



# The applicability of a recovery approach to nursing people with dementia

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## ABSTRACT

**Objectives:** Recent developments in nursing to people with mental health conditions of working age have been underpinned by the recovery approach. This paper critically reviews the idea of recovery in relationship to people with dementia and examines its applicability to dementia care nursing.

**Design:** The paper critically reviews literature relating to the use recovery approach and the people with dementia, particularly their nursing care. The paper identifies common ideas within two approaches and suggests how the recovery approach may underpin nursing care to people with dementia.

**Data sources:** A search of CINAHL, Medline and PsycINFO was undertaken from 1987 onwards using keywords 'recovery', 'nursing' and 'dementia'.

**Results:** The paper found that the recovery approach shares many ideas with person-centred approaches to dementia care and illustrates this in relationship to well-being, social inclusion, self-management, and hope.

**Conclusion:** The paper concludes by suggesting that dementia care nursing should draw on ideas taken from the recovery approach and identifies each approach drawing on ideas that have come together in postpsychiatry.

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## What is already known about the topic?

- Few theoretical or empirical studies examine the use of the recovery approach within dementia care nursing.

## What this paper adds

- Identifies the applicability of the recovery approach to dementia care nursing.
- Critically reviews different shared theoretical ideas within the recovery approach, discusses how specific ideas within the recovery approach, namely well-being, social inclusion, self-management and hope are consistent with recent developments in dementia care nursing.
- Identifies various shortcomings of the recovery approach within dementia care nursing.

## 1. Introduction

It is estimated that 24.3 million people have dementia worldwide (Alzheimer's Association, 2009) and that in the United Kingdom (UK) there are currently 700,000 people with dementia (DH, 2009). Dementia presently costs the UK economy £17 billion a year, and in the next 30 years the number of people with dementia in the UK is expected to double to 1.4 million, with the costs trebling to over £50 billion a year. The worldwide need for dementia care is seen as a 'crisis' and various countries such as the United States, France, Australia and the UK have published national strategies relating addressing dementia care (see The Lancet Neurology, 2009).

This paper critically reviews developments in mental health care relating to the idea of recovery and examines its applicability to nursing people with dementia. At present services to people of working age with mental health conditions and services to people with dementia are, at first sight underpinned by two different approaches

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(Adams, 2008). Services to people of working age are primarily concerned with recovery, whereas services to people with dementia care are typically concerned with person-centred care. Keady et al. (2009) suggest that '[R]ecover has a place within dementia care nursing' and that 'one of the most pressing challenges ahead is to use, adapt and (potentially) modify this approach for the dementia care field (p. 570)'. This paper addresses this challenge and puts forward ways in which recovery may be applied to nursing people with dementia. A search of CINAHL, Medline and PsycINFO was undertaken from 1987 onwards using keywords 'recovery', 'nursing' and 'dementia'. The literature gained from this search was reviewed as a means of providing services in mental health together with similar approaches within dementia care.

Thirty years ago, Carr et al. (1980) argued that nursing follows the dominant ideology within health care and that it has no ideology of its own. Traditionally the dominant approach within mental health care has been the medical model of illness that underpinned institutional psychiatry and the provision of nursing care to people with dementia. In this approach, the chronic, inexorable, progressive and debilitating nature of dementia is highlighted together with the maintenance of people with dementia in long stay institutions (Adams, 2008). This resulted in 'therapeutic nihilism' in which people with dementia were taken away from their home and family and placed in institutions where they encountered nursing care that led to their depersonalisation and sometimes, emotional and physical abuse (Robb, 1967). Underlying 'therapeutic nihilism' is the view that there can be no recovery for people with dementia.

Over the last 25 years, a more positive 'person-centred' approach has developed in many areas of dementia care which challenges the dominance of institutional psychiatry; though as Martin (2009) notes, institutionalised practices are still commonly seen in the day to day provision of dementia care. This approach was initially developed by Kitwood (1997) and elaborated by writers such as Sabat (2001), Baldwin (2008), O'Connor et al. (2007) and Brooker (2007). Person-centred care highlights interpersonal and organisational aspects of dementia care and their contribution to the personhood and well-being of people with dementia. Empirical support for person-centred care is given by Chenoweth et al. (2009), though further findings are awaited from other studies. One off-shoot from person-centred care is 'relationship centred care' which claims to go 'beyond person-centred care' and shows how mutual and reciprocal interaction between the person with dementia, their family carer, and their paid-for carer contributes to the well-being of each participant (Nolan et al., 2004). More recently writers adopting a person-centred approach have highlighted the contribution of socio-political contexts to people's experience of dementia. For example, Adams and Bartlett (2005) reframe dementia as a disability; Bartlett and O'Connor (2006) extend person-centred care to include citizenship; Kontos (2005) develops the idea of 'embedded selfhood'; and Baldwin (2008) puts forward the notion of 'narrative citizenship'.

Alongside these developments specialist community services for people with dementia have developed (Bane-

rjee and Chan, 2008), including community mental health nursing services (Keady, 2005) and memory clinics (Kelly, 2005). A key objective of these services is to maintain people with dementia in the community for as long as possible. This approach is supported by a range of strategies offered by nurses and are designed to support people with dementia and their family carers. This approach supports the provision of new pharmacological treatments in the community that slow the progression of dementia and thus increases the length of time people are able to remain at home (Page, 2003).

While some aspects of person-centred care adopt a critical approach towards Psychiatry, its underlying approach is integrative and argues that people's experience of dementia arises out of a dialectical relationship between bio-medical and social-psychological phenomena that contribute towards dementia (Kitwood, 1997). The idea of person-centred care is included in recent health and social policy towards people with dementia together with discourses drawn from community approaches towards Psychiatry that locate the person with dementia in the community and seek the early identification and treatment of dementia (DH, 2009). In this way, dementia care nursing shares with various other professions that work alongside people with dementia, a biopsychosocial approach (Adams, 2008; Keady et al., 2009). This integrative and inclusive approach is developed by Adams (2008) who takes a broad approach towards dementia care nursing that not only acknowledges people's bodily and embodied experience of dementia but also their interaction with personal, social and political systems in which interaction takes place through conversational, narrative, and discursive practices.

Nevertheless, an issue still remains that relates to the underlying strategy adopted within dementia care nursing. The question is 'Should services to people with dementia merely delay admission to long-term care, or should they challenge the chronic model of dementia and offer people with dementia some form of recovery?'

## 2. Recovery

Recovery is a key feature of policy and practice in mental health care in various first world countries and is now the dominant approach within mental health nursing (Norman and Ryrie, 2009). The initial impetus for the approach arose in the late 1980s and early 1990s with the consumerist movement in the United States, and more recently in New Zealand and other first world countries. The approach developed alongside the deinstitutionalisation of mental health care and moved away from seeing mental illness as a chronic and exorable condition to one which had a more optimistic view of recovery. Ramon et al. (2007) identifies factors that increase the relevance of recovery within the provision of mental health care such as the increased acknowledgement of user's accounts; the acceptance of the social model of disability; and the recognition of stigma and promotion of social inclusion.

Ramon et al. (2007) argue that the concept of recovery was rediscovered in the 1990s by Anthony (1993) and that a new understanding of 'recovery' developed. Anthony

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