

# Nurse empathy and the care of people with dementia

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## KEY WORDS

Dementia, empathy, nursing care, compassion, in-patient, hospital

## ABSTRACT

### Objective

Empathy is widely accepted as an essential nursing attribute yet the relationship between nurse empathy and the care of people with dementia in the hospital setting has rarely been explored. A number of themes have emerged from the relevant literature regarding the influences which shape a nurse's ability to deliver empathetic care to this patient cohort. These issues include a lack of hospital resources, an organisational focus on operational issues such as patient flow and risk management, and widespread stigmatisation of dementia in society.

### Setting

Acute and sub-acute facilities.

### Subjects

In-patients with dementia and nurses

### Primary argument

Although there is widespread acknowledgment that nurses require empathy to deliver quality care, the complexity of caring for people with dementia in hospital creates further challenges for both nurses and patients. This issue has been discussed previously but there is little evidence that the situation has improved.

### Conclusion

This paper details the relevant influences on the ability of nurses to care empathetically for people with dementia in hospital. The recognition that there are distinct factors related to this patient cohort is an important one and may assist nurses and health organisations to identify systemic and individual problems associated with hospitalisation and lead to the implementation of supportive strategies. Appropriate nurse-patient ratios which consider the additional workload attached to caring for people with dementia, clinical supervision and targeted nurse education must be considered to ensure health systems deliver appropriate person-centred care to people with dementia.

## INTRODUCTION

A sign of our ageing population is the increased prevalence of dementia (Access Economics 2009). Dementia is defined by the World Health Organization (WHO) as, ‘...a syndrome due to disease of the brain – usually of a chronic or progressive nature – in which there is a disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement’ (WHO 2012, p7). It is projected that globally the number of people with dementia will nearly double every 20 years to 65.7 million in 2030 and 155.4 million in 2050 (WHO 2012). Despite extensive research, there is currently no cure for dementia and no effective prevention strategy (van Norden et al 2012), making quality nursing care an important component of treatment.

It is not possible for nurses to care appropriately for patients without the vital ingredient of empathy. One description of empathy is “understanding, sharing and creating an internal space to accept the other person, hence helping them to feel understood and not alone” (Cunico et al 2012, p2016). Empathy has been described as a necessary component of all caring relationships (Mercer and Reynolds 2002). If empathy is lacking, nurses are unable to understand the patient’s perspective, create trust, and deliver person-centred care (Griffiths et al 2012). May (1990) questioned if it was realistic to expect nurses to be empathetic considering the increasing demands placed on the role. More than 20 years later factors which facilitate nurses to deliver high quality, compassionate inpatient care continue to be debated (Bridges et al 2013).

Patients with dementia are commonly admitted to hospital with acute illnesses and dementia is a co-morbidity to the presenting problem (Hermann et al 2015). Despite many articles being written about the concept of empathy, many that refer to people with dementia are contextually in residential care. People with dementia are more than twice as likely to be admitted to Australian hospitals as those without (AIHW 2013), however there has been very little written about the relationships between staff and inpatients with dementia. The argument presented in this paper is that there are multiple factors which shape nurses’ ability to deliver empathetic care to patients with dementia, in particular the work environment, organisational support, economic issues and societal influences. These factors must be addressed in relation to the care of people with dementia. The aim of this discussion paper is to examine nurse empathy in the context of caring for people with dementia in hospitals and suggest strategies for overcoming the barriers to the delivery of empathetic nursing care to this patient group.

## DISCUSSION

### The concept of empathy

The concept of empathy has been difficult to define but is generally understood to mean that an environment is created in which a person feels understood and accepted, by the demonstration of kindness and warmth (Griffiths et al 2012). An expanded explanation is that empathy involves ‘understanding, sharing and creating an internal space to accept the other person, hence helping them to feel understood and not alone’ (Cunico et al 2012, p2,016). Compassionate care is then a result of having empathy for another person and responding to their needs with humanity, relieving pain and distress: in other words, compassion implies that we not only understand a person’s suffering but that we respond to it (Straughair 2012). To empathise with a person with dementia therefore involves gaining insight into a fragmented and confused world which may be changing, unpredictable and sometimes frightening (Cunningham 2006).

It has been suggested that nurses should work with empathy and compassion but retain a degree of detachment in order to allow the nurse’s concern for the patient to be evident but maintain an emotional separateness (Edberg and Edfors 2008). This is to protect the nurse from losing objectivity and may decrease the likelihood

of burnout (Maslach et al 2001). It is important to recognise that caring empathetically can render the nurse emotionally vulnerable, and consequently the benefit to the patient is not without cost, therefore to be most effective nurses must find an appropriate balance between engagement and detachment (Austin 2011).

### **Factors influencing empathy with people with dementia in hospital**

The specific issues of people with dementia and the relationship with nurses in the hospital setting has received very little attention. Previous research has focussed mainly on residential care facilities where it is estimated that in Australia approximately 50% of the residents have dementia (AIHW 2012) with similar figures in other developed countries (Wimo and Prince 2010). The hospital environment can be noisy, busy and unfamiliar which may exacerbate the person with dementia's problems with spatial disorientation which can worsen anxiety and make care more challenging (Marquardt 2011). People with dementia may have attributes which make connection with other people more difficult because their ability to communicate and understand the needs of others can be impaired (Moreau et al 2015). This may impact on the nurse/patient relationship which is already strained because of time constraints, lack of understanding about dementia and inappropriate ward environment (Turner et al 2015).

### **Stigmatisation**

There is evidence that both old age and dementia are conditions that are stigmatised by society, often in subtle and unacknowledged ways (Phillipson et al 2012). Stigmatisation of people with dementia by nurses and other health care providers, can be apparent although it is less prevalent in those with more education and hence a greater understanding of the condition (Mukadam and Livingston 2012). Despite this, educated health professionals can also demonstrate prejudice against people with mental health conditions including dementia (Blay and Peluso 2010). Judging and labelling patients can perpetuate stigma about people which influence the nurses' attitude towards patients and consequently their care (Scodellaro and Pin 2013). Demonstrations of stigmatisation of people with dementia include insinuating that the behavioural symptoms of dementia are deliberate and in the control of the person rather than a symptom of the condition or a demonstration of unmet need (Mukadam and Livingston 2012). For instance a person with dementia who is shouting 'Brian, Brian!' constantly may be interpreted by a nurse with poor insight into the condition as being wilful and irritating, whereas the person may in fact have a physical need such as thirst or pain which they are unable to express in a conventional way. The media must take responsibility for some of the negative projections of dementia in society including the emphasis on decline and the loss of capacity, and the burden on the community and families, despite the fact that many families actually feel satisfied in their caring role (Van Gorp 2012). The prevalence of these negative attitudes permeates all levels of society, influencing the ability of health professionals to see people with dementia as worthy of person-centred empathetic care (Milne 2010).

### **Nurse stress**

Frustration and emotional exhaustion are common among nurses caring for people with dementia (Griffiths et al 2014). Because of the fast pace in hospital settings the problem is augmented by the complex needs of the patients with dementia and the limitations on what nurses can achieve during a working day (Fukuda et al 2015). Nurses need to be cared for and supported from an organisational perspective to empower them to care sensitively for their patients (Maben et al 2012b). Disharmony can be evident when the hospital environment is at odds with the requirements needed to care for people with dementia sensitively (Sánchez et al 2013). Flawed organisational priorities can also be blamed for the frustration and 'workplace suffering' generated by the gap between what nurses are able to do in terms of care and treatment and what they feel they should do (Biquand and Zittel 2012). Nurses may be distressed by the recognition of the needs of the person with dementia while faced with organizational constraints which prevent them from delivering

appropriate care (Bridges et al 2013). A higher level of stress in nurses is closely linked with their self-efficacy and well-being which in turn impacts on their ability to care empathetically (Austin 2012).

In some cases nurses who have been the victims of violent behaviour from patients can show a high incidence of depersonalisation, burnout and psychological stress which reduces their capacity to deliver empathetic care (Scott et al 2011). Furthermore, a correlation has been demonstrated between nurse working characteristics and patient behavioural symptoms: people with dementia who are cared for by nurses who experience a lower degree of job strain show a lower incidence of disruptive behaviours (Edvardsson et al 2008).

Nurses can experience increased stress levels if patients are aggressive (Scott et al 2011). This aggressive behaviour can make the process of caring effectively even more difficult, however if the nurse is able to see that the patient is not responsible for their behaviour and can contextualise it in terms of the illness, they are less likely to be personally affected and more likely to continue the delivery of appropriate care (Ostaszewicz et al 2015). Nurses' Emotional Intelligence (EI) which is a measure of their emotional, personal and social abilities and skills is relevant to their capacity to care for their patients with empathy and compassion. Nurses who have a higher EI score have the propensity to be more empathetic especially when this quality is developed through education and support (Austin 2012).

Furthermore, nurses' stress has been shown to negatively impact on the behaviour of people with dementia (Edvardsson et al 2012), and lead to high staff turnover (Chenoweth et al 2014). It is not uncommon to find that patients with dementia are cared for by overworked staff who do not believe that the patients have the capacity to engage in personal interactions, and who consequently focus on the physical tasks (Blagg and Petty 2015). Protests from the patients are then seen as a symptom of the disease rather than being due to inappropriate treatment (Sabat et al 2011). This unsatisfactory relationship between staff and patient behaviour was termed 'malignant social psychology' (Kitwood 1997, p.45) and is demonstrated by staff who see people with dementia as 'personless' and unworthy of engagement (Penrod et al 2007). Nurses may demonstrate this by treating the person with dementia with dehumanising attitudes such as objectification, disempowerment and stigmatisation (Kitwood 1997). Carers of people with dementia who consider them to be valueless or empty consequently see their work as worthless and futile, which impacts on their ability to empathise with people (Chenoweth et al 2014). Nurses who feel disempowered are similarly unable to relate meaningfully to the patients and instead focus on the technical aspects of care (Terrizzi DeFrino 2009). It is important to note that nurses who are more empathetic and therefore have the ability to understand the person's feelings have greater job satisfaction (Lim et al 2011).

### **Resources and operational priorities**

The nurses' ability to deliver ethical care can be constrained by the diminishing healthcare resources and tight fiscal restraint (Sanchez et al 2015). Nurses can feel that they are treated as a commodity rather than contributing team members in a culture which underplays the role of the nurse and engaged humanistic care (Austin 2011). Quality of care is directly linked to nurse-patient ratios, staff support and staff turnover, with comforting and talking to patients the tasks most often left undone when workload and other pressures increase (Duffield et al 2011). However it has been demonstrated that consistency of staff over a period of time can allow the connection between the staff and the person with dementia to develop and the relational aspects of care are then prioritised above the completion of tasks (Clissett et al 2013). The pressure to increase the flow of patients through the hospital system decreases the opportunities for nurses to develop a connection with patients which interferes with the therapeutic nurse/ patient relationship (Goodrich 2012). Significantly these time pressures can also lead to an increase in medical errors and ineffective care delivery (McSherry et al 2012).

### **The effect of technology**

There has been speculation that empathy in nurses has declined with a rise in the technological and biomedical approach to care due to the decreased focus on the human perspective (Watson 2009). The relationship between the nurse and the patient is changed with the dependence on technology, and it is increasingly difficult (but still possible) to prioritise the human factor in the relationship (Buckner and Gregory 2011). Both the increasing demands of technology and the rise of consumerism put pressure on nurses to practice nursing in other non-traditional ways (Schantz 2007) and the 'softer' nursing qualities such as empathy and listening have also been described as at odds with 'academic' nursing related to technology and biomedical aspects of care (Griffiths et al 2012). It is important that empathetic care is not gradually eroded over time as the nursing culture becomes more technology dependent.

### **Risk management and relational practices**

According to Austin (2011) relational practices of nurses have deteriorated not only in response to excessive workload but to the change in culture of nursing as a 'caring profession' to one of a customer/ service-provider model. The focus on customer satisfaction which stems from commercialism reframes the definition of nursing, and scripts nurses to respond to patient needs in ways which satisfy the model often to the detriment of sincerity (Austin 2011). As concepts such as empathy and compassion are difficult to measure (Yu and Kirk 2009) nurses spend their time 'ticking boxes' rather than listening to and comforting the patients (Bradshaw 2009).

Health services across the world, including Australia, have experienced rapid change in the past 50 years however in the light of these changes the essence of nursing has evolved from one in which the first premise is caring, to a new paradigm which has a focus on risk mitigation, accountability and patient flow (Roch et al 2014). There is a danger that the traditional nursing values which heavily emphasised empathetic care and patient comfort are being superseded in a society which values efficiency.

### **Strategies to improve empathetic care**

The two major factors needed to improve empathetic care for people with dementia involve education and support for nurses and other staff (Cunico et al 2012). On-going education about dementia is essential for nurses who care for people with dementia so that they have the knowledge and the required strategies to care effectively for people with dementia in hospitals (Nayton et al 2014). Without a good understanding of the dementia condition, nurses are compromised in their ability to recognise the behaviour and respond to the patients appropriately (Chenoweth et al 2014). Appropriate on-going education improves care but also has a positive impact on nurse retention and improves nurses' job satisfaction as they not only become more masterful in the role but feel valued and supported by their organisation (Chenoweth et al 2014). Furthermore it is important to ensure that the nurses feel well supported by managers and their colleagues when they are caring for those who have concurrent acute medical illnesses as well as dementia, as this creates additional challenges (Clissett et al 2013). Appropriate education can include improving communication between nurses and patients, especially in the case of patients with dementia where communication can be difficult. Empathy must not only be felt by the nurse, but communicated to the patient or it loses its meaning (Webster 2010). It has been shown that nurses can be taught to develop their rapport with patients (Dewar 2011). However some believe that empathy is an innate quality which cannot be learned, although it can be recognised and encouraged (Richardson et al 2015). Nurses who are taught to be more aware of how their own beliefs and values influence their relationship with patients are more likely to change their attitudes positively (Harper and Jones-Schenk 2012). It is recommended that 'relational practices' warrant a higher place on the educational and competency agendas in order to support nurses to deliver appropriate compassionate care (Dewar and Nolan 2013).

### Support for nurses

The need for emotional and practical support is particularly evident in nurses who care for people with dementia. Nurses have been shown to benefit considerably from clinical supervision in which individuals are given the opportunity to meet regularly with more senior or experienced practitioners in order to receive relationship-based support and guidance, and engage in reflective practice (Pearce et al 2013). Nurses who are provided with regular opportunities to discuss their workplace challenges have greater job satisfaction and a lower incidence of burn-out (Kemp and Baker 2013).

Actions which express the concern and support of managers for the nurses is very important in that it shows that there is a team approach to care and the difficulties are acknowledged (Moyle et al 2011). The understanding of the word 'team' can be extended to the whole of the organisation and health system as demonstrated in a study of the United Kingdom National Health Service performance which revealed '...cultures of engagement, positivity, caring, compassion and respect for all – staff, patients and the public – provide the ideal environment within which to care of the health of the nation' (West and Dawson 2012). Nurses who feel they are not alone in the challenges they face (Maben et al 2012a) and who feel valued and supported by the organisation will derive greater satisfaction from their work (Chenoweth et al 2014).

### CONCLUSION

Dementia adds complexity to the nurse-patient relationship in hospital and requires specialised understanding in order to enable quality care to be delivered. In this paper empathy has been discussed in relation to the barriers and enablers to caring empathetically for people with dementia in hospital from a nursing perspective.

The barriers are multi-factorial but include society's stigmatisation of people with mental health problems which permeates into the health arena and cause nurses to unwittingly discriminate against people with dementia. The increasing pressure from fiscal restraint, increased patient flow-through and technology experienced by nurses impact on their ability to relate effectively to the people in their care. Lack of time and resources to support nurses leads to dissatisfaction with the role; a problem which is ultimately reflected in the quality of care delivered to the patients.

### RECOMMENDATIONS

Health services will continue to care for a greater number of patients with dementia as the population ages. Traditional nursing values which include empathy must be supported despite the challenges of the modern healthcare environment. Nurse empathy has been demonstrated to be a vital ingredient in the provision of quality care for people with dementia in hospital. In order to improve this situation, nurses require organisational backing which includes an understanding of the increased needs of people with dementia reflected in nurse-patient ratios. Organisational initiatives including ensuring there are opportunities for clinical supervision must be implemented and sustained if nurses are to receive the support they need. Targeted education about dementia would increase nurses' understanding of the condition and enable a more objective appreciation of patient behaviour, allowing nurses to maintain an empathetic approach in the face of challenging behaviour. Improving the support for nurses will advance the care of patients with dementia in hospital.

### REFERENCES

- Access Economics. 2009. Keeping Dementia Front of Mind: Incidence and Prevalence 2009-2050. Canberra: Access Economics.
- AIHW. 2012. *Dementia in Australia*. Edited by Australian Institute of Health and Welfare. Canberra: AIHW.
- AIHW. 2013. *Dementia care in Hospitals: Costs and Strategies*. edited by AIHW. Canberra.
- Austin, W. 2011. The incommensurability of nursing as a practice and the customer service model: An evolutionary threat to the discipline. *Nursing Philosophy*, 12(3):158-166.



- Austin, W. 2012. Moral distress and the contemporary plight of health professionals. *HEC Forum*, 24 (1):27-38.
- Biquand, S. and Zittel, B. 2012. Care giving and nursing, work conditions and humanity. IOS Press:1828-1831.
- Blagg, R. and Petty, S. 2015. Sustainable staff well-being within older mental health. *Mental Health Review Journal*, 20(2):92-104.
- Blay, S.L. and Peluso, E. 2010. Public stigma: The community's tolerance of Alzheimer Disease. *The American Journal of Geriatric Psychiatry*, 18(2):163-171.
- Bradshaw, A. 2009. Measuring nursing care and compassion: The McDonaldised nurse? *Journal of Medical Ethics*, 35(8):465-468.
- Bridges, J., Nicholson, C., Maben, J., Pope, C., Flatley, M., Wilkinson, C., Meyer, J. and Tziggili, M. 2013. Capacity for care: Meta-ethnography of acute care nurses' experiences of the nurse-patient relationship. *Journal of Advanced Nursing*, 69(4):760-772.
- Buckner, M. and Gregory, D. 2011. Point of care technology: Preserving the caring environment. *Critical Care Nursing Quarterly*, 34(4):297-305.
- Chenoweth, L., Merlyn, T., Jeon, Y.H., Tait, F. and Duffield, C. 2014. Attracting and retaining qualified nurses in aged and dementia care: Outcomes from an Australian study. *Journal of Nursing Management*, 22(2):234-247.
- Clissett, P., Porock, D., Harwood, R. and Gladman, J. 2013. The challenges of achieving person-centred care in acute hospitals: A qualitative study of people with dementia and their families. *International Journal of Nursing Studies*, 50(1):1495-1503.
- Cunico, L., Sartori, R., Marognoli, O. and Meneghini, A. 2012. Developing empathy in nursing students: A cohort longitudinal study. *Journal of Clinical Nursing*, 21(13-14):2016-2025.
- Cunningham, A. 2006. Supporting people with dementia in acute hospital settings. *Nursing Standard*, 20(43):51-55.
- Dewar, B. 2011. Valuing compassion through definition and measurement. *Nursing Management*, 17(9):32-37.
- Dewar, B., and Nolan, M. 2013. Caring about caring: Developing a model to implement compassionate relationship centred care in an older people care setting. *International Journal of Nursing Studies*, 50(9):1247-1258.
- Duffield, C., Diers, D., O'Brien-Pallas, L., Aisbett, C., Roche, M., King, M. and Aisbett, K. 2011. Nursing staffing, nursing workload, the work environment and patient outcomes. *Applied Nursing Research*, 24(4):244-255.
- Edberg, A. K., and Edfors, E. 2008. Nursing care for people with frontal-lobe dementia - difficulties and possibilities. *International Psychogeriatrics* 20 (2):361-74.
- Edvardsson, D., Sandman, P.O., Nay, R. and Karlsson, S. 2008. Associations between the working characteristics of nursing staff and the prevalence of behavioral symptoms in people with dementia in residential care. *International Psychogeriatrics*, 20(4):764-776.
- Edvardsson, D., Sandman, P.O. and Rasmussen, B. 2012. Forecasting the ward climate: A study from a dementia care unit. *Journal of Clinical Nursing*, 21(7-8):1136-1114.
- Fukuda, R., Shimizu, Y. and Seto, N. 2015. Issues experienced while administering care to patients with dementia in acute care hospitals: A study based on focus group interviews. *International Journal of Qualitative Studies on Health and Well-Being*, 10.
- Goodrich, J. 2012. The contribution of Schwartz Centre Rounds to hospital culture. 8th International Organisational Behaviour in Healthcare Conference, Dublin.
- Griffiths, A., Knight, A., Harwood, R. and Gladman, J.R.F. 2014. Preparation to care for confused older patients in general hospitals: a study of UK health professionals. *Age and Ageing*, 43(4):521-527.
- Griffiths, J., Speed, S., Horne, M. and Keeley, P. 2012. 'A caring professional attitude': What service users and carers seek in graduate nurses and the challenge for educators. *Nurse Education Today*, 32(2):121-127.
- Harper, M.G. and Jones-Schenk, J. 2012. The emotional intelligence profile of successful staff nurses. *The Journal of Continuing Education in Nursing*, 43(8):354-362.
- Hermann, D.M., Muck, S. and Nehen, H.G. 2015. Supporting dementia patients in hospital environments: health-related risks, needs and dedicated structures for patient care. *European Journal of Neurology*, 22(2):239-245.
- Kemp, S.J. and Baker, M. 2013. Continuing Professional Development – Reflections from nursing and education. *Nurse Education in Practice*, 13(6):541-545.
- Kitwood, T. 1997. *Dementia Reconsidered: The Person Comes First*. Buckingham: Open University Press.
- Lim, B.T., Moriarty, H. and Huthwaite, M. 2011. "Being-in-role": A teaching innovation to enhance empathic communication skills in medical students. *Medical Teacher*, 33(12):e663-e669.
- Maben, J., Adams, M., Peccei, R., Murrells, T. and Robert, G. 2012a. 'Poppets and parcels': The links between staff experience of work and acutely ill older peoples' experience of hospital care. *International Journal of Older People Nursing*, 7(2):83-94.
- Maben, J., Peccei, R., Adams, M., Robert, G., Richardson, A., Murrells, T. and Morrow, E. 2012b. Exploring the relationship between patients' experiences of care and the influence of staff motivation, affect and well-being. In Final Report. London: NIHR Service Delivery and Organisation programme.
- Marquardt, G. 2011. Wayfinding for people with dementia: The role of architectural design. *Health Environments Research & Design Journal*, 4(2):22-41.
- Maslach, C., Schaufeli, W. B. and Leiter, M. P. 2001. Job Burnout. *Annual Review of Psychology* 52(1):397-422.

- May, C. 1990. Research on nurse-patient relationships: Problems of theory, problems of practice. *Journal of Advanced Nursing*, 15(3):307-315.
- McSherry, R., Pearce, P., Grimwood, K. and McSherry, W. 2012. The pivotal role of nurse managers, leaders and educators in enabling excellence in nursing care. *Journal of Nursing Management*, 20(1):7-19.
- Mercer, S.W. and Reynolds, W.J. 2002. Empathy and quality of care. *British Journal of General Practice*, 52(Supplement 1):9-12.
- Milne, A. 2010. The 'D' word: Reflections on the relationship between stigma, discrimination and dementia. *Journal of Mental Health*, 19(3):227-233.
- Moreau, N., Rauzy, S., Viallet, F. and Champagne-Lavau, M. 2015. Theory of mind in Alzheimer disease: evidence of authentic impairment during social interaction. *Neuropsychology*, 30(3):312-321.
- Moyle, W., Borbasi, S., Wallis, M., Olorenshaw, R. and Gracia, N. 2011. Acute care management of older people with dementia: A qualitative perspective. *Journal of Clinical Nursing*, 20 (3-4):420-428.
- Mukadam, N., and Livingston, G. 2012. Reducing the stigma associated with dementia: Approaches and goals. *Aging Health*, 8(4):377-386.
- Nayton, K., Fielding, E., Brooks, D., Graham, F. and Beattie, E. 2014. Development of an Education program to improve care of patients with dementia in an acute care setting. *The Journal of Continuing Education in Nursing*, 45(12):552-558.
- Ostaszkiwicz, J., Lakhan, P., O'Connell, B. and Hawkins, M. 2015. Ongoing challenges responding to behavioural and psychological symptoms of dementia. *International Nursing Review*, 62(4):506-516.
- Pearce, P., Phillips, B., Dawson, M. and Leggat, S. 2013. Content of clinical supervision sessions for nurses and allied health professionals: A systematic review. *Clinical Governance*, 18(2):139-154.
- Penrod, J., Yu, F., Kolanowski, A., Fick, D., Loeb, S. J. and Hupcey, J.E. 2007. Reframing person-centered nursing care for persons with dementia. *Research and Theory for Nursing Practice*, 21(1):57-72.
- Phillipson, L., Magee, C.A., Jones, S.C. and Skladzien, E. 2012. Correlates of dementia attitudes in a sample of middle-aged Australian adults. *Australasian Journal on Ageing*, 33(3):158-163.
- Richardson, C., Percy, M. and Hughes, J. 2015. Nursing therapeutics: Teaching student nurses care, compassion and empathy. *Nurse Education Today*, 35 (5):e1-e5.
- Roch, G., Dubois, C-A. and Clarke, S. P. 2014. Organizational climate and hospital nurses' caring practices: A mixed-methods study. *Research in Nursing & Health*, 37(3):229-240.
- Sabat, S.R., Johnson, A., Swarbrick, C. and Keady, J. 2011. The 'demented other' or simply 'a person'? Extending the philosophical discourse of Naue and Kroll through the situated self. *Nursing Philosophy*, 12(4):282-292.
- Sánchez, A., Millán-Calenti, J.C., Lorenzo-López, L. and Maseda, A. 2013. Multisensory stimulation for people with dementia: A review of the literature. *American Journal of Alzheimer's Disease and Other Dementias*, 28(1):7-14.
- Sanchez, S., Mahmoudi, R., Moronne, I., Camonin, D. and Novella, J.L. 2015. Burnout in the field of geriatric medicine: Review of the literature. *European Geriatric Medicine*, 6(2):175-183.
- Schantz, M. L. 2007. Compassion: A concept analysis. *Nursing Forum*, 42(2):48-55.
- Scodellaro, C. and Pin, S. 2013. The ambiguous relationships between aging and Alzheimer's disease: A critical literature review. *Dementia*, 12(1):137-151.
- Scott, A., Ryan, A., James, I. and Mitchell, E. 2011. Psychological trauma and fear for personal safety as a result of behaviours that challenge in dementia: The experiences of healthcare workers. *Dementia*, 10(2):257-269.
- Straughair, C. 2012. Exploring compassion: Implications for contemporary nursing. *British Journal of Nursing*, 21(4):239-244.
- Terrizzi DeFrino, D. 2009. A theory of the relational work of nurses. *Research and Theory for Nursing Practice*, 23(4):294-311.
- Turner, A., Eccles, F.J.R., Elvish, R., Simpson, J. and Keady, J. 2015. The experience of caring for patients with dementia within a general hospital setting: a meta-synthesis of the qualitative literature. *Aging & Mental Health*. DOI: 10.1080/13607863.2015.1109057
- Van Gorp, B. 2012. Frames and counter-frames giving meaning to dementia: A framing analysis of media content. *Social Science & Medicine*, 74(8):1274-1281.
- van Norden, A.G.W., van Dijk, E.J., de Laat, K.F., Scheltens, P., OldeRikkert, M.G.M. and de Leeuw, F.E. 2012. Dementia: Alzheimer pathology and vascular factors: From mutually exclusive to interaction. *Biochimica et Biophysica Acta (BBA) - Molecular Basis of Disease*, 1822(3):340-349.
- Watson, J. 2009. Caring science and human caring theory: Transforming personal and professional practices of nursing and healthcare. *Journal of Health and Human Services Administration*, (Spring) 31(4):466-482.
- Webster, D. 2010. Promoting empathy through a creative reflective teaching strategy: A mixed-method study. *Journal of Nursing Education*, 49(2):87-94.
- West, M.A. and Dawson, J.F. 2012. Employee engagement and NHS performance. London: The King's Fund.
- WHO. 2012. Dementia A Public Health Priority. edited by Alzheimer's Disease International. Geneva, Switzerland: World Health Organization.
- Wimo, A. and Prince, M. 2010. World Alzheimer Report 2010: The Global Impact of Dementia. London: Alzheimer's Disease International.
- Yu, J. and Kirk, M. 2009. Evaluation of empathy measurement tools in nursing: Systematic review. *Journal of Advanced Nursing*, 65(9):1790-1806.