eriksson, 1987; Eriksson 2002). The caregiver’s skillfulness has its foundation in her deeper knowledge about the unique human being. Eriksson continue that humans have, by nature, certain common features but that at the same time we are our own natures, which means that we all have our own unique features. Individual care means that we see each human being’s unique features. Caring, according to Eriksson, built upon a faith that we have the possibility to grow and develop as humans. To see the human being as a whole also includes seeing life as a whole, that within each of us is a spirit of life, hope, wishes, imagination, thoughts, feelings, beliefs and dreams. Everyone wants to be a part of and to create one’s own life (Eriksson, 1988; Eriksson, 2002). A human being’s possibilities reside within him or herself, and that is why the caregivers have to start there (Eriksson, 1987; Eriksson 1995).

Nursing care
Nursing is a profession wherein the doing is based upon knowledge from various scientific fields such as medicine, medical techniques, psychology, sociology and caring. The caring approach to nursing means that any methodology that makes it possible to help the patient makes it care (Eriksson, 2002). Nursing care is a relationship of mutuality with a deeper meaning, where the caregiver meets the patient at a high level with help from professional knowledge. In that relationship the persons interact with each other with help of verbal and non-verbal communication (Armanius Björlin et al, 2002). Heap (1995) defines communication as the mediation of meaning by giving, receiving, and exchanging signals of different kinds. Communication is a central process in all our relations, and decides completely how our meetings with others will become. Humans also send signals and mediate a lot of what they feel and think with signs such as: facial expressions, body language, gestures and humming; these are nonverbal communication and is used as a supplement to our linguistic vocabulary. In caring it is important to notice these sides of the communication. Buber thinks that the confirmation of the relation in it self is more important than the meaning in the relation (in Kihlgren, 1999 page 33). In the relation that appears
between a patient and a care giver there will always be some sort of interaction. Armanius Björlin et al. (2002) means that with help of communication, which is a complicated process with different dimensions, from experiences to words and concrete actions, interaction is the significant element. It’s important, according to Lundström (1999), for a caregiver to have a special feeling for each patient; this makes it easier to understand the patient when she is irritated, angry and sometimes maybe violent. Jansson emphasizes that the main problem in dementia care is to interpret the patient’s communicative signals and to understand her wishes (in Rundqvist & Severinsson, page 801).

The professional relationship of caring is shaped within the framework of ethical relations, but it has different appearances depending on the patient’s needs, the caregiver’s competence and the extrinsic situation. The patient’s life story and present life goals, the caregiver’s knowledge about possible illness, its treatment, prognosis and its effect on daily life are all concerns for caring (Kihlgren, 1999). Westlund (in Rundqvist & Severinsson, 1999, page 801) characterize the ideal of caregiver as one who has that certain something which makes her especially competent; she is flexible, engaged and tolerant; she supports the patient as well as inspires a feeling of being important. Furthermore, she listens, is calm and not stressed; she spends time with the patient and confirms her expressed feelings; she does not work by routine, and she sits by the bedside and talks to the patient. Lundell & Svensson (2003) says that supporting care includes integration between caregiver and patient. In other words, Lundström (1999) means that to work with the patient it’s important as a caregiver to get as much knowledge about how the patient was as a person when she was well. It is necessary that the caregivers are attentive to the patient’s behavior. It is also important for caregivers to have the education and knowledge to formulate plans and goals for their work generally and individual plans for caring specifically. To be close and help patients with dementia is an ethically hard task. For this to work a lot of things have to interplay, such as big patience, imagination, human feeling, humor and tremendous knowledge. Armanius Björlin et al. (2002) emphasize that when the caregiver can recognize the patient as a dignified and unique human being and can meet her with respect, the patient will feel that she is liked, which also can be expressed as human love.

Nursing in South Africa
South Africa is called the rainbow nation because of its many different cultures (Everist et.al, 1997). The estimated population in South Africa is 45, 1 million inhabitants and in Pretoria, which is the capital, lives 1, 5 million people. A big part of the population is black African, and they are divided into nine different groups. The largest group is called Zulu, which represents more than twenty percent of the whole South African population (The Institute of Foreign Politics, 2003). South Africa is a country with
hidden statistics of dementia, and that’s why it’s hard to find out how many actually suffers from it. It is common that relatives take care of demented by themselves in their homes, in a way hiding them, and sadly a lot of them are ashamed of those who suffer from the mental disorder. The number of elderly people in Africa is increasing very rapidly. Dementia is strongly related to old age, with numbers doubling with every 5 years of age, and at present there is no cure (Ineichen, 2000).

Culture is how people understand, think, talk about and describe behaviors, institutions, events and processes. People are born, live and die in a cultural complex. Culture is what people do (DeMarinis, 1998). There are three cultural levels that have an influence on the individual dimension. All humans belong to a society with its own special culture and to smaller groups (e.g. the family) with their more specific cultures. So what every person is influenced by is the normative (or social) dimension and the family dimension, and both are gathered in our own personal dimensions (Leininger, 1994). According to Souminen (in Rundqvist & Severinsson, 1999, page 805) culture is a deep structure that finds expression in people’s knowledge, beliefs, convictions, morals and laws. According to Ekblad, Janson & Svensson (1996) it is at first when people can recognize certain behaviors, valuations, symbols and rules as a group of individuals that it is possible to discuss and analyze them from a cultural perspective. This means that we use cultural understanding as a way to avoid misunderstandings and unnecessary conflicts. At the same time people realize that the most important sources to understanding is to see the unique in every individual and in every family. According to Eriksson (1995) culture is created by the people who live in it. The professional caring culture is created by caregivers and patients and is the basis for the caring climate. In this way, the caring culture affects the caregivers and patients at the same time that they effect the culture. Every human being has a structure and inheritance that is unique, and this shapes how we react to our surroundings. Furthermore, Ineichen (2000) says that expectations of what elderly people should be considered capable of are likely to vary from culture to culture. Dahlberg (1997) argues that there is no understanding or interpretation without pre understanding. Where do we get our pre understanding from? Gadamer answers: From the tradition that we belong to!

AIM
The aim of this study was to get a deeper understanding how South African nurses’ experience caring encounters in care situations with elderly patients suffering from dementia

METHOD

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This study is qualitative in the sense that its main interest is focused on the lived experiences of the nurses. According to Morse (1991) experiences are thoughts, attitudes and feelings as expressed by someone in text or verbally. The studied experiences are dealt with from a phenomenological approach, meaning that the feelings and thoughts expressed by the nurses can only be made visible and understandable their own narratives. The authors have used a qualitative research method because the aim of the study was to try to understand the deeper meaning of the nurses' lived experiences from a caring encounter, with a focus on the experiences' impact on nursing.

Our method of interpretation is hermeneutic in its nature. Hermeneutics are described, on one hand, to be a philosophy and, one the other hand, to be a method in which texts can be understood at a higher level of theoretical abstraction by using a systematic and structural process of analysis (Ricoeur, 1990).

According to Wibeck (2000), a group interview with a focus is a technique in which data is collected from a discussion that deals with a specific topic determined by the authors. According to Kitzinger (in Wibeck, 2000, page 20) focus group interviews are characterized by their incorporation of study contents like the participants' attitudes, feelings, opinions, and etc, in part to study the interaction during the interview itself. By using focus groups the researcher gets a glimpse of how knowledge and ideas are developed and used in a certain cultural context. Focus groups are characterized by the interaction between the participants from which researchers discover how people think and feel about particular issues. It is not the intention to examine a wide variety of issues in one study; interviews are set up to obtain accurate data on a limited range of specific issues within a social context where people consider their own views in relation to others (Holloway & Wheeler, 1996).

Data collection and selection
The general nursing program in South Africa is four years long and consists of special degrees in general nursing, midwifery, psychiatrics and trauma, which are marked with different grades on their uniforms. The nursing profession in South Africa is more focused on medical practice than caring itself. Nurses in South Africa do not have the same education in caring science and in seeing the human as a unique individual as nurses in Sweden.

The interview took place in a conference room at an old age home in Pretoria, South Africa. The old age home was built in 1952 and opened up its gate for old people in 1953. During the years the amount has
increased, and today the old age home can admit 289 patients; at present there are 110 patients with Alzheimer’s disease. To be able to finance their stay, patients receive money from the government, and the amount depends on how much their pension is. The patients are mainly white, while most of the staff is colored. The old age home admit patients from 60 years and the average age among the patients is 86, 7 years. They also admit young people that are disabled. The staff consists of doctors, nurses at different levels and a minister. The old age home’s mission is to give full mercy service to elderly people in need. The authors’ requirements were that the informants were nurses and had professional experience in geriatric- and dementia care. University of Pretoria contacted the old age home and made it possible for the authors to accomplish their interview there. The matron at the old age home chose four informants that fulfilled the authors’ requirements and that was available at that time. The group consisted of four nurses; they were female, of various races and between the ages of 40- 60 years. The average of experience working with dementia patients was 13, 5 years.

The authors have used a semi-structured group interview with a focus on that experiences have impact on nursing. A semi-structured interview means that the participants were not restricted to determined questions but to were allowed to stay within the focus: three question areas introduced during the interview. The interview language was English, but some of the informants were Afrikaans speaking. To avoid misunderstandings the authors chose to use an interpreter during the interview. To collect the data the interview was tape recorded on two tapes, in case something would go wrong with one of them. After the interview diary notes were written down by the authors to summarize their emotions and impressions that had appeared during the interview. The interview lasted for approximately 45 minutes. After the interview was written down, the authors listened to the tape once again.

The interview was semi-structured with three question areas, so that the conversation between the informants and the interviewers would stay within the subject. The discussion fields were:

- How do you describe a good interaction with a patient with dementia?
- Which elements do you think facilitate a good interaction?
- Please tell us about a previous interaction that was good?

Analysis
An analysis based upon hermeneutic approach means that the data will be systematically interpreted step by step until a higher level of theoretical abstraction and deeper understanding is reached (Ricoeur,
1990). The authors decided to focus on expressions of lived experiences as a result of their phenomenological ideology; hermeneutic methods provided the means to search for deeper understanding of the expressed phenomena (Morse, 1991). The authors have been inspired by Lindseth & Norberg (2004) who presented a method for qualitative analysis called phenomenological hermeneutic methods, but in Step Three (see below) the authors have chosen to deviate from Lindseth & Norberg. The dynamic group process was transcribed to make the material easier to work with in the analytical process. The material comes directly from the nurses and is based on their lived experiences working with elderly suffering from dementia.

The analytical procedure was carried out according to the following steps:

1. A naive reading was completed, which means that the text was read through several times by the authors independently, each writing their own notes. The authors then met to discuss the text, and after that a common understanding of the whole was written down. This is called a naive comprehension.

2. A structural analysis was completed to create “meaning units.” This was carried through by reading the text sentence by sentence to find a system of common meaning units. Expressions that were related to each other were put into meaning units, which together formed different codes. These were written down at the side of the sentences. Then the codes were interpreted and condensed into sub themes. These were then interpreted into narrative themes, which was the final step in our analysis. For each step of the interpretation the theoretical abstraction was increased (see figure 1).

3. The analysis of the dynamic group process started with writing down the first impression of the whole interview out of a group perspective. The analysis itself was inspired by Carey (in Morse, 1991, p. 225) and carried through by raising the following questions in the interview.
   - Did the respondents speak mostly to one another or to the researcher?
   - What came up as the most central topic during the conversation?
   - How was the flow in the conversation?
   - Is anyone of the respondents more of a leader than the others and is she in that case controlling the subject?
   - Is there any interruption during the interview and why?
   - The researchers influences on the conversation?
   - How were the final themes influenced by the dynamic process?
Examples of the creation of themes

<table>
<thead>
<tr>
<th>Meaning units</th>
<th>Codes</th>
<th>Sub themes</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person stays in the black area; they do not trust or think it to be a</td>
<td>Old beliefs in black communities makes</td>
<td>Cultural differences makes nursing</td>
<td>The unique culture has an</td>
</tr>
<tr>
<td>disease; they really think it is the aunts sisters talking to the family</td>
<td>nursing difficult.</td>
<td>nursing difficult.</td>
<td>impact on nursing care.</td>
</tr>
<tr>
<td>through the mind of this demented person.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 1. An example of structural analysis.

Themes that emerged were:

- Finding the unique creates a caring relationship in nursing.
- The unique culture has an impact on nursing care.

ETHICAL ASPECTS

The authors performed a test interview in Sweden a few months before they left for South Africa, so that misunderstandings and disturbances during the real interview in South Africa would try to be avoided. The informants were informed before the real interview that everything that would be said and tape recorded was going to be treated confidently. A consent form from the Research Ethics Committee of the University of Pretoria’s Faculty of Health Sciences was filled in and signed before the interview by the authors and the participants (see appendix 1). The consent form that the informants filled in confirmed them as volunteers and also contained information about the structure of the interview. Anonymity was guaranteed, and the informants could stop participating at any time and feel free to leave the room without any reason. The authors’ aim with this interview was not to be part of the discussion themselves but to let the informants speak freely within the subject. Because of language barriers, the authors decided to use an interpreter to avoid misunderstandings with the language. All the information that was obtained during the course of the interview was treated as strictly confidential. The interview material was only accessed by the authors and their tutor. All material was destroyed after the research.

In this study the authors had to use the expression “good interaction” instead of “good meeting,” because of the semantic differences between Swedish and English. That is why the authors have used “interaction” during the interview so that the participants would understand, but when the study was written down the authors used the expression “caring encounter,” which is almost a direct translation.
from Swedish to English. The authors were not aware that caring encounter describes a good interaction, and that is why the authors finally chose to use the expression, caring encounter. Through the whole study the authors have used “good” which is a word of value. The authors are aware of that this might effect the result but wanted to concentrate on and highlight the things that makes an interaction good.

RESULTS
The most outstanding result of this study is summarized in figure 2 (see figure 2). In the dialogue with nurses caring for elderly suffering from dementia, the focus was on the ways that experiences impact nursing; the concept of unique was emphasized and permeated the discussion. The themes that emerged, ‘Finding the unique creates a relationship in nursing care’ and ‘The unique culture has an impact on nursing care’ seemed to be connected to each other in that the unique patient encounters the unique nurse. They both carry with them the unique cultures they have in their background. The caring encounter in a unique relationship is possible to create through the nurse’s search for and discovery of the unique in the patient’s life circumstances and living values.

Figure 2. The relationship between different concepts of unique.
Finding the unique creates a caring relationship in nursing.
The informants emphasized the fact that in their daily caring they were dealing with patients that had various kinds of intellectual disturbance due to dementia. At an early stage of the dialogue they emphasized that one of the most common obstacles was related to disturbance of the patients’ memory, which in turn caused communicative problems. During the continuing discussion the informants focused on the importance of having and showing a caring mind based in openness and honesty as an absolute condition for reaching the unique in a patient. One of the informants formulated this as:

‘...to be open and approachable, to be yourself and honest. I think that your body language should also be open and comfortable’.

They emphasized that the way one approaches a patient is significant for how the patient will rely on you in other situations in the future. The informants pointed out this to be very important in dealing with patients suffering from dementia, and explained this by talking about the fact that it was your behavior and your way of delivering your message to the patient that the patient could remember, more than what the message actually was about. The informants furthermore highlighted other important conditions in creating a good meeting or interaction with the patient. They regarded the area where you are encountering the patient to be significant in that you had to choose a place where the patient was not distracted by others and where she hopefully could feel that nurse was just there for her. They explained this by talking about the patient’s lack of concentration and that, from one minute to another, the patient could experience the situation as totally new. One of the informants expressed that in single conversation and without disturbing surroundings she could sometimes feel that she reached the patient and said:

‘Automatically everything clicks together, than you get attention’.

One essential part of the caring that was emphasized by the informants was the concept of touching. They had experienced that it was easier to confirm the relationship to the patient physically than with pure words. They found that this could be explained by the fact that persons suffering from dementia experienced their existence more based on what they see with there eyes and feel concretely with their bodies. One of the informants expressed this by giving an example when touching made the patient started to talk openly about herself:
'And she opened her heart, she opened up her heart and I gave her a hug and said... I think you are great'.

The informants continued the dialogue explaining that dealing with patients suffering from dementia sometimes was a communicative challenge in that answers you got could totally differ from questions you had raised. This issue was furthermore discussed from the perspective of having a great deal of patience in the caring encounters and of giving the patient the time needed. One informant expressed this by saying:

'They will feel the time and time is love'

It was emphasized that as a nurse you have to be prepared to repeat, over and over again, to give small amounts of information at the same time and to never ignore the patient’s confusion but rather try to get in to their world of thinking in order to find the clue that can bring them back into your world. One thing that was emphasized by the informants, when talking about behavior when a patient obviously was in confusion, was to learn about their routines and to try not to change them. This was regarded to require a nurse with patience. To illustrate what it could be like in every day living with confused persons one of the informants narrated that:

'Every morning when I am coming she is asking a friend – Who is that one? And the friend will say, I don’t know but I see her quite often'.

There are more issues that the informants regarded to be of great importance when it comes to interaction with the patients: having a sense of imagination and a sense of humour for every day life. Concerning the need for a sense of humour, one of the informants told a story about a minister visiting one of the ladies:

'So the minister and his staff and they stood at the bedside and he starts- Lord! And she said – who? So instead of stopping the praying the minister just said – Oh lord sometimes we forget so easily'.

For the informants a sense of imagination was especially significant when it comes to trying to understand the patient in communicative interactions. At this stage of the dialogue they started to shift over to the idea that knowing the patient’s different cultural and unique personal backgrounds was
significant for the understanding the patient. The informants expressed in other terms that cultural and historical knowledge could help them to imaging what the patients really experienced and wanted to express.

Conclusive assumptions:
The most important issues for finding the unique in patients suffering from dementia are related to the caring mind and in behavior during the caring encounter. They provide a way towards a unique relationship between the nurse and the patient. The unique relationship is the base for caring encounters.

The unique culture has an impact on nursing care
To have interest in and knowledge about the cultural background and family history of the patient was emphasized by the informants and regarded as essential in trying to understand them in a deeper sense. While behavior was viewed as the way to reach the unique patient, knowledge about what once had formed them was the way to understanding and meaningful communications. At this stage of discussion the informants also emphasized that background knowledge made it possible for them to meet some of the emotional and spiritual levels of the patient. One of the informants expressed that we must remember that despite a brain damage and confusion there are still islands of memories left and that the question is how to find them. She said:

'Because they have a whole life of experiences and they still because they are humans they can still give something from themselves'.

They emphasized strongly that having knowledge about and being able to see cultural differences will help you to understand the patients’ cultural behavior. It is important with background knowledge to see each patient and its own unique culture. If you, as a nurse, have the information about how the patient has been taking care of her family, you can use this as knowledge for how you should communicate with and approach the patient:

'So I think with interaction with your Alzheimer's diseased person, it is also very important to take in considerations- What happened at home? Where is that person coming from?'
The informants pointed out cultural differences and described how they are revealed in the black communities. For example, people living there will not see Alzheimer’s disease as a disease. According to the informants most of the black peoples’ traditional beliefs encourages them to think it is the aunt sisters talking to them through the mind of this dementia person. The way the patient is behaving makes the families think it is a punishment for something bad that the patient did earlier in life. The informants think that the people in the black community have a lack of knowledge about the illness and how it will proceed:

'Mostly in the black community so to say, you find that all people either they are diagnosed or they are not diagnosed but the families do not accept it.'

Often old beliefs in the black communities make the caring difficult. Sometimes the community will ignore the dementia patient and cast that person out. This is a situation that, the informants point out, makes caring for patients from different cultures difficult.

'so we are sitting with cases where they are completely left out.'

Another issue that was highlighted, besides the different cultures, was that South Africa also has many different languages spoken by different groups. According to the informants, language barrier is a thing that can make nursing care difficult. It is important as a nurse to cooperate with the others in the staff so that everybody has the knowledge of how to handle situations that can appear when you as a nurse can not communicate verbally with the patient. In some cases verbal communication is not an option; instead you have to communicate with your body language. One of the informants gave examples of what she meant with body language, which involved touch, explanations and gestures. The informant continues to point out that when a patient comes from a different culture and is not able to communicate verbally with the surroundings, you as a nurse have to have the ability to interpret their nonverbal ways of communication. You as a nurse need to be observant and to have imaginative skills so that you can understand the patients’ behavior and needs. A case that had touched one of the informants was a lady who came from another country and did not know the language at all. The patient was all alone and the caregivers did not know how to handle the situation. But one day the caregivers noticed that the patient had found a special friend:
'When she is looking in the mirror she saw a beautiful lady, also an elderly lady, and she is talking the same language that she does'.

The informants emphasized that you as a nurse should be creative and have imagination, and they all think that it is important to make special days special for the patient. One informant said that Christmas and their birthdays are special because in that way the patients are reminded of their existence. In that way you let them know that they are still there, and this raises their self-esteem.

'You can see them glittering from the inside. It really changes the whole day'.

Conclusive assumptions:
Working with patients from black communities can, because of old beliefs and a lack of knowledge, make the caring difficult. To understand the patient and her world it takes knowledge about her culture and the background. The understanding of the patient creates a unique relationship between the nurse and the patient.

The dynamic group process
All four participants were active in the discussion through the interview. One of the participants became a leader early during the interview. She did not interrupt the others, but she influenced them to talk about earlier experiences. One of the participants was quieter than the others, and the authors think that was because she had difficulties with the language. The atmosphere was relaxed, and they all paid attention to the person that was talking. However they inspired each other to share their earlier experiences which meant that the conversation flowed easily and was never disturbed by quiet moments. The participants used gestures to make their stories more alive, and at a few occasions the participants and authors burst out in laughs because of the sense of humour in the stories. The nurses tried through the whole interview to lift up the importance of how you should act as a nurse towards the patient, meaning that your actions and skills together have an impact on the caring encounter. In the group process analysis a special subject that appeared through the whole interview was that if you, as a nurse, are working with patients suffering from dementia, you need to see them as individuals. The most central idea that the nurses brought up was that you have to see what makes each patient unique.

CONCLUSION
In this study the authors’ conclusions were that you need to see the unique in the patient to be able to create a caring encounter. Working with dementia is a demanding task, you as a nurse need to gain the patient’s trust and to try to see them from the inside. As a nurse you also need to have a lot of imagination and to show an interest for the patient’s earlier life. You need to be able to communicate both verbally and nonverbally, especially when dealing with patients suffering from dementia, because of their reduced abilities. The environment also affects the patient suffering from dementia, and it can change the way she acts. Old beliefs and a lack of knowledge about illness in the black communities, make it difficult to provide caring encounter. That is why it is of importance that you as a nurse have an understanding for different cultures. What the authors have argued and discovered is that you can build a professional caring relationship once you see the unique in the patient.

DISCUSSION

Result discussion

The aim of this study was to get a deeper understanding how South African nurses’ experience caring encounters in care situations with elderly suffering from dementia. Two main themes that emerged from the analysis were: ‘Finding the unique creates a caring relationship in nursing’ and ‘The unique culture has an impact on nursing care’. Through the interview the informants explained, according to their earlier lived experiences, that you have to gain trust and be honest to be able to communicate with the patients. The way you as a nurse act verbally and nonverbally will result in how a caring encounter will arise and how the relationship between the nurse and the patient will be in the future. Armani & Björlin et al.(2002) also point out that the nature of an interaction between a caregiver and a patient suffering from dementia appears depends on what both parts mediate in the interaction and how it is mediated. Rundqvist & Severinsson (1999) write that a true relationship includes a true meeting, and they also express that a well-functioning, caring relationship is the basis for professional care that otherwise becomes task-orientated. The informants pointed out that dealing with patients suffering from dementia communication is a difficult task. The patients’ reduced abilities to express themselves makes the nurse an important mediator. As a consequence, to understand the patient a nurse must, through a keen ear and attentive eye, be open to the messages that the patient is trying to mediate. According to the informants just to let the patient know that you are there is a way to let the patient decide when to communicate. Rundqvist & Severinsson (1999) also points out in their discussion that even if the patient’s words do not make sense, confirmation can be given to the underlying meaning, as well by eye-contact, showing that ‘I hear and understand’. Berg et al (1998) mean that the caring process relies on the nurses’ knowledge, understanding and insight but also on the ordinariness of being a human being.
The authors think that this is why it is important, as a caregiver, to understand the relationship of the patient’s cultural heritage to the things she desires and has faith in.

The informants emphasized during the whole interview that, when dealing with patients suffering from dementia, you, as a nurse, need to use your imagination and from earlier lived experiences get the kind of knowledge that you cannot get from professional literature. Through your lived experiences we develop as human beings, and a nurse should be encouraged to use those experiences to get a deeper understanding of the patients’ behaviors. Mattiasson & Randers (1999) argue that nursing must be based, not only on theoretical and practical knowledge, but also on knowledge built on lived experiences.

Since South Africa is a multicultural country nurses often end up in care situations with patients from different cultures. Some dementia patients and their families do not always see the illness as a disease. According to traditional beliefs when a patient shows the symptoms of dementia it is the aunt sisters who are talking through her mind. This is something you as a nurse need to respect and have in consideration when dealing with patients from other cultures. Leininger’s theory is of big importance, since nurses today now -- and even more in the future -- need knowledge that can help them in their decisions and actions in the nursing of people from other cultures (Leininger, 1994). During the interview the informants did not say anything directly about how they reflect on cultural differences and how they in caring encounters put their own cultural views aside.

According to the informants, touching is a good nonverbal way to communicate; it makes the patient feel relaxed and comfortable. It gives the patients confirmation that they are still there, and this increases their self esteem. The informants pointed out that through touch the patients feel that they are loved. The authors mean that you, as a nurse, need to be aware that touching is something very personal, and that it has to be used carefully. Not everyone perceives touching as something comfortable, and the way you approach the patient can have an effect on how she will react. It is of importance that you, as a nurse, try to read the patients nonverbal signals before acting. This is something Rundquist & Serverinssons (1999) also think: that the tolerance and interpretation of ‘touching’ differs depending on the culture you come from and your sense of social belonging. Berg et al (1998) means that by seeing patients as unique humans with individual needs the patients will express their feelings in different ways.

As a summary the informants highlighted the importance of what you as a nurse can learn from earlier lived experiences and what you should consider before entering a new caring encounter. Every caring
encounter needs to be approached from each patient’s individual needs and condition. Skills that the informants emphasized were the ability to: gain trust, to listen to the patient, to have patience, to have an imagination, and to see them as unique individuals. Gynnerstedt & Lernå (in Agevall, 2000, page 77) mean that a caring encounter is really about a humanistic perspective that sees the equal value in every human being. A new caring encounter is always a new situation. To be able to accomplish the caring encounter, one must have plainness, empathy, respect, time, an ability to listen, knowledge and professionalism. A caring encounter also demands that the human is seen and respected for what she is (Agewall, 2000). Rundqvist & Severinsson (1999) declares that confirmation is an important factor for the caring relationship and to be confirmed is in a deep sense to be seen as the one you really are. This is something Eriksson (1995; 2002) also wants to express in her theoretical framework with a humanistic view of people.

Method discussion
By using a qualitative method with a hermeneutic approach the authors could interpret the participants lived experiences. The authors used a semi-structured group interview with a focus to create a discussion between the participants, so that they could inspire one another and share their earlier experiences. The authors wanted the participants to speak freely within the focus. Three question areas were introduced before the interview, and the authors are aware of that this could have affected the outcome of what was said during the interview. This was the first time that the authors performed a semi-structured group interview with a focus, and therefore the authors can not exclude that they affected the participants during the interview. The authors can neither exclude that misunderstandings with the language appeared during the analysis. If the authors had performed more than one interview the outcome might had turned out in differently. The authors believe that if the study would have been made in a rural area the outcome would have been different.
REFERENCES


APPENDIX 1.

Participant information leaflet and informed consent (interview)

Nurses' views of the importance of a good meeting (interaction) between nurses and elderly patients with dementia, in a South African context

Introduction

You are invited to volunteer as a participant in this research study. This information leaflet is to help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this leaflet, do not hesitate to ask the researchers. You should not agree to take part unless you are completely happy about what is expected of you.

The purpose of this part of the study is to describe nurses' views of the importance of a good meeting between nurses and elderly patients with dementia, in a South African context.

You are requested to participate in an interview of approximately 30 minutes. To be able to analyse the interview, it will be recorded on tape. The tape and the transcription thereof will be kept in a safe place and will be destroyed after analysis of the data.

The following questions will form the structure of the interview:

- **How do you describe a good meeting (interaction) with a patient with dementia?**

- **Which elements do you think facilitate a good meeting?**

- **Please tell us about a previous meeting that was good?**

This study protocol was submitted to the Research Ethics Committee of the University of Pretoria, Faculty of Health Sciences. The committee has granted written approval (S 182/2001). The study supervisor is Dr SJC van der Walt (354-1784). You are welcome to contact her should you need any more information.

Your participation in this study is entirely voluntary and you can refuse to participate or stop at any time without stating any reason. Your withdrawal will not be held against you. Please do not use any names by which you or any other person or institution can be identified. All information obtained during the course of the interview is strictly confidential. Data that may be reported in scientific journals will not include any information that identifies you as a participant in this study. Debriefing is available should you need it at any stage.

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INFORMED CONSENT

I hereby confirm that the researchers, Elisabeth Byh and Maria Mellerup. They have informed me about the nature and conduct of the study. I have also received, read and understood the above written information (Participant Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details will be anonymously processed into the study report. I may, at any stage, without prejudice, withdraw my consent and participation in the study. I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study. I am aware that I may request debriefing should traumatic experiences arise during the interview.

Participant's name __________________________ (Please print)
Participant's signature ______________________ Date___________

Witness's name: ____________________________
Witness's signature: _________________________
Date: ______________________________

We, Elisabeth Byh and Maria Mellerup, herewith confirm that the above participant has been informed fully about the nature, conduct and risks of the above study.

______________________________ _________________________________

Elisabeth Byh Maria Mellerup

Date____________________ Date____________________

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