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Theresa Staab

Dementia: Review of Long Term Care Facilities

Dementia is a disease in which people lose parts or, in the case of more severe cases, all of their cognitive functioning, negatively impacting their daily lives. Remembering, thinking, and reasoning are examples of these functions. As dementia progresses in a person, performing tasks becomes challenging, bringing families to consider long-term care institutions as an alternative to informal caregiving. Families look at the combination of characteristics and socio-cultural background of an institution's patients and formal caregivers before entrusting their loved one to their care (Yaffe et al., 2002). The World Health Organization states that "more than 55 million people live with dementia worldwide" (World Health Org., 2021). Assisted living facilities consist of an array of older people, among whom "two-thirds of residents have dementia, and 90 percent possess some degree of cognitive impairment" (Zimmerman et al., 2014). These institutions provide patients with supportive therapy, a safe place to reside, and assistance with everyday tasks. The efficacy and administration rates of long-term care facilities are governed by three internal components: staff, environment, and care circumstances. These, among other things, influence the quality of care dementia patients receive, as well as their condition, mood, and overall quality of life.

Institutionalized care appears to be a less complex method of caring for dementia, but the move itself may include challenges. Introducing the patient to an entirely new environment can impact their condition, commonly generating irritation and discomfort. Similarities are notable for a successful migration. The environment should remain a close replication of the previous one. Some patients produce a positive response to relocation, which occurs when the patient himself/herself is involved in the decision. Preparation programs are recommended since they engage the patient in the procedure and reduce stress levels (Ryman et al., 2018). The majority of relocations performed without proper preparation may result in a decline in the patient's mental, physical, behavioral, and functioning abilities (Ryman et al., 2018). Dementia patients already feel out of place? in their own homes at times. As a result, introducing a foreign environment generates a significant degree of tension and worry in the individual. Because of the degenerative nature of dementia, a routine lifestyle is beneficial for patients as it promotes a sense of normalcy. When the routine breaks, individuals get agitated because the environment they are adapting to gets stripped away.

Families decide to place their loved ones within an institution because the role of being a family member or caregiver can become overwhelming. Often, the family suffers from physical and psychological effects that motivate them to institutionalize the patient (Nunez, 2020). Admission relieves stress on the family, ensuring the member is accessible and well-cared for. However, admission rates vary among different cultures. In a study conducted by Yaffe et al. (2008), the patients within facilities, mainly nursing homes, were primarily white older individuals. Ethnic

minorities, non-white Hispanic, proved to be more likely than white non-Hispanic groups, to offer informal care at home for family members with severe dementia rather than institutionalizing them (Yaffe et al., 2008). The socio-cultural aspects of a facility also weigh into the decision and impact of relocation. According to the findings of Mead et al. (2005).’s research of three facilities, dementia-friendly, management, and family participation affect whether relocation or discharge is appropriate. Following a closer inspection, institutions lack a satisfactory definition of dementia-friendly, defining it as "memory loss exclusively, associated with normal aging" (Mead et al., 2005). Many facilities neglect the effect dementia has on a patient; they ignore behaviors like agitation, wandering, and inappropriate behaviors and deem them dischargeable. Multiple institutions lack the necessary skills and resources to provide a dementia-friendly environment, restricting the potential of patients to achieve heightened levels of physical, personal, and emotional well-being (Mead et al., 2005).

When discussing the care administered within long-term facilities, the quality of life is just as important as the quality of workers. While case findings do not provide a clear relationship between institutionalization and decreased quality of care, it is suggestive that the nature of the facility impacts it. Caregiving is a demanding job for an individual, it is the most critical determinant of a patient’s quality of life. Care directed specifically to dementia can improve QoL, increase depression symptom detection, and lower hospital readmission rates (Kaskie et al., 2014). While targeted care is beneficial, not all patients live in facilities that provide this.

According to Barbosa et al.’s (2013) study, staff participants suggested that time limitations and an "increased number of dependent residents" with a short-handed staff inhibit the ability to provide more individualized patient care. Additionally, care workers' lack of knowledge further negatively impacts patients, interfering with their quality of life (QoL). Patients with higher cognitive capacities and lower baseline levels of depression and anxiety have higher QoL; patients with depression and cognitive decline have lower QoL (Beerens et al., 2013). Beerens et al. (2013) hypothesized that the quality of life of dementia patients correlates to their level of cognition and functionality; nevertheless, the patients' moods and mental states are related. Due to care workers' lack of depression detection skills, depression and anxiety could essentially have a larger role. Also, improper diagnosis processes and administration of drugs, primarily cognitive deterioration inhibitors, promote negative QoL trends (Beerens et al., 2013). If the staff is untrained or unaware of the patient’s disability, it puts that patient further at risk, especially with the distribution of medications. A projected "46% of assisted living residences did not have a licensed nurse on staff, and 21% of the residences had untrained staff helping with medication administration" (Zimmerman et al., 2014). Suggestive ways to improve QoL include encouraging stimulating activities and improving dementia symptom recognition. Implementation of functional rehabilitation can produce an increase in QoL. Simple daily exercises will promote improvement (Beerens et al., 2014). These findings not

only attest to what impacts patients' QoL, but they also exemplify the need for training interventions amongst facility staff.

The amount of dementia care training varies between institutions, ranging from an overview to an in-depth session. The most considerable challenge in caregiving for dementia is handling the behavioral and physiological symptoms that require a high quality of care. Considering the rigorous nature of caring for an individual who lacks cognitive functionality, many direct care workers require training interventions to assist in the development of specific care skills and battle emotions of stress (Barbosa et al., 2013). Staff who undergo extensive training adopt better attitudes towards care as they comprehend the principles as a whole or to a greater degree than the ordinary individual. Training allows staff to better recognize dementia, identify changes in one's cognitive status, and promote supportive response to patients' behaviors (Zimmerman et al., 2014). Achieving better care in facilities requires an adequate supply of workers and better baseline knowledge of and communication skills. A care worker's job is to offer and maintain a secure environment for the patients and primary dementia sufferers. If there is a substantial lack of awareness about dementia, caregivers may interrupt patient outbursts as impolite and needless rather than as an uncontrolled part of the disease. With more effective communication skills, care workers' conditions improve, which leads to the improvement of their patient's care. As Eggender et al. (2012) state, communication "increases awareness of the viewpoint of the person with dementia and builds an understanding of the challenges and opportunities of communicating" with patients. Care workers will be better equipped to handle numerous situations.

Policies for dementia are warranted by the staff's lack of adequate care and relatively high levels of abuse within assisted living facilities. Dementia patients endure cognitive deterioration, forcing them to rely on direct care workers and increasing the need for their protection within facilities (Kasike et al., 2014). Protection from abuse, neglect, and exploitation. While the Americans with Disabilities Act compels companies and other services to offer equitable treatment to people with disabilities, it appears these rules are consistently unapplied to dementia patients (Kasike et al., 2014). This insufficiency is due to the limited federal involvement in assisted living facilities, leaving regulations up to states to determine. Kasike et al. (2014) conducted a study that examines the policies across all states, focusing on staffing, chemical usage, and environmental safety policies. Of all 50 states, 38 require particular special dementia training, while 26 states require training programs (Kasike et al., 2014). The most striking statistic collected was that 10 states had facilities with a minimum job requirement, meaning people could have the bare minimum of experience and still be eligible to provide care. The quality of care delivered in institutions reflects its current status and policy execution. While there is no proposed correlation between the number of policies and quality of care, the substance of the policy is what matters. As states are responsible for implementation, policies become geared around financial incentives (Kasike et al., 2014). As a result, the most cost-effective policies are employed, rather than the most protective. There are no present national policies to safeguard dementia patients from inequitable care. However, the government becomes the primary stakeholder in purchasing assisted

living services when Medicaid reimburses facilities for nearly \$1.7 billion per year (Kasike et al., 2014). With the financial incentive in place, leaders should work to enhance the care dementia sufferers receive. The issue linked with this is that long-term care facilities were created to provide care to all, yet this idea has long since become distorted. Institutionalized care has become concerned with outsiders that benefit the institution and not its patients.

This research analyses numerous studies to create an overview of how dementia patients are affected by long-term care facilities. The type of an institution's staff and management influences its treatment. When appropriate policies and training are in place, institutional care can be a family-friendly solution to dementia. However, care facilities still have a long way to go in terms of improving the care and quality of life for their dementia patients.

References:

1. Barbosa, A., Nolan, M., Sousa, L., & Figueiredo, D. (2014). Dementia in Long-term Care Homes: Direct Care Workers' Difficulties. *Procedia - Social and Behavioral Sciences*, 140, 172–177. <https://doi.org/10.1016/j.sbspro.2014.04.405>
2. Beerens, H. C., Zwakhalen, S. M., Verbeek, H., Ruwaard, D., & Hamers, J. P. (2013). Factors associated with quality of life of people with dementia in long-term care facilities: a systematic review. *International journal of nursing studies*, 50(9), 1259–1270. <https://doi.org/10.1016/j.ijnurstu.2013.02.005>
3. Beerens, H. C., Zwakhalen, S. M., Verbeek, H., Ruwaard, D., Ambergen, A. W., Leino-Kilpi, H., Stephan, A., Zabalegui, A., Soto, M., Saks, K., Bökberg, C., Sutcliffe, C. L., & Hamers, J. P. (2014). Change in quality of life of people with dementia recently admitted to long-term care facilities. *Journal of Advanced Nursing*, 71(6), 1435–1447. <https://doi.org/10.1111/jan.12570>
4. Dementia. (2021b, September 2). World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/dementia>
5. Eggenberger, E., Heimerl, K., & Bennett, M. I. (2012). Communication skills training in dementia care: a systematic review of effectiveness, training content, and didactic methods in different care settings. *International Psychogeriatrics*, 25(3), 345–358. <https://doi.org/10.1017/s1041610212001664>
6. Kaskie, B. P., Nattinger, M., & Potter, A. (2015). Policies to Protect Persons With Dementia in Assisted Living: Déjà Vu All Over Again? *The Gerontologist*, 55(2), 199–209. <https://doi.org/10.1093/geront/gnu179>
7. Mead, L. C., Eckert, J. K., Zimmerman, S., & Schumacher, J. G. (2005). Sociocultural Aspects of Transitions From Assisted Living for Residents With Dementia. *The Gerontologist*, 45(suppl_1), 115–123. https://doi.org/10.1093/geront/45.suppl_1.115
8. Nunez, F. E. (2021). Factors influencing decisions to admit family members with dementia to long-term care facilities. *Nursing Forum*, 56(2), 372–381. <https://doi.org/10.1111/nuf.12555>
9. Ryman, F. V. M., Erisman, J. C., Darvey, L. M., Osborne, J., Swartsenburg, E., & Syurina, E. V. (2018). Health Effects of the Relocation of Patients With Dementia: A Scoping Review to Inform Medical and Policy Decision-Making. *The Gerontologist*, 59(6), e674–e682. <https://doi.org/10.1093/geront/gny031>
10. Yaffe, K. (2002). Patient and Caregiver Characteristics and Nursing Home Placement in Patients With Dementia. *JAMA*, 287(16), 2090. <https://doi.org/10.1001/jama.287.16.2090>
11. Zimmerman, S., Sloane, P. D., & Reed, D. (2014). Dementia Prevalence And Care In Assisted Living. *Health Affairs*, 33(4), 658–666. <https://doi.org/10.1377/hlthaff.2013.1255>
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