

Dementia a person
centred care
approach nursing
essay



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The brain is made up of billions of nerve cells. Messages are passed along and between cells through tiny electrical impulses and chemical messages. This is how the brain controls what a person does, think and feel. The cerebrum or cerebral cortex is the largest part of the brain and it consists of four lobes namely frontal, parietal, temporal and occipital (Peate and Nair, 2011). The frontal lobe is responsible for parts of speech, reasoning and judgment. The parietal lobe is supplementary in interpreting information from senses, sequencing and spelling. The temporal lobe is mainly responsible for short term memory. The occipital lobe is responsible in recognising colours, shapes and movements. When too many brain cells start to die, the condition is dementia (Alzheimer's Society, 2012).

In 2012, the Alzheimer's Society estimated that there are about 800, 000 people living with dementia in the UK. This set to rise to almost 2 million by 2060 (Alzheimer's Society, 2012). Dementia is not a disease by itself, likewise a natural part of ageing. It is a word that illustrates cluster of symptoms. These include loss of memory, decline in movement and coordination, inability to communicate, think and reason. It is not particularly associated with race, gender and culture (Janicki and Dalton, 1999). Anyone can be affected, whether he is a doctor, engineer, teacher or farmer. Most dementias are progressive that the abilities decrease over time.

There are many types of dementia; nonetheless the most common type is Alzheimer's disease. In 1907, German neurologist Alois Alzheimer first described Alzheimer's disease. Typically, the brain cells have the largest area affected by protein deposits called as plaques and tangles. This person may find difficulty on recognising between day and night, repetition of

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speech or behaviour, struggles to concentrate and be alert; however the earliest symptoms are short-term memory difficulties. The symptoms should be present for at least six months (Sabat, 2001).

This essay will discourse about the role of a nurse to the patient who has that aforementioned disease. The patient has just turned 71 last month. He's married and has two children both married. He was a loving and good father to their children. He was a cook assistant for 25 years; he mostly cooks for his family. According to his wife, he started to have difficulties with eating for over seven months. He began asking what the food is. He muddled up cutlery, slows to finish the meal and most of the time he will pour on his cup of tea into the plate. His family looked so worried and shattered when they discovered the unusual behaviour of their father. His General Practitioner referred him to be seen by a specialist because of the symptoms present.

When someone has diagnosed with Alzheimer's disease, the first person who can be affected is the family. They may have mixed emotions, starts to questions why this and that happening to them. As if the world has fallen apart to them. As a nurse, it is vital to have awareness on how to deal with this situation. The nurse must always maintain gaining consent first before every act or plan to do and must not disclose anything about the patient (Nursing and Midwifery Council, 2012).

One of the things the nurse does is to give health education to the family. Be knowledgeable about the life history, personality, physical and psychological well-being, present circumstances, current environment and the progression of the person's neurological impairment will assist them what, how, where

and when to implement the care plan for the person living with dementia as these will support the patient to live a dignified life (National Dignity Council, 2012). The brain cells may die and atrophy, but it does not conclude that the brain dies. People living with dementia still know what they want, however; they may find difficulty making some decisions, consequently; it is influential to provide support and assistance they needed. The aim of the nurse is to have a person-centred dementia care, a holistic approach on caring for someone as a whole person and endeavouring to meet all their needs instead of focusing only on the physical aspect (Newton, 1991). The nurse should involve the patient and family on making a plan of care, as this preserve the dignity and respect of the person and family (Tschudin, 2003).

There are four steps on nursing process of care that the nurse should consider in carrying out high quality of care to the patient living with dementia (Lloyd, 2010). The first step is the assessment process. Assessing is significant as it helps determine how well the person will function within the care. It comprises the personal details, who are the people involved with the patient, check any difficulties with understanding, communication and expressing feelings that could lead to depression, aggression or anger. It assesses the person's biological, psychological and social needs. Moreover, the nurse must be well-informed about the mobilising, personal cleansing, dressing, eating, drinking and eliminating. The patient's preferences, daily routines and habits all this information can be acquired by the nurse from people looking after the patient. This can be the social worker, the doctor, family, carer and the patient involved, as well. These will reflect an individualised care since one person is different from another; thereby

ensuring that the care plan is not the same for everyone. As equality on treating people means equal value and rights; so equal does not mean the same (Equality and Human Rights Commission, 2012).

The second step is the planning process. To plan what ought to be accomplished. Breaking down into a straightforward way, so as for the others involved in the patient's care can undoubtedly abide on it; if not, the whole care plan is ineffectual. The nurse can set short-term goals, meaning this can be achieved for a short time and long-term goals, which can be attained for a long time. In setting short or long-term goals, the nurse should identify the needs initially, along with determining what existing abilities and strengths the patient has; hence these will be the centre of care to a person with dementia. In a person-centred approach to care, the environment can be adapted to make living easier (Dementia UK, 2012). This will enable the person living with dementia maximise their strengths and compensate for any areas of disability (Linton et al., 2000). For an instance, a patient is still able to eat using cutlery slowly, but will take time to finish the meal. This implicates that whoever is assisting the patient must have a sentience not to do the job by feeding to make it easier and finishes the meal quick; otherwise, the person will feel that there is no worth for their existence as they can no longer control their own lives (Caplan, 1964), and this will intensify the symptoms of dementia. The urge to gain some degree of personal autonomy, exercise choices and be actively involved in the world, is built into one's nature (My Home Life UK, 2012). Making choices is an everyday thing people may take for granted; on the other hand, for people living with dementia this can become a complex and difficult task. Person-

centred dementia care recognises the importance of decision-making and choice (Brooker, 2007). As a person's dementia advances, the nurse may need to give some more thought on how to offer choice as communicating choice becomes more complex for the person living with dementia. For example, if a person is struggling or is unable to say what they want, the nurse may need to show one or two choices with examples of what it mean. As a result, the nurse might hold up a dress and ask, ' this one?' at that juncture, slowly hold up the second choice and ask, ' or this one?' Be mindful that poor nutrition can lead to poor health and could make the symptoms of dementia worse if left unchecked (My Home Life UK, 2012). To ensure the nurse meet each person's nutritional needs, they need to know what the person likes to eat, drink and how much help needed with eating. Does the patient prefer to eat alone or with a companion? Is the person able to chew or swallow? These are some important questions the nurse should take into account. Failing to plan makes it hard for the nurse to know what the individual wants or needs; how to fulfil these needs and wants and what intervention to be acted upon

Now, the implementation of care plan is the next stage of what the nurse will work out. On above-mentioned stage, the care plan will now be carried out, in this manner; it is well thought-out to make it as easy to understand by the interprofessional team so as to put into effect the plan made (May et al., 2009). As the nurse interacts to a person living with dementia, use closed questions that are easy to understand. Never assume that a person wants is unchangeable. Give the patient time to respond and do remember to look for verbal or non-verbal gestures like nodding, shaking head, frowning. The

nurse can show some pictures or cues when the patient has poor ability of communication (Burnard and Gill, 2008). Never overwhelm with too many options as it will be more confusing to the person with dementia.

The last step is evaluation, the nurse should evaluate the plan on a regular basis, appraising if it is working to all intents and purposes of it. In that way, the nurse can check how well the plan is functioning; otherwise, modification needs to be done as soon as the nurse identified that some of the strategies were ineffective (Wilkinson, 2012). Evaluation depends on what the team is giving information about how the patient is performing to that given plan of actions. If there is a need to re-assess it again, then re-assessment will take place. Moreover, a day to day report by the people working around the patient is a massive assistance as to provide the best quality of care a person living with dementia (National Institute for Health and Clinical Excellence, 2012). Care plans are not just to be ticked off and forgotten about it; nevertheless this is living documents to implement, evaluate and update any changes. Calfee (1996) emphasized the significance of record keeping on delivery of care; otherwise if not noted it did not occur. Keeping the patient, their families and the multidisciplinary team well-informed and updated about it is without doubt a brilliant way of saying that the nurse is accountable of what actions and care provided (Department of Health, 2010). Also, to be effective on communication means the nurse knows how to listen to other people involved with the patient's care, report and document any care given; in addition to that, engaging with the individual is an essential component on how the nurse can help a person living with dementia live a normal life. .

On top of it, whatever be the health problem, illness of an individual, the role of a nurse is of a significant value. The Nursing and Midwifery Council highlighted the importance of the nurse existence on protecting the ' health and wellbeing' of the patient (2012, p. 1). The Royal College of Nursing (2012) underlined that care planning is an important element on delivering care to the patient so as to have successful outcomes. Following an agreed plan of care not only builds, but it also reinforces the trust within the patient, their families and friends. With the knowledge of the nurse about their loved ones personality, life stories and preferences, there is an expectation and hope from families and relatives that the nurse will use the information to enrich the individual's day to day experience. ' The very alphabet of a nurse is to be able to interpret every change which comes over a patient' - Florence Nightingale 1860 (Skretkowicz, 2010 p. 258). Lastly, a person centred care is not something the nurse does in addition to other tasks, but it is done at the same time and how the nurse does to the patient is what matters. When it comes to good dementia care, it is better doing things with the patient rather than doing it for them.