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Title: Physical health needs of an Adult with Dementia

Instructions: This is a literature review essay. the essay must include an abstract, introduction, search strategy, the main body, conclusion and recommendations. The essay search should include books, journals, articles within 5- 10 years(2010 -2018) but if any book or article older than 10years needs to be used it must be justify..

School: Chamberlain University

Physical Health Needs of an Adult with Dementia

Student's Name

Institution Affiliation

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Abstract

Title

This dissertation falls under dementia. The title is “The physical health needs of an adult with dementia.

Aim

The paper intends to explore the physical health needs of an adult with dementia. The objectives of the dissertation will be achieved by reviewing the literature of the published works and national drivers from the United Kingdom. The literature review will identify food, shelter, sexual needs, access to the toilets and appropriate body temperatures as some of the physical

health needs of an adult with dementia. The central questions explored in this case are “What are the physical health needs of an adult with dementia? What is the role of a mental health nurse in caring for a dementia patient?” Recommendations for handling and caring for dementia patients will be made to assist in meeting the physical health necessities of an adult with dementia.

After reviewing several kinds of literature, the themes mentioned below emerged:

1. Food
2. Shelter
3. Sexual needs
4. Appropriate body temperature
5. Access to toilets
6. Pain management
7. Communication difficulties
8. Therapeutic Interventions
9. Role of a Mental Health Nurse.

Rationale

Limited research has been conducted on the physical health needs of an adult with dementia. The study is going to fill this gap by offering an extensive knowledge to the caregivers on the needs of such patients, therefore, improving the quality of care in residential and nursing homes. World Health Organization (WHO) defines dementia as a disorder which arises from a brain disease and disturbs proper execution of cognitive functions such as thinking, judgment, comprehension, orientation, learning, memorization, and calculations (World Health Organization, 2012). The aim of conducting the study is to review the literature on some of the physical health necessities of seniors with dementia such as food, shelter, access to toilets, sexual

needs, and suitable body temperatures. Many healthcare institutions lack a proper understanding of dementia, and management of the disease is often complicated. Therefore, reviewing the literature will be of great benefit not only to the nurses and healthcare givers but will also create a good foundation for in-depth research on the topic of dementia.

Introduction

According to the research conducted by Alzheimer's disease International, 35 million people are living with dementia, and the number is likely to rise to 66 million by 2030 (Alzheimer's disease International, (ADI), 2012). Dementia is a disease of economic health importance which needs urgent attention as per the report released by the World Health Organization, (WHO, 2012). Dementia caregivers continue to offer inadequate care because most of them do not understand the physical health needs of an adult with dementia (WHO, 2012).

Dementia is a continuous neurodegenerative disorder characterized by cognitive impairments, communicative difficulties, changes in personality and deficits in sensory awareness (International Association of Gerontology and Geriatrics, (IAGG), 2011). Dementia deteriorates mental and physical health eventually leading to death. Research shows that the common signs and symptoms of dementia include memory loss, frequent confusions, and challenges in speaking and understanding concept (International Association of Gerontology and Geriatrics, (IAGG), 2011).

According to Maslow's hierarchy of needs, there are various physical health needs of adults with dementia. Some of these include the need for food, shelter, access to the toilets, suitable body temperatures, and sexual needs. Research in the United Kingdom shows that 1.3 million old people above 65 years of age with studies showing that people living with dementia are the most affected by the malnutrition. Evidence shows that 32% of people living with dementia who were admitted to hospitals in 2011 were found to have other complications such as malnutrition. Therefore, there is need of feeding the dementia people with a balanced diet.

Besides, pain management is critical because according to research, 35 million people have dementia globally while 50% of this population seems to be writhing in pain (Manthorpe et al., 2010, p.235). The people with dementia experience various communication challenges such as finding right words, comprehension problems, anxieties, and disorientation. Therefore, it is vital to train caregivers on adopting effective interaction strategies such as the use of short sentences because the process reduces the stress levels and cultures the behavior of communication among adults with dementia.

The psychoeducational interventions assist the caregivers in handling common challenges facing the dementia patients. In a nursing home, the role of a community mental health nurse

cannot be assumed. The nurse is responsible for performing medical examinations, offering care for patients in acute conditions, administering effective medications to the patients among many other uses (Griffiths et al., 2015, p.1395). The research addresses some of the physical health needs of adults with dementia.

Search Strategy

A literature search is one of the crucial aspects of the academic life of learners, especially with the advancements in the technology. The literature search is an organized system of searching which performs a significant role in identifying information appropriate to the topic in question. Besides, it accomplishes a crucial task in offering support to medical specialists intending to keep up with the growth of evidence-based practices in the health sector (Gonzalez-Garcia et al., 2015, p.3025). Evidence-based practice is a term referring to a collection of evidence which promotes the quality of data and info related to clinical and patient interests (De Braon and Perce-Smith, 2011, p.278). A proper search technique is vital for retrieving data and information more efficiently. The process assists the physicians in getting the best medical resources. The primary objective of this sub-topic is to explain a suitable search strategy by defining of databases and justifying the reasons for selecting that specific database in this assignment. Furthermore, the sub-section will describe the searching steps used in the identification of an article concerning some of the physical health needs of an adult with dementia.

The most critical aspect of conducting a literature search is to formulate a question which can undergo an efficient search, and this assists in sourcing of its answer from the chosen database. According to De Braon and Pierce Smith (2011, p.280), the database is a term referring to system reviews which contain electronic collections of data that is easily accessible and well

organized. Numerous search engines which facilitate research exist and each one has its unique way of identifying data and information.

The primary search engine used for this research is PubMed despite the fact that there are databases for searching information. The main reason for selecting this particular database is because the internet offers a platform for obtaining different sorts of information and therefore it is not limited to information. Additionally, the internet can be used by anyone, whether a beginner or an expert. However, one of the limitations of the internet is that it does not guarantee reliability and validity of the data collected. As a consequence, it is essential to choose trustworthy sources when sourcing information concerning healthcare topics. According to Nordenstrom (2016, p.311), PubMed presents one of the primary medical sources of information, usually connected to MEDLINE which is the central medical database. PubMed is easily accessible primarily through the National Library of Medicine, and hence the site is reliable. Furthermore, it offers an opportunity to people for easy access to data and the information obtained is free of charge. Additionally, most of the articles of PubMed are evidence-based justifying the reasons why the research extensively applied the method.

Anyone assessing PubMed should follow the appropriate search techniques to obtain useful information. A search strategy technique is composed of a list of databases and relevant terms which form crucial elements of the research (De Braon and Pearce-Smith, 2011, p.283). As mentioned earlier, formulation of the research question is one of the vital parts of a search strategy. The problem used in this study is “what are some of the physical health needs of an adult with dementia?’ The question was broken down into identified keywords hence building smaller items which were easily managed leading to an efficient search strategy. De Braon and Pierce-Smith (2011, p.284) pointed out that PICO is a favorite technique for the management the

question. PICO stands for Problem, Intervention, Comparison, and Outcome respectively. In our case, the problem is dementia, the intervention is the standard treatment, for instance, the use of medicine to treat dementia, comparison refers to alternative forms of administering dementia treatment, and finally, the outcome is the results expected after therapy administration. Some of the anticipated results, in this study, include restoration of appetite, memory recovery, and improvement in thinking capacity among others.

Computers control the databases which in turn controls the search results in words previously typed by the researcher. According to Nordenstrom (2016, p.316), searching wide is the best approach since it ensures inclusion of the articles of interest. For instance, feeding the keyword “dementia” in the inquiry box returns an extensive collection of resources. Searching by the use of the thesaurus is the next step which is useful in the search strategy. Thesaurus search is the use of words with an associated set of phrases and synonyms in finding of the appropriate articles (De Braon and Pierce-Smith, 2011, p.286). In the project, a word such as ‘Alzheimer’ was used instead of dementia since the two are closely related. The technique of thesaurus search reduces the search results significantly hence improving the chances of getting the required articles.

Observation of correct terminologies is essential in the medical field since changing a letter in the term leads to a change in the meaning of the diagnosis. Another search technique is the thread step which is crucial since it entails the use of wildcards and truncations hence saving the time used in doing the literature search and the overall time in researching in general. Truncations, or the use of symbols like asterisks (*) helps in reducing the number of steps in the search whereas on the other side the technique may lead to an increase in the number of articles displayed. Wildcard entails the utilization of question mark (?). The method is useful when

handling plurals and also performing differentiation of various English spellings. It is particularly interesting because PubMed does not make use of wildcards (De Braon and Pierce-Smith, 2011, p.287). The research applied truncation in several ways such as in the word 'adult.' In this case, the suffix is removed, and the stem of the word is used. Asterisks are then added to the stem so that the search term becomes adult*. Keying the character 'adult*' in the search engine instructs the system to look for information relating to adult, adulthood, etc.

Combination of words is also another essential step used in strengthening the search. The process is known as Boolean logic. It improves the relevance of words to the formulated question in the search by use of joining words such as not, and, with, or, inverted commas and brackets. Employing AND in a search displays articles that are composed of both words, for example, Dementia and Adults. Feeding these words in the system commands it to search for materials containing both words. Conversely, the use of OR instead of AND instructs the system to show the documents that comprise either word or both of them. The use of NOT does not restrict the search. For instance, searching for adults NOT children (De Braon and Pierce-Smith, 2011, p.289).

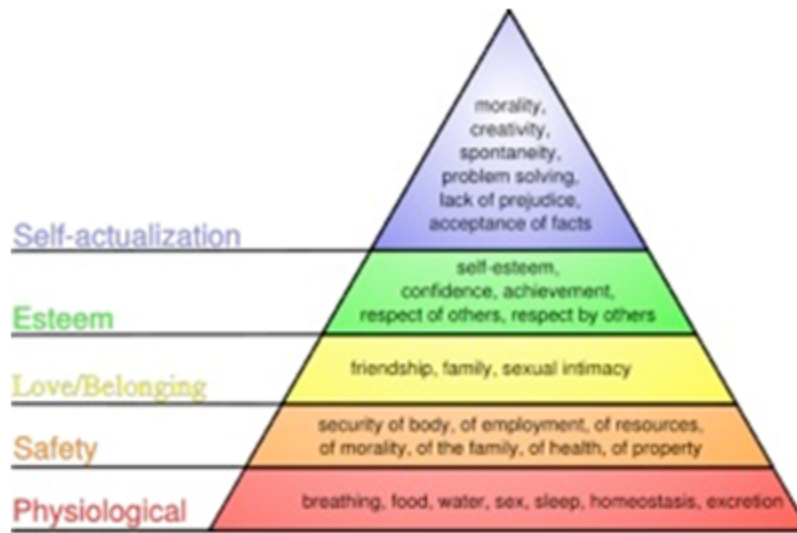
The last stage of the search strategy is the limitation, usually accomplished by filtering of the search results. The process involves searching by use of specific structural units like full text or abstracts only, age, year of publication among others. In the paper, the search limit in the study of physical health needs of dementia adults was carried out by choosing articles with full text and published within ten years (Kuzma et al., 2017, p.1180). The PubMed system helped in reducing the number of selected materials by retrieving the ones which met the limits above. The number of results obtained dropped from 21501 to 35 which is a manageable number as a result of using this technique.

In summary, a good search strategy is crucial for obtaining information of high quality in evidence-based practice. A clear question, selection of relevant databases, lists of synonyms and keywords, use of wildcards and truncations, the combination of Boolean operators and applications of limits to search results are some of the leading principles of success in finding articles addressing the evidence-based practice.

Physical Health Needs of Dementia Patients

According to Maslow (2014), the hierarchy of needs takes the form of the shape of a pyramid, with the most critical needs occupying the bottom part. The first layer is mostly known as “physiological” or “physical.” For animals to survive in this world, they require food, air, and water as primary commodities. Shelter and clothing offer necessary protection to the animals from various elements. There exist numerous essential physical needs which are compulsory for human beings. Failure to meet these necessities leads to malfunctioning of the human body. Thus it's crucial to consider fulfilling the requirements every day especially for adults with dementia (Thielke et al., 2012, p.470).

The figure below shows the Maslow’s hierarchy of needs pyramid.



Human beings have critical physical needs and generate powerful messages within the brain which assists in regulation and meeting of the internal needs. The signals generated helps people to adapt to the environment. The various crucial physical needs for adults with dementia include shelter, food, drinks, sexual needs, suitable body temperatures, and access to the toilet. When such requirements are met for adults with dementia, they can remain calm and relaxed (Thielke et al., 2012, p.471). Failure to comply with these needs forces dementia patients to show discomfort in various ways. The subsequent sections discuss some of the physical necessities for adults with dementia.

Shelter

According to research 850, 000 people in the UK are living with dementia. Besides, an updated statistics from the UK government shows that only 61.6% of people living with dementia in the country have received regular dialysis. In the United Kingdom alone, the population of people with dementia is expected to rise to 1 million by 2025 and more than 2 million by 2050 (ADI, 2012). The people living with dementia have two choices regarding housing option. They can either chose to remain in their homes or relocate to nursing homes.

Current statistics show that 93% of people reside in mainstream housing. Housing with stair lifts and bungalows are the most suitable houses for adults with dementia (Jones et al., 2015, pp.280).

A survey conducted on the aged showed that the old people desire to enjoy the best possible quality of life ever. According to the findings of a study conducted on Alzheimer's disease in 2014, only 50% of the participants of the research reported that they are living well with dementia (Bartlo and Klein, 2011, p.220). The survey also found that only 47% of the surveyed people said that their carers received any form of help in taking care of them. One of the essential elements affecting the quality of life for adults with dementia is the place in which they reside. A study conducted in 2012 by the Alzheimer's society on adults with dementia showed that only 50% of the people surveyed felt they are living well with the disease (ADI, 2012). Another research points out that the components of housing in the National Dementia Strategy and other proposals of the government are somewhat underdeveloped (Jones et al., 2015, pp.279).

The dementia adults residing in their own homes experience various challenges such as social segregation and loneliness. According to research, 36% which equates to 3.5 million people aged 65 years and above are living alone. Statistics show that 70% of the 3.5 million people are female (Jones et al., 2015, pp.280). The probability of living alone increases with age, with research showing that 13% of people aged 75 years and above feel lonely in most of the times (Jones et al., 2015, pp.280). Besides, there is the high risk of malnutrition because most of the dementia patients may experience difficulties in cooking and feeding themselves. Research in the UK shows that 1.3 million old people above 65 years of age with people with dementia being the most people who are affected by the malnutrition (Jones et al., 2015, pp.280). Evidence shows that 32% of people with dementia hospitalized in 2011 were found to have other

complications such as malnutrition. According to the Alzheimer's society survey, 40% of the victims reported feelings of isolation as one of their most significant challenges (ADI, 2012).

The kind of care and support offered in homes is limited and often fails to meet the standard conditions (Bartlo and Klein, 2011, p.221). Furthermore, the maintenance of houses is sometimes challenging, and the costs of running such residential become an enormous problem. The cost of social care has fallen since 2010. The model of offering support to dementia people in their own homes is expensive, with dementia caregivers spending a lot of time traveling and making calls (Johl et al., 2016, pp.721). Moreover, catering the cost of one-to-one care per hour basis is much more costly as compared to providing a group of dementia patients in the nursing homes. Therefore, many challenges causing dementia patients arises from inadequate and inappropriate housing facilities. The treatment costs for living in poor houses is approximated to be 1.4 billion Sterling pounds, of which 848 million sterling pounds caters for coldness related illnesses, 435 million sterling pounds for falls and related diseases. Besides, 25 million sterling pounds for fires, and 16 million sterling pounds catering for mould and damp illnesses brought by poor housing conditions (Jones et al., 2015, pp.280)..

According to research conducted by the Alzheimer's society in 2014, Dementia is one of the reasons why older people migrate into care homes. The study reported that 76% of those surveyed said that they migrate into nursing homes to receive high-quality care. Good practices on the principles of design for specialized housing and care environments for dementia adults is growing slowly and steadily with time. There is limited research which has been done so far in the identification of suitable care models and housing facilities for dementia patients and the impacts delivered by such commodities as compared to nursing or residential cares, both regarding the quality of life and lifetime costs of care. Some countries are offering extra-care

housing in attempts to improve the care efforts for adults with dementia (Bartlo and Klein, 2011, p.222).

Food

Research conducted by Aselage (2010, p.621) showed that loss of weight and nutritional deficiencies are the most common problems among the aged population, especially the ones with dementia. Research conducted in the United Kingdom in 2011 showed that 32% of the hospitalized victims of dementia were found to be malnourished. Most of the adults with dementia forget to cook and feed themselves, and this puts them at a higher risk of malnutrition. There are several reasons why adults with dementia find difficulties in feeding, including problems of coordinating movements to get food in their mouths and challenges in maintaining attention while eating (Aselage, 2010, p.621). Moreover, the feeding problems come along with other challenges such as agitation, depression, resistance to care and decrease the level of intellectual capacity and physical impairments. The environment is one of the crucial factors that impact adults with dementia regarding the improvement of the quality of their lives. Therefore, a proper dining environment is essential in both residential and nursing homes. The caregivers should put the necessary efforts to create a setting that is comfortable, relaxing and welcoming as this increases the food intake rate for the dementia patients (Kitson et al., 2013, p.8). The process minimizes the feeding challenges of adults living with dementia in the care homes.

The prevailing rates of eating challenges among adults with dementia residing in both nursing and residential homes vary across different studies. Lin et al. (2010, p.53) pointed a rate of 30.7%, Slaughter et al. (2011, p.172) indicated a proportion of 40.8% whereas according to Chang and Roberts (2011, p.36) it is 60.2%. However, despite the variances in the prevalence rates, all studies agree that feeding problems and loss of weight are common to adults residing in

the care homes (Keller et al., 2016, p.42). According to a study conducted by Slaughter et al. (2011, p.173), a dining environment that is comfortable and welcoming has the capability of increasing the rate of food intake, arouses the senses and increases social interaction rates. The process makes the eating experience more enjoyable thus minimizing feeding challenges in people living with dementia. Bosch et al. (2012, p.721) pointed out that dysphagia mostly affects the victims with more advanced conditions of dementia. The state together with pneumonia is one of the primary indicators that adults with dementia are in the last year of life (Bosch et al., 2012, p.721).

It is crucial for nursing homes staff to know that 56% of all dementia residents residing in care homes loss their lives within a year of admission to the care home. Therefore, Proper nutrition significantly assists in maintaining good health and well-being of the patients. A balanced diet helps to keep the physical and mental wellness. Eating and drinking well of dementia patients assists in the prevention of sicknesses and provides the energy required for day to day operations. Various foods such as fiber, sauces, seasoning, and gravy are crucial to adults with dementia. Dementia comes along with constipation in the older people hence it's essential for the patients to consume foods plenty of fiber. Whole grain, cereals, bread, vegetables, beans, and fruits are some of the foods that are rich in fiber (Chang and Roberts, 2011, p.37). Addition of gravy or sauces to the diet of dementia patients is useful in increasing the amount of saliva produced by the mouth facilitating chewing and swallowing of food.

According to the research conducted by Alzheimer's society (2012), the quality of life is an essential factor for the adults with dementia. Improving the social and physical environment affects the behavior of adults with dementia hence improving the quality of life. Consequently, it is crucial for the caregivers and nurses to investigate proper methods of providing a social

environment that acts to promote comfort and individual dignity and comfort and motivates the adults living with dementia to eat. Additionally, most of the dining areas in the nursing homes do not pay attention to the unique needs of adults with dementia. Therefore, minimizing the size of the dining room to accommodate less than 30 residents improves the experience during meal times and this acts to increase the food intake among the people with dementia. The fitting dining rooms for people with dementia should have 4-6 patients per table which increases the food intake among the adults with dementia (ADI, 2012).

A common problem affecting the overall nutritional intake and quality of life of adults with dementia is agitation. Taking meals in a setting that is noisy and stressful exacerbates unrest among the adults with dementia which leads to less food consumption. Soothing music during mealtimes assists in counteracting the general noise levels experienced in dining rooms. The music exerts a calming effect and reduces the cumulative incidences of agitated and verbally and physically aggressive behaviors in the care environment (Slaughter et al. (2011, p.173).

The method of delivering food at mealtimes has a significant effect on the quantity of food consumed by the residents with dementia. Serving meals with the food already in the plate is a standard institutional practice in the care homes. However, adjusting the method of delivery to the “family-style” approach where the dementia patients are handed empty plates and serving bowls containing the food improves the patient participation in the meal times because the adults with dementia engage in self-service. The approach creates a more normal, home-like environment hence increasing the nutritional intake. There is need of instructing the caregivers on proper methods of interaction and mealtimes behaviors as this improves mealtime participation, eating behaviors and social interaction (Lin et al., 2010, p.54).

According to research conducted in the UK, the people with dementia are more risk of visual impairments than the healthy people (Lin et al. 2010, p.54). Research shows that adults with dementia experience challenges such as color vision, visual acuity, visuospatial awareness, visual attention, contrast sensitivity and visual memory (Lin et al. 2010, p.54). The most consistent deficit among the adults with dementia is contrast sensitivity. As a result, the dining room should be well manipulated to enhance visual contrast as this has an effect of increasing food intake among the dementia adults.

Sexual Needs

According to the view of the public, sex in the aged people is less acceptable especially for those with physical and cognitive impairments. However, research shows that expression of intimacy and sexual intercourse remain essential among the elderly generation with dementia. Durado et al. (2010) found that 60% of adults with dementia continue to participate in sexual activities and a small number express dissatisfaction. In another research, 22.5% of married people with dementia who were referred to memory clinics for cognitive check-ups. The adults with dementia who engaged in sexual activities continued to be sexually active than the ones who abstained from such activities (Andrews, 2015, p.80).

One of the behavioral and psychiatric symptoms of dementia (BPSD) is sexual disinhibition and explains a favorite reason for referring adults to psychiatric services. The referrals often come from nursing homes and sexual disinhibition is one of the reasons for seeking alternative placements for the residents. The people living with Alzheimer's disease recorded 7% cases of sexual disinhibition as presented by a study conducted by Burns et al. (2015) but the facts are more frequent in other dementia types like frontotemporal dementia. Sexual problems arising from dementia include false sexual allegations, inappropriate sexual acts

in public, sexual abuse and inappropriate sexual talks (Haddad and Benbow, 2013, p.631).

Increase or decrease in libido is one of the causes of the problems and the change in roles and identity of an adult with dementia dramatically impacts established relationships (Andrews, 2015, p.80).

There are numerous causes of dementia-related sexual problems in adults which include neuronal loss in the temporal and frontal lobes, disturbances in moods, misinterpretation, psychosis, and misidentification of social cues arising from cognitive impairments (Haddad and Benbow, 2013, p.632). All human beings have a right to sexuality, and many adults with dementia continue to enjoy satisfying sexual relationships. The engagement in sex improves our wellbeing regardless of sicknesses or age. Sexuality, which is composed of romance, touch, companionship, and affection is critical in predicting the quality of life (Rheaume and Mitty, 2016, p.342). The WHO (2012) describes sexuality as “fundamental aspect of being human throughout the life.” There are various ways of experiencing and expressing sex such as through thoughts, desires, attitudes, behaviors, relationships, fantasies, beliefs, values, roles and practices (World Health Organization, 2012).

Psychiatrists are sometimes subjected to pressure to prescribe medications which can assist in managing appropriate sexual behavior for people with dementia. Some of the drugs have been subjected to a series of studies in the United Kingdom. These include estrogen, antiandrogens, mood stabilizers, and antipsychotics. However, these studies have failed to describe the effectiveness of these drugs. A survey by Tucker (2010, pp.683) confirmed the lack of substantial evidence for the pharmacological and non-pharmacological interventions.

Nursing homes are institutions in nature and cognitive impairments, isolations and sensory deprivations force people to seek stimulation in other methods. Therefore, it's crucial for

the care homes to provide private spaces for the people with dementia. The residential homes need to provide secure areas where people can keep their belongings, rooms for the married people which should be fitted with “do not disturb signs.” The caregivers must respect both the physical privacy and informational privacy of people with dementia. They should only share relevant information to a person’s care which should not be about gossiping about the particular person being cared (Giebel et al., 2016, pp.63).

Research conducted in the UK showed that many nursing and residential homes use pet toys or pets as methods of meeting the needs for warmth and affection for people with dementia (Giebel et al., 2016, pp.63). Besides, the survey also pointed out that old generation still pays particular attention to their grooming. As a consequence, provision of personal care should be sensitively done, and access to beauty centers such as saloons should be increased as they increase self-esteem. The adults with dementia usually attribute cessation of physical activity to the lack of life partner. Therefore, the care homes should make necessary efforts in providing an environment which encourages social interaction. The caregivers should be trained about sexuality in dementia education (Tullo and Gordon, 2013, pp.29). The training should contain terms, the rights of people with dementia, ways of responding to sexual behavior and the capacity to consent. The training needs to be geared towards increasing understanding and awareness of the healthcare professionals and caregivers about their values and biases (Tullo and Gordon, 2013, pp.29).

Appropriate Body Temperatures

Hot temperatures have negative impacts on adults with dementia. According to a study conducted by the WHO (2012), increase in temperatures elevates the risks of dehydration, heat stroke and heat stresses in dementia patients and thus the caregivers need to be more careful to

ensure that the victims access suitable temperatures. Although heat should not prevent one from taking a dementia patient to exercises or fun, it is important to note the many factors which expose the seniors to heat-related sicknesses. Heat stroke is deadly, and dehydration worsens dementia symptoms such as dizziness, confusions, and irritability (Miranda-Castillo, 2013, p.43).

A study conducted by Sorensen and Conwell, (2011, p.492) found that the seniors are more vulnerable to dementia as compared to the young people. Among the participants of the research, 75% of the patients with dementia were found to be 65 years of age and above. As human beings grow old, the body loses the ability to secrete and regulate the body temperatures. The aged people sometimes fail to feel the heat and may overdress. In most instances, the adults with dementia are always underweight or overweight and have problems such as blood pressure and kidney diseases. These conditions increase the risks of heat-related sicknesses. Besides, the skin of old people is thinner and offers less protection from the sun. Certain medications of dementia such as antipsychotic drugs administered to dementia patients often interfere with the body's ability to regulate heat (Sorensen and Conwell, 2011, p.492). Various habits may elevate a senior's risk of sicknesses resulting from heat mainly if such people reside alone. The adults with dementia may shut down the windows and forget to turn on the air conditioners or even forget to take some water (Miranda-Castillo, 2013, p.43).

The caregivers have a responsibility of ensuring that the seniors with dementia stay cool. They should encourage the victims to drink more fluids than usual but advise them to avoid alcohol, tea, and coffee. The caregivers should also ensure the patients remain indoors during the hottest times of the day that is usually from 11 a.m. to 4 p.m (Tsaroucha et al., 2013, p.30). Those driving should park close to the entrances of buildings to avoid walking long in the hot sun. The

caregivers should ensure that whenever adults with dementia take a walk, they always rest in a calm and shady spot (Tsaroucha et al., 2013, p.30).

The seniors are advised to take light meals and should avoid using stoves or even if possible. Additionally, it is the responsibility of the caregivers to closely monitor their loved ones as this helps them in establishing when such people are becoming overheated thus taking appropriate actions. It is also vital to ensure to keep bedding of seniors light and clean, mainly when they are bedridden. A bed frame also assists in the circulation of air beneath the bed (Tsaroucha et al., 2013, p.32). All the above measures ensure that adults with dementia overcome overheating hence minimizing the risks of worsening of the disease.

Access to the Toilets

In the UK, public toilets have become an issue of national concern. A report released by the House of Commons (2008) showed the degree of decline of public restrooms in the UK: 5410 in 2000 and 4423 in 2009 which corresponds to a 16% drop. The decrease in federal toilet provision has adverse effects on the aged resulting in the isolation of the vulnerable groups which are unable to attend leisure activities because they are not assured of accessing public toilets (Fisher et al., 2018, p.25). Therefore, it has been difficult for people living with dementia to access the washrooms. A study conducted by Thielke et al. (2012, p.480) reported that many older adults avoid traveling and social interactions because the public toilets are scarce and sometimes inaccessible. Among the people surveyed 72% stated that they chose to remain at homes due to difficulties of locating public restrooms thus bringing inconvenience. Moreover, the study pointed that where public washrooms are available, the facilities are poorly designed, and signage precludes free use especially for persons living with dementia. Some of the common

problems for people living with dementia include urinary incontinence and fecal difficulties, and these are common at moderate to severe stages (Thielke et al., 2012, p.480).

The study by Thielke et al. (2012, p.41) reported the existence of a gap between the present public provisions of toilets and toilet designs suitable for individuals with dementia. Many guidelines have been drafted aimed at informing and improving the design and independent usability of public restrooms for seniors with dementia. For instance, the use of familiar or automatic flush systems, good lighting, sinks that do not look similar to urinals, non-reflective surfaces, well-labeled soap dispensers and taps, and the careful positioning of the mirrors (Thielke et al., 2012, p.481).

However, there is the absence of simple and clear way-out signs which negates any positive influences of well-designed toilet facilities as highlighted by a substantial amount of anecdotal evidence. The omissions result in distress, embarrassments, anxieties, and reluctances to utilize toilets in the future. There are some cases where some people have been forced to enter into washrooms of opposite sex to guide the users out, or the users going through the wrong door and sometimes into undesired locations. Sometimes a fire exit sign showing a person running in the direction of the arrow is easily misunderstood with an exit sign, and this often results in misdirecting the people to wrong places (Thielke et al., 2012, p.482).

Dementia patients are some of the people with the highest need of quickly spotting, and using of public toilets due to their weak bladder. However, such victims often face enormous challenges in doing so due to poor design of public restrooms. These impacts, in turn, affects the capability or desirability of maintaining activities like attending social gatherings, going for shopping hence resulting in social segregation, loneliness, and loss of independence. The

caregivers of the seniors living with dementia experience the impacts because they can never leave their loved ones at home (Thielke et al., 2012, p.482).

According to Thielke et al. (2012, p.483), it's essential to adopt proper building techniques such as the appropriate placing of exit signs as this will significantly benefit everybody, not necessarily the dementia patients. Professionals need to pressurize the private and public bodies to construct toilets which meet the required standards. The process will make it easier for dementia patients to access the washrooms because they often lose the control of their bladder and bowels. The dementia caregivers should advise the seniors with dementia to visit the restrooms after every one or two hours because sometimes the victims may even forget about visiting the toilets (Thielke et al., 2012, p.483). There is a pilot project in the UK which has been designed to improve access to toilets, www.greatbritishpublictoiletsmap.rca.ac.uk. The project has been of great help to the vulnerable groups especially the people living with dementia (Tullo and Gordon, 2013, pp.29).

Pain Management

Currently, an approximated population of 35 million are suffering from dementia, of whom 50% experience frequent pains (International Association of Gerontology and Geriatrics, (IAGG), 2011). The patients with vascular dementia tend to receive little attention in research. Studies show vascular dementia is extremely painful. The limited use of pain medications imparts pain in dementia patients who reside in nursing homes. The patients with the mixed form of dementia receiving opioids as means of relieving pain show increased pain intensities than non-dementia patients receiving the same treatment (Achtenberg, 2013, p.1471). Additionally, the adults with mixed forms of dementia are more vulnerable to other types of diseases (Bray et al., 2015, p.29). As a result, they have a lower opioid tolerance.

International research on epidemiology pointed that the aged people in general, especially who have dementia tend to get fewer pain medications than their counterparts of sound mind. The low pain medication dosage appears to take place consistently in residential, hospitals and nursing homes. There are few studies which have noted that many residential homes overuse analgesics, especially paracetamols and this stresses the clinical challenges and uncertainties in pain assessment in the people with dementia. When patients with dementia are prescribed pain medications, the drugs are usually of low dosage, and products such as opioids which are used as medications for stronger pains are avoided. For example, dementia patients with hip fractures obtain significantly lower opioids medications before and after surgical operations. In cases involving opioids prescriptions, only one-third of the dose is prescribed as compared to the amount used in healthy persons (Achtenberg, 2013, p.1471).

Evidence shows that the patients in the advanced stages of dementia express pain through demonstrating a challenging behavior. As a consequence, various studies have been conducted to investigate the merits of medications for both response and pain on minimizing the symptoms associated with pain. Studies show that behavioral medicines which target pain are effective in pain elimination and signs related to behaviors in people with dementia. Five randomized control trials (RCTs) have been in use since 2003 in investigating the treatment effect on pain intensity and behavioral signs in adults with dementia. The RCT study shows the existence of a significant relationship between agitation improvements and pain improvements as the primary therapeutic factor (Achtenberg, 2013, p.1471).

Communication Difficulties

Difficulties in communication are some of the earliest signs of dementia. The difficulties present themselves in various ways such as challenges in finding exact words, comprehension

problems, anxieties and disorientation seen in adults with dementia. The people living with dementia exhibit a combination of language discrepancies and cognitive deficits such as loss of memory, poor judgments, abstraction, and insights. As a result of these deficits, the communication of adults with dementia becomes complicated which in turn leads to the establishment of disruptive behaviors (Paquay et al., 2017, p.286). According to research, 67% of adults with dementia in the United Kingdom live in residential and nursing homes. Effective means of communication between the people with dementia and the caregivers have a significant effect on the behavior and well-being of the victims (Vasse et al., 2010, p.189).

The Tom Kitwood's book, "person-centered care approach" highlights the importance of communication between the dementia patients and the caregivers. According to Kitwood, interaction takes place between two people, where one person makes an action and the second one responds to that action, and then the first person reflects on the feedback given. When interacting with an adult with dementia, the process of communication becomes more complicated such that people portray inhibited abilities in stating their intentions (Kitson et al., 2013, p.5). Sometimes the seniors with dementia rationally assume the persons they are conversing with already know what they want and often end up in an altered emotional state. According to Kitwood, proper communication with a dementia patient needs substantial resources from the caregiver. Kitwood likens the interaction process to that of a tennis coach presented with the responsibility of maintaining a rally with a novice.

There is a considerable amount of literature which addresses the methods of training healthcare givers in person-centered care. However, the most significant limitation is that such documentation fails to pay attention to specific techniques of communication. A study conducted on communication between the dementia patients and the caregivers pointed speech

characteristics like ‘elder speak’ and vocal tone control as the leading causes of resistance in adults with dementia. Effective communication in nursing homes is essential because it helps the nurses to understand the emotional and cognitive needs of the patients. The healthcare workers should be trained on the proper techniques of communication such as the use of short sentences as this helps in minimizing depressions and increases communicative behavior in people living with dementia (Kitson et al., 2013, p.7).

Therapeutic Interventions for Dementia Patients and Family

One of the primary evidence-based therapeutic methods employed in the NHS (National Health Service) in the UK is the systematic family therapy. It is a term used to refer to a variety of psychological interventions for families, individuals, and families. The approach is based on systematic theory and concepts and is usually designed to assist human beings in adopting a different form of thinking, understanding, and behavior as this helps in relieving stress, improving the quality of relationships, and making positive changes (Tullo and Gordon, 2013, pp.29). However, in the UK, the number of NHS family therapy positions working with aged people and their families is much less compared to child and adult services. The social workers are the only people trained on family therapy, and the family therapy for the aged people is rarely part of the family training curriculum in any field (Tullo and Gordon, 2013, pp.29).

Cognitive symptoms are core in defining dementia and interventions which target them have undergone several studies. Some effective interventions for healthcare workers of adults with dementia have been developed and tested by various researchers. Some of these include psychoeducational interventions, family support groups, and family counseling interventions (Müller, 2017, p.139). The family support program for healthcare workers of Alzheimer’s disease is typical and advocated by many groups. These open-ended groups are led

professionally or through peers and offers emotional support to the families. Through engaging in these groups, the participants get an opportunity to learn new information, and many of them have reported higher levels of satisfaction (Müller, 2017, p.139).

The psychoeducational programs offer an extensive skill which assists the caregivers in the management of the common challenges associated with the patients with dementia. In RCTs, psychoeducational interventions have been found to eliminate emotional distress, the depressive signs of the caregivers and a sense of burden (Knifton et al., 2014, p.20). A classic example of a useful psychoeducational intervention for the healthcare workers of Alzheimer's disease has been established and undergone several tests in an RCT. The caregivers attended several problem-solving conferences in which they learned management of troublesome behaviors of Alzheimer's disease patients. The nurses could also access crisis intervention services which helped them in solving urgent problems. The study found out that the caregivers who received the interventions showed lower levels of stress and were healthier as compared to the ones who did not attend the sessions (Müller, 2017, p.140). Furthermore, the research found that Alzheimer's disease patients of the healthcare workers involved in the intervention programs had a prolonged lifespan than those who were in the control group.

The psychoeducational interventions for dementia patients and the caregivers have proved useful in improving the emotional and physical health of the victims and healthcare workers. Therefore, it is important to provide education and support to the family caregivers who will utilize the knowledge gained in caring for the adults with dementia. Proper communication is core in cultivating effective psychoeducational interventions and should be cultured between the healthcare givers and the dementia patients (Müller, 2017, p.140). Person-centered communication (PCC) approach to dementia care was developed by Tom Kitwood, a psychology

lecturer at Bradford University. He wrote a book “Dementia Reconsidered: The Person Comes First” in 1997 which explores the personhood concept, and this gave guidelines to thought leaders, policy makers and service planners on the best practices and interventions towards dementia patients.

The Role of a Mental Health Nurse in the Care of a Dementia Patient

In the UK, 67% of the hospitalized patients are aged 75 years and above of whom half of the population is living with dementia. These patients have extremely worse health outcomes than those without mental problems. The community mental health nurse is also known as the community psychiatrist nurse (CPN) and is responsible for taking care and supporting people with cognitive impairments. Some of the cognitive deficiencies include dementia, anxieties, depressions and psychotic illnesses. The mental health nurse performs medical examinations to establish the problems facing a patient and comes up with means of assisting that particular person. A CPN is responsible for offering care for victims with acute conditions. The nurse is expected to build strong relationships and respond accordingly to the emotional and physical health needs of adults with dementia (Willemse et al., 2015, p.404).

A community mental health nurse administers treatments and effective medications to the people with dementia. The professional is expected to monitor the results of the patients with mental problems and prescribe the appropriate drug. Besides drug prescription, the nurse may suggest practical ways which would be of great help to adults with dementia such as the use of dementia clocks and assistive technology. The specialist deals with particular signs and symptoms of dementia de-escalate stressful situations and help the people living with dementia to overcome their challenges (Griffiths et al., 2015, p.1395). A CPN interacts with the families of the patients and other healthcare staff, and in the process, they offer advice and share information

on the conditions of the patients. The nurses also prepare and maintain the medical health records of dementia patients, and this allows them to produce care plans and risk assessments. A community mental health nurse also organizes group therapy programs, including artistic and social events with an objective of promoting the psychological recovery of the victims (Willemse et al., 2015, p.408). A mental health nurse needs to be versatile, energetic, compassionate and perceptive to cope with the demands of the patients.

Conclusion

Dementia is a continuous neurodegenerative disorder characterized by cognitive impairments, communicative difficulties, changes in personality and deficits in sensory awareness (International Association of Gerontology and Geriatrics, (IAGG), 2011). The primary search engine used for this study is PubMed. It was selected mainly because the database is not limited in quality and quantity of information hence making the research easy and enjoyable to carry out. The PubMed is usually connected to the MEDLINE which is the central database. The adults with dementia have various physical health needs. Some of these necessities include food, drinks, sexual needs, suitable body temperatures, and access to the toilet. The adults with dementia have problems in consuming food, and this puts them at higher risks of malnutrition. The caregivers should always ensure such patients eat a balanced diet to maintain their physical fitness.

The shelter is one of the essential elements affecting the quality of life for adults with dementia. The dementia adults residing in their own homes experience various challenges such as social segregation and loneliness, and as a result, many of them opt to migrate to nursing and residential homes. False sexual allegations, inappropriate sexual acts in public, sexual abuse and inappropriate sexual talks are some of the causes of sexual problems in adults with dementia. Hot

temperatures increase the risks of dehydration, heat stroke and heat stresses in dementia patients and thus it is vital for the healthcare workers to ensure the victims get access to suitable temperatures. Besides, the patients have the most significant need of quickly spotting, and using of public toilets due to their weak bladder.

According to statistics, 35 million people have dementia, of which half of this population experience severe pains (International Association of Gerontology and Geriatrics, (IAGG), 2011). Behavioral medications which eliminate the pain are useful in managing the pain and signs associated with behavior in people living with dementia. Difficulty in communication is one of the earliest symptoms of the onset of dementia. In his book, “person-centered care approach,” Tom Kitwood highlights the importance of communication between the dementia patients and the caregivers (Kitson et al., 2013, p.5). Healthcare workers need to adopt proper interaction strategies such as the use of short sentences as this helps in minimizing distress and cultivates communicative behavior among the victims with dementia. The psychoeducational interventions improve the emotional and physical health of adults with dementia and the caregivers. Finally, a community mental health nurse has various responsibilities such as examining dementia patients, administering effective treatments, preparing and maintaining health records of dementia patients among others.

Recommendations

The adults with dementia require special care, and thus I would recommend the victims to relocate to nursing homes. The quality of care offered in such homes is much higher than in other homes. Regular exercises are also suitable for dementia patients since it refreshes the mind. The practices keep the mind alert, and this eases the degree of execution of cognitive functions such as thinking, comprehension, calculations, memorization, and judgment which appear to be

sophisticated among adults with dementia. I would also recommend that the caregivers should ensure that the dementia patients take a balanced diet and enough fluids in every meal. The balanced diet should contain proteins, carbohydrates, and vitamins in adequate proportions. The designing and construction of public toilets should be done in a manner that makes such facilities accessible and easy for use amongst all the people and especially those with dementia. The drugs prescribed to dementia patients should not hinder the body's ability to regulate heat because heat adversely affects adults with dementia.

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