

Person centred care for dementia patients



**ASSIGN
BUSTER**

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Abstract

This paper presents the different aspects of person-centred approach in the promotion of health to the elderly with dementia and other geriatric health conditions. The principles of individuality, rights, choice, privacy, independence, dignity, respect and autonomy are discussed. Impacts of equality, culture and diversity in the provision of person-centred approach are also presented within the scope of public health, health promotion, attitudes toward health and the demand for healthcare.

The non-person-centred approach namely institution perspective and bio-medical perspective are also reviewed. By gathering information through the internet, other approaches to the provision of healthcare to the elderly are also discussed and presented so as to give us a better view of the different approaches that facilities might be using and help us understand the structure of care available.

Introduction

We are all unique in every way, although we may come from one cultural background and even from the same family, we possess our own set of traits that make up our identity. Similar yet different in many ways.

Regardless where life takes us, I believe that each and every one of us has the right to be respected and as we grow older, we continue to live life with dignity.

Health providers are continuously looking for ways to make the provision of health be of quality. With dementia and elderly care, a number of approaches are being practiced in order to make their services suit to the needs of the clients trying to put into account the complexity of each person.

The Task

Person-centred approach puts the elderly with dementia the centre of care. It is a holistic approach where the elderly works in partnership with the care giver and the family in maintaining, promoting, and enhancing a quality of life for the elderly with dementia.

Question 1

Person-Centred Approach is the manner of care that focuses on the person as a whole and as an individual. Its care recognizes the uniqueness of the person, his personality and personal identity which all contributes to the person's identity. It supports the person with dementia in all aspect of his or her needs and not just on the physical aspect of care. There are a number of principles that are inter-related with each other in this approach. One principle co-exists with the other and the absence of one will make it difficult for this approach to be a success. This approach allows personal growth of the elderly towards self-actualization leading to proper coping with the changes that comes with old age.

- Individuality is what sets a person apart from others. It is that set of qualities or characters that distinguishes a person's uniqueness. This is an approach that focuses on dealing with the person's subjective view

of life. Basing care from the elderly's achievements, abilities and desires at the same time treating them with respect and dignity as a person.

- A right is what is due to the person. The approach focuses on the elderly's right to make his own choices on how to live life. It also supports the person to make his own decisions regarding his care and even allowing him the right to experience “ bad decisions.”
- Choice. In person-centred approached the elderly is empowered to make informed choices on how to deal with things and on what they want to do and face the consequences after each decision.
- Privacy is of great importance in this approach. Confidentiality is kept at all times. The elderly's principles and views of something are not to be discussed with others without the consent of the person involved. This also includes the person's personal data even past experiences. This is also the reason why when rendering care to residents the doors of the room are kept closed to provide privacy for the client.
- Independence is having the capability to do things on your own. In this approach it supports the person to be on his own and in order to allow this, the care provider safeguards the environment and puts out assistive devices like handrails to allow movement with a level of independence. And if capable the elderly is allowed to go out of the facility provided with proper identification.
- Dignity is being worthy of respect. In here the person with dementia is viewed beyond the disease and his views and principles are honoured.

This approach allows the elderly to live according to his moral principles.

- Respect in person-centred approach gives high regard for the elderly putting into consideration the person's achievements, abilities and qualities. The elderly is allowed to uphold his own beliefs and values without being judged.
- Autonomy is letting the elderly in full control of his care. This principle is possible in a healthcare facility when the elderly is given the right information about his diagnosis and give them the chance to understand fully their health condition in order for them to make informed decisions about their care.

Question 2

- Institution perspective focuses on the set of rules and guidelines by the institution. In here the care providers patterns their plans of care abiding to the set of rules of the facility or institution. Like for instances when the client is still capable of going out, he will not be allowed to do so if it is not allowed in the facility promoting safety for the client. Also in cases when the rule is for residents to have their meals in the dining area, then all clients will have to be there during mealtime and will not have the option to have it in a tray in their room not unless if they are not well enough to do so but their nutritional needs are met by a prepared well balanced meal. Institution perspective puts the laws and rules of the institution and its adherence to it as top priority rather than the desires and needs of the clients but still addressing the health, social, emotional and physical well-being of the elderly.

- Bio-medical perspective deals with the medical aspect of dementia. It starts with setting the medical diagnosis of the disease basing it from the signs and symptoms manifested by the client. Signs and symptoms of dementia vary from one person to another but in order to diagnose it as dementia, it must have at least two impairments from the core elements namely: memory, communication and language, ability to focus, reasoning and judgment and visual perception. This perspective emphasizes that the disease is progressive in nature with minimal hope for the future and intervention is focused of drug treatment.

Question 3

- Reality-Orientation Approach is presenting information to the person with dementia, re-orienting the person with the date, time, his or her current location and the person and the situation to bring him back to reality. For those with dementia, there is a need for constant re orientation and reminder of the now. It is important to ask them if they know where they are, and tell time the date, the day, time of the day and even sharing information about what is happening in the society to keep them up to date to issues. Care providers can all build a conversation by asking the elderly about his family, their whereabouts, and how they are, this can also be a way to assess the extent of memory loss of the elderly and provide updated information should there be a need. Pictures, clocks, calendars and reading materials can also be used to help the client be oriented of important things and be a clear indication of ' today.'

- Validation approach is acknowledging what the elderly with Alzheimer's disease is experiencing. Usually this approach is used with people in the late stage of Alzheimer's. In most cases, when an elderly is on the late stage of the disease they manifest certain gestures or behaviour that may seem abnormal and incomprehensible. These mannerisms are indications of what the elderly is trying to convey. Unlike the reality-orientation approach where there is the reorientation of facts, here the thoughts of the elderly are accepted as it is no matter how bizarre it may be, it is seen as a reality either one belonging in the present or in the past. The care provider empathizes with the elderly by putting oneself in the shoes of the elderly and seeing things with the eyes of the client, at her or his level and stand point. The approach does not deny nor judge the thoughts of the elderly no matter how abnormal it is thus, reducing the elderly's stress, enhancing dignity, promoting happiness for the elderly and understanding the meaning of the behaviour for the elderly. When the care giver steps into the shoe of the elderly they may get to understand that this abnormal behaviour may be a manifestation of the elderly's unfinished issues and somehow can help in resolving these issues. Since the elderly's thoughts are not denied and rejected by the care giver, he or she is able to build trust thus encouraging good communication.
- Assistive technologies are devices or gadgets that are products of technology that are beneficial to the elderly with dementia. These are gadgets that can be used to make the elderly's life easier and near to

normal as can be and live a life with dignity. To name a few of these devices, we have the hearing aids to help those who are experiencing hearing loss to help them in proper oral communication. Even items which have sensor like faucets and lamps make it easy for the elderly to use these items. Digital clocks are even of great help for them to tell the time. Radio and television sets make it easy for them to know the current events through the news. In some instances the elderly can also be tracked using tracking devices to know their whereabouts should they be out of the vicinity. Phones are also a product of technology which allows constant communication of the elderly with the family no matter the time and distance. There is also what is called telecare, which are gadgets that help the care provider in rendering care, like hoists to help in mechanically moving the elderly. There are also gadgets like digital thermometer and blood pressure to make vital signs monitoring easier and convenient.

- Holistic Approach focuses on four aspects of care for the elderly, the environment, the communication between the recipient of care and the provider, nutrition and the activity of the client. The care provider should make the environment or living space of the elderly free of clutter and with safety features like hand rails so as to allow maximum movement for the client with less anxiety. The environment should also be free of unnecessary noise for sometimes this can make the elderly agitated. The care provider should also nurture a good verbal and non-verbal communication with the elderly. If the elderly is not a native of the country and has limited vocabulary then it is just necessary that

someone should stand as an interpreter so as for interactive communication to take place. In cases when the elderly cannot talk but can read and comprehend, then care provider can make use of visual materials for communication like pen and paper. The health of the client is also given importance by establishing a nutritional plan starting with the assessment of the nutritional demands of the client and then structuring the diet of the client according to his or her nutritional needs. The care provider should also organize a series of activities for the client may it be physical or mental in nature. Activity like show and tell is an opportunity for the client to show something and express his or her thoughts about it. Then there are also board games or memory games that will help the client put their thinking capabilities to use. There also a number of activities that require a little physical movement like pin bowling which can also be a source of exercise for the client.

- Alternative therapy: Music and Art Therapies. Music therapy makes use of music to set the mood of the client and to connect emotions and feelings between the client and care provider. Mellow tunes can help soothe the emotion of the client and music of different eras can also evoke feelings from the client by reminiscing past life experiences. Here the client may also be given the option to choose the kind of music he or she wants to listen to. Clapping and dancing are also encouraged to add in the enjoyment. Art therapies should be that which are not too childish to avoid demeaning the clients. Care givers can assist the clients to start their art work and then they can put their

feelings and thoughts into the art activity then they are encouraged and asked to tell the stories behind their work. The activity should give clients the ample time to do their art work putting into consideration capabilities of the elderly and that they don't have to finish everything in one sitting to prevent putting stress and anxiety on the clients.

Question 4

- Public Health and Health Promotion

Public health focuses on the promotion of health and the enhancement of life by taking measures and interventions that will prevent and treat dementia and other geriatric health conditions. This is a combined effort by the private and government health sectors, communities and individuals. In New Zealand, the ministry of health allots a budget for the health promotion of the aging citizens. This benefit is for all New Zealand citizens regardless of culture. The health care providers stand by the principle of equality in rendering care. They give the same kind of care to their clients treating them all as equals. In the provision of person-centred approach to individuals with dementia within public health and health promotion, there might be an issue with regards to cultural diversity. Yes, there is equality in the sense that every citizen of the country is given the right to have access to this health benefits regardless of cultural background and with this in mind, it is safe to say that these services are assumed to be what the general population needs not putting into account that this is a country with a diversity of culture.

- Attitudes to health and demand for healthcare

The attitude we have towards health greatly varies on the cultural background that one has. And thus how we value health will also relate to the demand for healthcare. How we live out life during the younger years will result to the health condition that one will have in the aging years. The family and the cultural preferences play a great role in the choices of food that we eat even in people with dementia or other geriatric health conditions.

According to the Ministry of Health (2003), a significant issue for Pacific households here in New Zealand is the affordability of food. They are most likely to report that they sometimes run out of food due to financial strains compared to the Maori and the Europeans. This would only mean that the elderly will not have the sufficient amount of nutrients in their day to day diet.

Question 5

The different health sector standards and codes of practice basically set the guideline for the person-centred approach in the sense that it covers the entirety of the approach. As what these codes of practice states, every person has the right to be treated with respect. Just like the approach it has it emphasis on the person as an individual who has every right to respect. These codes practice also recognizes the individuality and uniqueness of every one and states that one should not be discriminated for his age, cultural background, religious and political opinion, etc. Just like that in the person-centred approach towards people with dementia and with other geriatric health conditions they should be from discrimination. Privacy and

safety are of great importance also as stipulated in the various codes of practice and in the person-centred approach. Although with dementia or other geriatric health conditions, the elderly should be viewed as an individual with his or her health condition that comes with age.

Recommendation:

I highly recommend that for facilities who offer services to the elderly with dementia and with other geriatric health conditions they must try to group their elderly accordingly, those with similar principles, personal backgrounds and traits, in this manner they can somehow establish the necessary routines and activities that would suit the group's personalities. Even with the distribution of food, they can group this in a way that would give them the right nourishment at the same time giving the clients the opportunity to eat the kind of food that they have grown with for this too is a part of their identity. When healthcare providers try to give a personal level in the provision of their services it somehow shows that they acknowledge the individuality and uniqueness of their clients.

In the provision of health services, I suggest that services should be patterned to the character of the said community, in this way, the needs of the members will be provided with their healthcare needs accordingly. I also suggest that there should be teams who will visit the communities on a regular basis to continuously assess the health needs of the society and make ways to give the people easy access to their services.

Conclusion:

In conclusion, there are a number of approaches that can be used in the provision of healthcare services. These approaches cannot be a success without the dedication of the healthcare providers. There are many aspects to consider when deciding on the kind of approach to practice with people with dementia and other geriatric health conditions but we must not forget that although old and frail they are still individuals with a respective identity who are worth of our respect and should be given the due right to live their remaining days with dignity.

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