ORIGINAL ARTICLE

Communication and assessment of pain in hip fracture patients with dementia - experiences of healthcare professionals at an accident and emergency department in Sweden

Nail Seffo[1,2], Eric Hamrin Senorski[3], Olof Westin[2], Eleonor Svantesson[2], Ferid Krupić[1,2]

[1]Department of Anaesthesiology, [2]Department of Orthopaedics; Institute of Clinical Sciences, [3]Department of Health and Rehabilitation, Institute of Neuroscience and Physiology; Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden

ABSTRACT

Aim To describe the experience of healthcare professionals in assessing pain and communication in patients with hip fractures and dementia in an emergency department.

Methods Data were collected through focus group interviews using open-ended questions, following an interview guide and qualitative content analysis. Twenty one registered nurses participated in the interviews, five male and 16 female, aged 26 to 55 years.

Results The analysis of the interviews resulted in three main categories: "Arrival at the emergency department", "Hip track" and "Handover to the ward", including a number of subcategories. All nurses reported that the assessment of pain and communication with patients with dementia and hip fractures was a complex process. A great deal of stress, fast and brief communication, quick decisions and quick treatments in assessment of pain were only some of the difficulties the nurses emphasized. They also suggested a whole series of improvements for those patients.

Conclusion The situation of patients with hip fracture and dementia on the emergency department and healthcare professionals who communicate and assess their pain can be said to be untenable. The care environment in the emergency department is not adapted to patients and can of course depend on several factors. To meet the needs of the future and increased numbers of those patients, some improvements such as more extensive research and more studies on the experiences of both the patients and healthcare professionals are required.

Key words: dementia, emergency department, experiences, hip fracture, qualitative research, staff

Corresponding author:
Nail Seffo
Department of Orthopaedics; Institute of Clinical Sciences, Sahlgrenska Academy, University of Gothenburg
Göteborgsv. 31 SE 41308,
Gothenburg, Sweden,
Phone: +46 31 343 11 35;
Fax: 46-31-46 43 12;
E-mail: nail.seffo@gmail.com
http://www.orcid.org/0000-0002- 9931-6771

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INTRODUCTION

Many patients cared for in emergency care are elderly. Among these, dementia is not an uncommon condition. The stress dementia entails, and the unknown environment with unknown people often aggravates, the intellectual and communicative difficulties of these patients. In Sweden, approximately 160,000 people are expected to suffer from dementia and about 33% of patients who are admitted to hospital as emergency cases due to hip fracture suffer from acute or chronic confusion or dementia upon admission (1,2). Approximately 7% of the elderly population and 20-30% of 85-year-olds are affected (2). Epidemiological reports indicate that dementia is one of the most increasing diseases in the next few years and in many countries, the number of people with dementia will double due to lack of curative treatments (3,4). Therefore, healthcare professionals have a difficult and important task in identifying pain in elderly people with dementia (5).

Dementia affects both the cognitive and intellectual functions of the brain (6), hence people with dementia have difficulties to recognize pain and convey pain verbally. As a result, pain often remains undiscovered, misunderstood and misjudged (7). Managing acute pain in people with cognitive impairment is a challenge for emergency nurses operating within an often chaotic and time restricted setting. For emergency healthcare professionals time is a critical factor, specifically when using pain assessment tools in their clinical practice (8). Previous studies on communication and identifying pain report that untreated pain can lead to cognitive impairment including a person's quality of life (7). To identify and estimate pain, there are many measurements, often time-consuming and demanding, whereas people with dementia do not have sufficient cognitive ability to estimate their own pain (9). In order to assess pain in patients with dementia, healthcare professionals need knowledge of common symptoms and appropriate measurement tools. However, for cognitively impaired elderly people, visual or verbal analogue scales are of questionable use, and may decrease recognition and assessment of pain intensity (10,11). In addition, communication impairments are common for all types of dementia during the time these patients spend in hospital and after care (12-15).

It remains unknown how healthcare professionals in the emergency department (ED) can communicate, perceive patient's pain and undertake acute pain assessment to support the timely and appropriate delivery of analgesia for older persons with hip fractures and dementia. According to Travelbee (16), the communication between nurses and patients is a person-to-person relationship. This relationship has four stages: the initial encounter, emerging identities, empathy and sympathy. In order to achieve mutual understanding, patients and nurses pass through all these stages to relate to each other as human beings and not solely as nurse and patient. Sympathy is defined as ability to be truly interested in the feelings someone else is experiencing. Travelbee (16) also stated that it is not possible to be sympathetic at a distance. Some aspects of Travelbee's work were the inspiration for this study, as it involves communication by nurses, with a reflection on sympathy as a vital element in the patient-nurse relationship, where that relationship is seen as being between two people and not just in a professional context. There is little literature on emotional engagement and detachment, and the effort involved in providing care. In this study, we explored relationships between nurses and patients with dementia who had sustained a hip fracture, emphasizing the outcomes of those relationships for both the nurse and the patient. Since no or few practical guidelines exist for everyday work with such patients, it is possible that problems in communication will occur, whereby it is difficult to alleviate tension and guarantee good communication (17,18). One study focused on student nursing assistants in their training in dealing with patients with dementia, how to understand it and treat demented patients. It found that the course was good, showing that it was necessary to understand cognitive dysfunction, and that establishing communication with severely demented patients was vital. Moreover, the course did not raise the nursing assistants' confidence or their discernment of the level of their own skills in work with these patients (19).

The aim of the present study was to describe the experience of healthcare professionals in assessing pain and communication in patients with hip fractures and dementia on an ED.

PARTICIPANS AND METHODS

Participants and study design

This study was designed as a qualitative study using data from five focus group interviews (20). The study was conducted at an emergency ward of the University Hospital in the western part of Sweden. The heads of the emergency wards were contacted by the first author and were asked to allow registered nurses (RN) to participate voluntarily in the study. Only nurses with experience of working with hip fracture patients with dementia were eligible to take part in the study. This involved 21 nurses, who participated in the interview, 5 males and 16 females. The participating healthcare professionals were between 26 and 55 years of age and had worked as registered nurses for between 1 and 35 years (median 3.5 years) (Table 1).

Table 1. Demographics of participants in terms of education, work and years of experience

Variable	No (%) of participants
Gender	
Male	5 (24)
Female	16 (76)
Education level	
Registered nurses	17 (81)
Nurse assistants	4 (19)
Age	
26-40 years	16 (76)
41-50 years	4 (19)
51-60 years	1 (5)
≥ 60 years	0
Work experiences	
≤ 5 years	11 (52)
6-10 years	3 (15)
11-15 years	2 (9)
16-20 years	3 (15)
≥ 20 years	2 (9)
Total	**21 (100)**

Methods

Data were collected by the first author through group interviews, using individualized, open-ended questions, following an interview guide inspired by Kvale (21). The interviews were performed from November 2018 to May 2019. The opening questions were *"Can you please describe your experience in communicating and assessing pain in hip fracture patients with dementia and in the emergency room"?* The initial questions were supplemented with other short questions, such as *"Could you please tell me more about that?"* and *"What do you mean by that?"*. All contacts with the individuals was arranged in collaboration with a key person at the emergency ward. Individuals who fulfilled the inclusion criteria were asked to participate in the study. When the key person had recruited enough participants, the first author of the study was contacted and the interview was arranged. Printed information about the aim and background of the study was distributed to the participating nurses and it was repeated to them orally before the interview. The interviews were carried out in groups at the emergency department of the hospital. The participating nurses were encouraged to speak freely, using their own words, and the interviewer encouraged the individuals to respond to the questions as comprehensively as possible. The interviewer only interrupted to ask questions or to follow up on the information given. The interviews lasted between 55 and 90 minutes, and were taped and transcribed verbatim.

Statistical analysis

The qualitative content analysis method, according to Graneheim and Lundman (22) was chosen for the analysis and interpretation of the data. This method is capable of condensing a large amount of data into a limited number of themes, categories, subcategories and codes. The data were analysed at the level of manifest. We studied the transcriptions in detail to draw out the subjects' thoughts and experiences. We then created units comprising a single word, or a few words or more, from their replies that were related in some way. These units were joined together in terms of their content and grouped into condensed units. A description was ascribed to these units that related to the original words and were then assigned codes and collected into subcategories (Table 2). These were then merged to deal with a clear topic (22). We mainly interpreted statements at the manifest level, according to Graneheim and Lundman, and the results that are shown are actual quotations from the replies (22). Since no physical intervention and no information on individual health issues were involved in the study, there was no need to involve the ethical board according to Swedish law (Swedish Health Care Act) (23). The World Medical Association Declaration of Helsinki (24) was followed carefully. The healthcare professionals' identities were protected, i.e. their names and personal identity numbers were not stated in the recordings or any publications.

Table 2. Illustration of the analysis process in various stages

	Stage Description
I	**Meaning unit** The first step is to identify the words, sentences and paragraph that have the same essential meaning and contain aspects related to each other through their content and context.
II	**Condensed meaning unit description close to the text** Meaning units related to each other through their content and context were then abstracted and grouped together into a condensed meaning unit, with a description close to the original text.
III	**More condensed meaning unit interpretation of the underlying meaning** The condensed text in the meaning unit was further abstracted and interpreted as the underlying meaning and labelled with a code.
IV	**Subcategories** Codes were grouped together based on their relationship, and codes that addressed similar issues were grouped together in subcategories.
V	**Categories** Subcategories that focused on the same problem were brought together in order to create more extensive conceptions.
VI	**Theme** Finally, a theme that covers the analysed text links the categories that appeared and emerged from the text.
VII	**Direct quotes** Presentation of results with direct quotes from the interviews

RESULTS

Analysis of the text in this study resulted in one theme and three main categories, and ten subcategories (Table 3).

Table 3. Overview of categories, subcategories and theme

Theme	Categories	Subcategories
Communication and assessment of pain on an emergency department – from the healthcare professionals' point of view	**Arrival at the emergency department**	First meeting with the dementia patients Communication Assessment of pain Support from relatives and colleagues
	Hip track	The opportunities of the staff Waiting to go to the ward Availability of healthcare professionals
	Handover to the ward	Handing over Cooperation Suggestions for improvement

Arrival at the emergency department

The majority of informants stated that the arrival of a patient with dementia and a hip fracture at the ED usually involves several hours of care activities such as preparation, coordination both internally and externally with other units, and collaboration with relatives, to achieve the best conditions for the patient's continued care and stay. However, most of the time the informants "spend" is precisely the time the patients are taken care of, and various preparations for the continued care. In most acute and chaotic situations, the informants described that there was a great deal of stress, fast and brief communication, quick decisions and quick treatments. So far, all the informants in this study have described that they have been able to handle the situation in their professional career, but the situations are sometimes difficult.

First meeting with the dementia patients. All informants in this study experienced meeting patients with dementia and hip fracture as positive and full of empathy. On the other hand, they also mentioned difficulties they encountered along the way when they helped these patients, despite the tasks being described as normal, everyday and as tasks that "spice up" their everyday job.

"A hip patient is often older, and dementia is not uncommon, so there is a lot of hassle with them that we have to deal with, such as putting in a peripheral vein catheter, sampling, blood group and base testing, a urinary catheter according to the new PM, and so on, which is very usual in this patient group. But we are care coordinators too. "

Despite the fact that nurses helped the patients on the basis of providing the best conditions, it is important to be open for individual adaptations. The approach for the health care staff is partly to plan step-wise / methodically, execute but also evaluate the outcome. According to the informants, the aim was to reduce the patient's pain relating to the accident. Any kind of touch may increase the experience of pain in the patient. It is only when the pain is manageable that the patient becomes less anxious and gets time to rest. The majority of informants described that they had to guess what might be the right thing to do when the patient was worried.

"... but I think of them expressing their pain with worry and I don't think you can exactly say if they have pain in the foot or hip or maybe they just need a kiss, and the worry increases if it's something special".

It is also emphasized that patients cannot be left alone in a room or in the waiting room without supervision, and someone has to be ready to intervene quickly if necessary. These patients are dependent on having someone talk to the informants. The best help in this case is to follow

routines and checklists for the particular group of patients, namely older hip patients in the emergency room.

"When I meet the patient, I try to be calm and do everything together so calmly and not stress him/her. I know the more you stress the more confused patients with dementia become. So, body language shows what we should do and calmly and methodically explain that you are there and have control of the situation. It usually calms them down. "

As conditions typically continued to improve, the patient was less worried with good pain relief, which in turn caused employees to experience a good working environment in the emergency room.

Communication. All informants highlight the importance of interaction between them and the patients, and it is assumed that everyone focuses on the patient. It is natural that communication, but also information are adapted to the individual's ability to understand their surroundings, for a positive outcome. All informants said that the response itself was appropriate:

"I start by going forward and trying to make eye contact. If necessary, I pat their hand slightly, hoping that the person will look up and see me. Then I tell them who I am and I do not talk much about information that does not make things easier for the patient."

Most informants emphasized aspects such as eye contact and physical contact as the most important initial communication in the short meeting with a patient. Appropriate information, information flow, timely communication, friendly tone, using a limited number of words, fear of taking care measures when there is a lack of communication, were also other things informants pointed out in this subcategory. Most of them noted help from relatives and other staff. But at the same time, the emergency room is not the right environment for caring for a patient with acute dementia.

"I try to create a calm and safe environment in the short conversation. I think clarity and a calm environment as well, everything needs to create trust as they do not have long time with me. So it's important that they feel safe. "

The majority of informants emphasized the importance of adaptation to the individual in order to meet the care needs of each unique patient. Lack of staff, savings, increased stress and lack of time to care for patients in the emergency ward were also things the majority of informants pointed out.

"These are people we are dealing with. Patients need early pain relief and sometimes calming, help inserting the fascia iliaca block, and finally care staff must be with the patient in the acute phase ".

Assessment of pain. All informants said that at the time of patient admission, it was noted that patients mostly needed further pain relief. It was pointed out that it was no longer standard for all patients to receive a fascia iliaca block (FIC). Fascia iliaca block (FICB) is a local anaesthetic nerve block, a type of local anaesthesia, used for the hip and thigh. FIC can be performed by using ultrasound or with a loss of resistance technique. FIC works by affecting the femoral, obturator and the lateral cutaneous nerves with a local anaesthetic. The majority of informants said that it depended entirely on the condition and age of the patient. The meeting with a patient in pain reinforces expressions such as distress, anxiety, where the situation is unclear to the participants, but, above all, they become most physically and motorically agitated. This tests the patient's patience, and the constant presence of care staff must ensure the patient's safety. It is only then that further care is provided. Sometimes the most simple things, such as sampling, blood pressure measurement or counting breaths can be very demanding. Informants described that the first thing is to relieve pain and then intensify the care measures according to the patient's capabilities. Pain relief varies from giving tablets, sprays or FIC blocks. Some informants highlight difficulties in adjusting pain relief. It is easier to titrate upward than to give a reasonable dose. The informants worry about the consequences if the patient receives more than one can handle. Patients are often older and on several medications. According to the informants, the limit to what a patient can withstand is delicate. It is easy for patients to tip over, which in worst case can lead to the patient stop breathing.

"Many people rush to give drugs. The patient has dementia and many other diseases. It is difficult to know which drugs go together with others. You have to wait. I think many do. "

Support from relatives and colleagues. In chaotic, stressful and fast-moving situations, the nurses are dependent on others. All the nurses in this study described the importance of collaboration with colleagues, but also the support of all others involved in the care of a patient with dementia and hip fracture. Here, in particular, they mean relatives, friends, and the accompanying staff with the elderly. The informants also point out that taking help from others requires time. In limited cases, relatives help when it comes to caring that patients do not fall out of bed, holding their hands, trying to talk to them, assisting with some examinations and being with the patient when staff need to take care of other patients. The majority of informants said they tried hard to avoid overloading relatives and accompanying staff, and they usually succeed. They also described certain situations when patients are aggressive and angry, and therefore must ask relatives to leave the room.

"We make sure to keep calm and appreciate the importance of being able to converse in a friendly and soft tone of voice when we meet these patients."

Hip track

All informants in this study describe the importance of research and development projects aimed at improving care for these patients. One of the projects was the "hip track", which aims to move the patients on to the X-ray department when a hip fracture patient arrives for emergency surgery, and then directly to the geriatric department where quality help is received from the most competent staff. This will mean that this patient group did not stay in the ED at all. All informants in this study were very positive about the project and looked forward to it.

The opportunities of the staff. As in life, the informants in this study wanted different things for patients with hip fracture and dementia. Their wish that patients with hip fracture and dementia should not stay in the ED at all, and instead go to the ward immediately after x-ray, was sometimes possible and sometimes an impossible mission. All informants thought that the staff in the ward were best for these patients, but sometimes they were not able to admit patients, so they had to stay in the emergency room for a few hours.

"So it's really hard. This is not just so we take it easy, we have a list that we have to go through to send them away so they do not stay here for too long. At the same time, we want them to get to the ward as soon as possible, it's easier for them on the ward."

Waiting to go to the ward. Informants in this study also described how staying in the ED patients go to the medical ward. Most informants described difficulties in informing patients at this stage. Information and discussion cause more agitation and concern in the patient. In the end, the relatives and or accompanying staff receive information about the condition of the patient and about future treatment. In these situations, there are intermediaries between the carers and the patient.

"First and foremost, we try to inform and talk to the patient, if this is not possible, we will provide information to relatives or staff who are with the patient."

Availability of healthcare professionals. The informants in this study described many advantages of working in a team, such as nurses with care givers in the case of a patient with a hip fracture and dementia. It was emphasized that the informants did most of the work with the patients quickly and efficiently. Finally, the patients meet the doctor and are sent to the ward. All informants also described that cooperation between the emergency services, the X-ray department and all other departments in the hospital was of a high standard and that patients did not have to wait long to be admitted for further treatment.

" A good day for a patient with a hip fracture and dementia is when they are alone in the emergency room that day. Then the staff feel and experience much less stress and manage to complete all they need to do with that patient".

The majority of informants argued that regardless of patient flow, staffing is basic. All informants pointed out the importance of the emergency situation for both patients and healthcare professionals. They also described the basic staffing and flow of the hip fracture patients with dementia. If staffing is as it should be, if none of the staff is absent and if the patients do not come all at once but one by one, then the majority of the staff see the emergency room as a department where they want to work for the rest of their life. However, if there is a shortage of staff and if there are several such patients at the same time in the emergency room it can be a very difficult department. The nurses still

work, but sometimes it is very stressful, and physically difficult. The majority of informants pointed out the importance of improvement projects such as the "hip track." It looks promising and informants look forward to its continued development for the benefit of patients.

Handover to the ward

The majority of informants stated that the most optimal in all situations was for the patient to go to the ward as soon as possible, preferably immediately after the hip fracture is found. Waiting in the ED to be taken to the ward varies. It often means that the patient may lie on a hospital gurney, which is not suitable according to the informants. These patients need to get to a ward with proper beds to avoid further complications and prolonging their hospital stay. According to the informants, the emergency room should preferably give priority to these patients so the ward has the opportunity to receive them without delay, but this is not yet the case. The wards expect the ED to follow the existing checklist before handing them over. Even when the checklist is complete, patients may have to wait several hours because the ward is not able to admit them. According to some informants, there is also high pressure on the wards. The nurses try to divide patients between geriatric and orthopaedic wards. Patients over the age of 65 are sent to the geriatric ward. As one informant described, "even though the beds for hip patients are full when we call and want to hand them over, they are positive and want us to send the patient right away".

Handing over. The informants described that they were constantly surprised by various complex circumstances that had to do with the care of these patients. However, when all preparations are completed, the checklist complete, the patient is ready to go to a ward for further preparation for surgery. Then informants describe another problem that they encounter, namely, that the staff is unable to receive patients. The informants describe that there may be various obstacles along the way and they must remain in the ED until the ward is ready to receive. As the informants say, new challenges await the patient on the ward. They are constantly having new encounters. It is easier for patients with experts and in a caring environment adapted to their needs.

"They may spend many hours in the ED, but we prioritize these patients. You know what time means to these patients. We invest everything to make it fast, with assessments. All to improve the conditions for the patients and their survival."

The healthcare professionals try to adapt to the patient's current situation, however, it is often impossible to stay one step ahead. For both patients and staff, there are benefits but also insufficiencies.

Cooperation. According to the informants, it is important to look after the patient as a whole. In order to make this possible, better cooperation is needed in the healthcare chain, which should include relatives, to optimize the patient's care. The current journal systems are not linked to each other. Instead of spending time looking for data on the patient, the healthcare staff could spend that time providing care, which would be the best for the patient. According to the informants, cooperation between different professional groups and care units can improve.

Suggestions for improvement. The informants see the solution in patients leaving the emergency room quickly and being taken to a better adapted ward where the right expertise is available. Most informants agree that the ED is not suitable for patients with hip fractures and dementia. All informants warn that a great deal still needs to be done both in terms of response, logistics and organization. To begin with, all informants argued that more information about the patients, availability of information and more time for these patients would be of great help. All informants described an improvement plan to ensure that aspects such as early pain, fluid and nursing are prioritized, with suitable beds and work environment, with care staff close at hand.

"A quiet day in the emergency is the best day to care for a patient with dementia with a hip fracture".

DISCUSSION

A qualitative research approach was used to analyse data in the present study on the communication and assessment of pain by healthcare professionals in the patients with dementia and hip fracture in the ED. This is an appropriate method for analysis and interpretation of the data. It includes categorization and classification of speech and text,

analysing content and underlying meaning. Using this method it is possible to analyse surface and evident data, and it can also be used to interpret latent content (Graneheim and Lundman 2004). Data for the study consisted of interviews, in which it was possible for healthcare professionals to describe their experience in their own words; the data remained close to their own experiences. Strategic selection of participants made it possible to capture the experiences that provided answers to the issues which needed to be described. Since this study dealt with issues and concepts related to communication and assessment of pain, this method was applicable.

The present study is the first in Western Sweden to investigate the experiences of healthcare professionals in the emergency room in communication and assessment of pain in patients with hip fractures and dementia, and the various factors which affect their views on their work. The results show several characteristics of the healthcare professionals, and the factors that influence their assessment of pain in patients with dementia, such as lack of time for those patients during admission to the ED, difficulties in assessment of their pain, difficulties in communication with patients, and lack of time and the high dose of stress in the assessment of pain and treatment of this patient group, the shortage of healthcare professionals, help from the relatives and colleagues, difficulties in organization, cooperation with other wards and departments, and the need for more information about these patients, more availability of information and more time for these patients would be of great help.

All informants in the present study experienced the first meeting with patients with dementia and hip fracture as positive and full of empathy. At the same time, they also mentioned difficulties often encountered along the way when helping the patients, however, describing the events as normal, everyday and as tasks that "spice up" their everyday job.

Regarding elderly patients with hip fractures and dementia in the ED, the patients posed a challenge for healthcare staff both in terms of resources and competence. The patient's first stop in the ED when meeting the emergency nurses is multi-faceted. The majority of nurses emphasized the complexity and that there are certain aspects that cannot be excluded or skipped. Concrete and routine measures provide good results. At the same time, the patients are time-consuming and require multidisciplinary collaboration. The nurses commonly use fewer words, speaking slowly and in a quiet voice, showing a great deal of empathy and being with the patients all the time. Sometimes this was possible sometimes not. Care for patients with hip fractures and dementia and showing empathy for them has a long history in Sweden (25). It seems that this has never been a major problem in the Swedish health care system as illustrated in studies published more than twenty years ago as well as more recent studies published this year (25-27). On the other hand, there are other problems that "threaten" the Swedish healthcare system today, such as the lack of staff in all categories and young individuals who no longer want to study and train in health care professions. One of the reasons for today's situation in Swedish healthcare is the fact that healthcare is about to be more and more privatized and salaries for those who are employed in the public sector are much lower than for those who are employed privately. The reason may also be that, in general, wages for privately employed are higher than for public employees, even though the tasks and work tasks are the same. The result is that there is a deficit of staff in hospitals and in some situations the healthcare professionals have to seek help from other colleagues or the patients' relatives.

Another study has reported that healthcare professionals take family members to help with assessment of pain in patients in the ED (28). According to the healthcare professionals a great deal depends on pain relief - if the patients have low intensity of pain it is easy to treat them and communicate with them. The findings in our study are in agreement with many others, reporting the importance of pain relief, good communication and working together with hip fracture patients with dementia (15, 29-31), and also that without good communication, what healthcare professionals do leads to frustration in patients, guardians and other staff. Travelbee says that relationships between people are impossible without sympathy, and sympathy cannot exist if there is a distance between the nurse and the patient. Further, understanding must grow out of sympathy for the existence of true communication (16-19). Nurses may recognize that sometimes understanding is not possible, and sympathy

may exist on various levels. Travelbee says that communication is a process that helps nurses to build inter-personal relationships, whereby goals can be achieved in nursing, to help people and families coping with illness and suffering, and if necessary to help them find meaning in the experience (16-19). This may be a one-sided view since according to her the nurse initiates the relationship, but the patient may also have that role. Travelbee believes the roles of nurse and patient should be relinquished, however, their positions are still unequal in terms of power. It is possible to deal with some aspects of illness and pain through good care and treatment, so patients can lead a fulfilling life (19). Still, some of the patients are not able to communicate, and may find situations where the patients are left alone with their caregiver to be distressing. Moreover, good communication with patients with dementia and hip fracture is impossible because the nurses receive no response to their questions and there is no meaningful conversation between them. Of all the healthcare professionals interviewed, it appears that they usually find relatives helpful in the short term upon arrival at the ward. The time spent in the ED is often stressful if several patients come in at the same time. It is difficult to conduct various care procedures such as preparations, tests and measurements, because of the patients diagnosis. This requires multidisciplinary collaboration and routine care (27).

Various methods of pain relief are welcome. The majority of healthcare professionals saw many benefits of a FIC-block and more or less felt that it should be a standard measure for all patients on the hip track, given their background. We would argue that it would be good if it was already done prehospital. However, the concern is the maintenance of competence within the various procedures. Not all people can be trained to use this block so it cannot be expected that all patients will receive it before they reach the emergency room. The results show that the healthcare professionals in the ED are flexible and adapt the treatment to the patient's unique behaviour and the different symptoms in the current situation (26,27). Factors that everyone is aware of, and which make interaction more difficult are drugs, hospital environment, organization of the hospital and circulation of hip fracture patients with dementia. The findings in our study are in line with another study where the authors showed that healthcare professionals had found methods themselves to help their colleagues and patients at the hospital. This was also because of the lack of good organization at the hospital (32). Together, despite problems and difficulties, the healthcare professionals meet every day, and drive the care forward. It sometimes happens that they come up with quick and temporary solutions with the intention of shortening the stay in the ED.

In conclusion, according to the results of the present study, the situation of patients with hip fracture and dementia on the ED and the healthcare professionals who communicate and assess their pain can be said to be untenable. The care environment in the ED is not adapted to patients and can of course depend on several factors. To meet the needs of the future and increased numbers of those patients, some improvements are required. More extensive research and more studies on the experiences of both the patients and healthcare professionals are needed regarding the situation of these patients on the ED.

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