Quality of Life for Dementia Clients in Care Homes: A Literature Review

Faith Jebet, Abigael Kimweno

2025 Laurea

Laurea University of Applied Sciences

Quality of Life for Dementia Clients in Care Homes – A Literature Review

Faith Jebet, Abigael Kimweno
Degree Programme in Nursing
Thesis
05, 2025

Laurea University of Applied Sciences **Abstract**

Degree in Nursing

Nursing

Faith Jebet, Abigael Kimweno

Quality of Life for Dementia Clients in Care Homes – A Literature Review

Year 2025 Number of pages 50

The living standards of dementia clients in care homes is influenced by numerous factors, including care home environment, caregiving approaches, and the physical and emotional well-being of an individuals. As dementia progresses, clients face increasing challenges that compromise their autonomy, dignity, and ability to engage with their surroundings. These challenges emphasize the importance of fostering care home environments that prioritize person-centered care, meaningful activities, and respect for residents' rights, all of which play an important role in enhancing their life's quality.

The purpose in this thesis is describing the life quality among dementia clients in care homes. Guided by research question, "How is the quality of life among dementia clients in care homes described in literature?" the study aims to explore and synthesize existing research on dementia patients' quality of life in care homes, identifying key determinants and best practices to enhance their living conditions.

The research design realied on a literature review methodology, with data being retrieved from key databases; PubMed, PsycINFO, and CINAHL, which ensured that the search targets well-established sources that are likely to contain rigorous and peer-reviewed studies on the subject. The review encompassed 11 articles, which were analyzed and categorized into themes: the standard of living for those who suffer from dementia, family and caregiver experiences, challenges in dementia care, and innovations and best practices. The findings highlight the critical role of personalized care, supportive environments, and collaborative systems in enhancing dementia care outcomes.

This study emphasizes the significant role of caregivers and families, highlighting the need for tailored support systems to alleviate caregiver burden while fostering positive caregiver-patient relationships. Additionally, addressing challenges such as behavioral symptoms, confinement, and health issues through innovative, individualized, and collaborative practices enhances care delivery, promoting dignity, autonomy, and well-being for people with dementia. Therefore, the findings of this research will benefit care home staff, policymakers, and caregivers by offering insights to improve care approaches and the overall well-being of dementia clients.

Keywords: Quality of life, Dementia clients, Care homes

Contents

1 Introduction

Quality of life for individuals with dementia in care homes revolves around multiple dimension, including well-being, comfort, and fulfillment (Salminen, Suominen, Kautiainen, Roitto and Pitkala 2019, 2261; Roitto, Kautiainen, Laurila and Pitkälä 2019, 794; Rojas 2024, 5748). Dementia, a complex and progressive neurodegenerative disorder, poses profound challenges for individuals,healthcare systems, families, and society's worldwide (Giliberto 2022, 228). The disorder is characterized by memory loss, cognitive decline, as well as impaired functional abilities (Verlinden, van der Geest, de Bruijn, Hofman, Koudstaal and Ikram 2016, 145). According to Dolu, Naharcı, Logan, Paal and Vaismoradi (2021, 872), the rise in dementia cases globally has led to to the rise in demand for care facilities with long-term plans, providing specialized support and services for dementia clients. The quality of life (QoL) of dementia clients in these homes has become a focal point for researchers, policymakers, and caregivers alike, as it encompasses the overall well-being and satisfaction of the residents (Wübker, Zwakhalen, Challis, Suhonen, Karlsson, Zabalegui, Soto, Saks and Sauerland 2015, 693).

A fundamental pillar of QOL for dementia clients in care homes is provision of person-centered care (Hadziabdic and Hjelm 2018, 213; Tetrault, Nyback, Vaartio-Rajalin and Fagerström 2022, 698). Hynninen, Saarnio and Isola (2015, 193) asserts that the autonomy, dignity, and a sense of identity among dementia clients can be achieved by recognizing the individuality of each resident and tailoring care plans to their specific preferences and abilities. Tailoring dementia clients' needs involves fostering meaningful social connections, supporting engagement in activities that bring joy and purpose as well as respecting the choices and autonomy of residents (Pohjola, Vaajoki and Välimäki 2020, 1781).

Raatikainen, Ciszek, Närvainen, Merilahti, Siikanen, Ollikainen, Hallikainen and Skön (2016, 2) asserts that there is also need for creating supportive as well as dementia-friendly settings within different care homes. This enhances residents' quality of life. The creation of supportive environment usually involves designing physical spaces that are safe, accessible, and conducive to independence and mobility, as well as implementing strategies that minimize stressors and confusion (Kenigsberg, Aquino, Berard, Gzil, Andrieu, Banerjee, Brémond, Buee, Cohen-Mansfield, Mangialasche and Platel 2016, 8). Additionally, ensuring access to quality healthcare, including medical, psychiatric, and palliative care, is critical for optimizing the life's quality of dementia clients in care homes (Biesmans, Bolt, Janssen, Wintjens, Khemai, Schols, Van Der Steen, Zwakhalen and Meijers 2024, 3).

There should also be collaboration between healthcare professionals, caregivers, and families as it is paramount in promoting continuity of care and ensure that the needs as well as preferences of demntia clients are prioritized and respected throughout their journey in care homes (Røen, Stifoss-Hanssen, Grande, Kaasa, Sand and Knudsen 2019, 3; Yaghmour 2021, 67). However, despite existing frameworks and regulations in care homes aimed at ensuring residents' safety and rights, challenges persist in delivering optimal care for individuals with dementia (Heintz, Monette, Epstein-Lubow, Smith, Rowlett and Forester 2020, 321). This includes staffing shortages, inadequate training, limited resources, and variations in regulatory standards and practices across different regions and countries (Figueroa, Harrison, Chauhan and Meyer 2019, 11). Therefore, this thesis purpose to describe the quality of life among dementia clients in care homes, and aims to explore and synthesize existing research on the quality of life for dementia clients in care homes, identifying key determinants and best practices to enhance their living conditions.

2 Theoretical Framework

2.1 Dementia

Maresca, Maggio, Latella, Naro, Portaro and Calabrò (2020, 18) describes dementia as a collective term used for the different progressive neurodegenerative disorders that affects cognitive functions as well as emotional regulation, ability to undertake daily chores, and behavior. Further, it is a symptom of several underlying diseases and brain disorders. According to Minoshima, Mosci, Cross and Thientunyakit (2021, 232), vascular dementia, Alzheimer's disease, Lewy body and frontotemporal dementia are more synonymous. Their exact cause varies by type but all have commonality, which is damage of brain cells. Risk factors encompass genetics, age, family history, and lifestyle factors including diet and smoking (Maclin, Wang and Xiao 2019, 5).

2.1.1 Alzheimer

Minoshima et al. (2021, 232), attributes Alzheimer's disease to be the primary cause of dementia. The disease results in build up of amyloid plaques as well as neurofibrillary tangles in brain cells. These abnormal protein deposits lead to the destruction of neurons, particularly in areas related to cognitive and memory function, such as cerebral cortex and hippocampus (Maclin et al. 2019, 6; Matej, Tesar and Rusina 2019, 27). The disease manifests initially as mild memory loss and cognitive decline, but as it progresses, it results in severe impairment of daily functioning, language difficulties, disorientation, and behavioral changes (Maresca et al. 2020, 18). Current treatments are primarily symptomatic, focusing on managing cognitive decline and behavioral symptoms, but they do not stop or reverse the disease's progression (Chorawala, Shah, Pandya, Kothari and Prajapati 2024, 215).

Beyond its clinical impact, Alzheimer's disease presents significant societal challenges, particularly to an aging global population (Duara and Barker 2023, 9). The emotional and financial toll on families and caregivers is profound, often leading to caregiver burnout and significant economic burden because of the long-term care needs of patients (Chorawala et al. 2024, 217). The stigma sorrounding Alzheimer’s also contributes to delayed diagnosis and inadequate support for affected individuals (Maduna and Loos 2021, 68). Furthermore, the healthcare system faces increasing pressure to provide adequate care, with current resources often falling short (Mok, Pendlebury, Wong, Alladi, Au, Bath, Biessels, Chen, Cordonnier, Dichgans and Dominguez 2020,1573).

2.1.2 Vascular dementia

Bir, Khan, Javalkar, Toledo and Kelley (2021, 3), indicates that vascular dementia results from conditions that disrupt the distribution of blood in brain cells, occasioning to ischemia (strokes) that damage brain tissue. They further state that unlike Alzheimer, which is associated with the building up of abnormal proteins, vascular dementia is directly linked to cerebrovascular problems such as stroke, hypertension, atherosclerosis, and diabetes. This form of dementia often presents with a stepwise decline in cognitive function, where periods of relative stability are interrupted by sudden declines in abilities (Shabir, Berwick and Francis 2018, 4-5). Common symptoms associated with vascular dementia include problems with attention, planning, and reasoning, which may be more pronounced than memory loss in the early stages (Kuang, Zhou, Zhu, Wan, Yang, Hong and Yang 2021, 2). Emotional lability, mood changes, and difficulties with motor skills are also frequent, reflecting the diverse brain regions that may be affected by vascular events (Beason-Held, Kerley, Chaganti, Moghekar, Thambisetty, Ferrucci, Resnick and Landman 2023, 807).

Vascular dementia highlights the intersection between cardiovascular health and brain function, making it potentially more preventable in comparison to other types of dementia (Bir et al. 2021, 4). The mangement of risk factors such as high cholestral, smoking, diabetes as well as high blood pressure, through medication and lifestyle changes significantly reduces chances of being diagonized vascular dementia (Parial, Lam, Ho, Suen and Leung 2021, 1396). However, once the disease is established, treatment options are limited to managing symptoms and preventing further vascular events (Kivipelto, Mangialasche and Ngandu 2018, 654). The lack of disease-modifying therapies, coupled with the variability in symptoms depending on which brain regions are affected, poses challenges for diagnosis and management (Shabir et al. 2018, 5). Additionally, the disease's association with stroke highlights the significance of public health interventions geared towards reducing stroke incidence through education, early detection, and comprehensive management of cardiovascular risk factors (Zlokovic, Gottesman, Bernstein, Seshadri, McKee, Snyder, Greenberg, Yaffe, Schaffer, Yuan and Hughes 2020, 1720).

2.1.3 Lewy body dementia

According to Milán-Tomás, Fernández-Matarrubia and Rodríguez-Oroz (2021, 1), lewy body dementia (LBD) is occasioned by growth of unusual protein deposits (Lewy bodies) in brain cells. The protenious deposits affect chemicals in brain cells, leading to the disruptions in movement, thinking, behavior, as well as mood (Prasad, Katta, Abhishek, Sridhar, Valisekka, Hameed, Kaur and Walia 2023, 3). The common symptoms associated with the disease include motor symptoms, visual hallucinations, and fluctuating cognitive abilities similar to Parkinson's disease which includes tremors, stiffness, and slowed movement (Donaghy, Barnett, Olsen, Taylor, McKeith, O'Brien and Thomas 2017, 1166). The cognitive symptoms often overlap with those of Alzheimer, but presence of pronounced visual hallucinations and motor symptoms can help differentiate LBD from other types of dementia (Jellinger and Korczyn 2018, 7).

The management of LBD involves combining medication and supportive therapies aimed at alleviating symptoms (Prasad et al. 2023, 7-8). Cholinesterase inhibitors, commonly used in treating Alzheimer, can help improve cognitive symptoms, while medications such as levodopa can be used to manage motor symptoms (Connolly and Fox 2014, 82). However, care must be taken as persons with LBD are highly sensitive to antipsychotic drugs, which can worsen symptoms (Badwal, Kiliaki, Dugani and Pagali 2022, 255). Non-pharmacological interventions, which encompass occupational therapy, cognitive rehabilitation, and physical therapy, are also crucial in managing LBD (Velayudhan, Ffytche, Ballard and Aarsland 2017, 2).

2.1.4 Frontotemporal dementia

According to Borghesani, DeLeon and Gorno-Tempini (2022, 430) frontotemporal dementia (FTD) primarily affects temporal and frontal lobes of the brain, which are tasked with language, personality, and behavior. FTD often presents with changes in personality, social behavior, and communication abilities. Individuals diagonized with FTD exhibit loss of empathy, inappropriate social behavior, and compulsive or repetitive actions (Pasquier, Lebouvier and Lebert 2017, 281-285). Language difficulties can also occur, ranging from trouble finding the right words to a complete loss of speech. The disease is sometimes misdiagnosed as a psychiatric disorder or as Alzheimer's in its early stages (Galimberti, Dell'Osso, Altamura and Scarpini 2015, 686).

According to Borghesani et al. (2022, 430), FTD's progression usually varies widely, with symptoms worsening over time as well as leads to significant impairments in daily functioning. In comparison to other forms of dementia, FTD has no cure, as well as its treatment focus is on management of symptoms (Pasquier et al. 2017, 281). The medications administered are usually for addressing specific behavioral issues, such as aggression or depression, though their effectiveness vary (Tsai and Boxer 2016, 213). Speech therapy, occupational therapy, and structured routines are usually meant for managing symptoms as well as improving QOL for both caregivers and patients (Galimberti et al. 2015, 686). Due to the early onset of FTD, which often affects individuals in 50s and 60s, it can be particularly challenging for families, as they must adapt to the sudden and profound changes in their loved one's behavior and cognitive abilities (Barker, Dodge, Niehoff, Denny, Dacks, Dickinson, Cosentino and Wheaton 2023, 201-203).

2.2 Dementia Clients

Dementia clients are individuals who have been diagnosed with neurological disorder that is progressive and characterized by changes in behavior, cognitive decline, memory loss, mood, and ability to perform routine chores (Bressan, Visintini and Palese 2020, 1942; Joling, Janssen, Francke, Verheij, Lissenberg-Witte, Visser and van Hout 2020, 662). Dementia clients are typically older adults, with a higher occurrence among those aged sixty-five and above (Koria, Sawan, Redston and Gnjidic 2022, 1808). The condition affects individuals across all demographics, but certain groups, such as women and those with a lower socioeconomic status, may be disproportionately impacted (Liu, Murchland, VanderWeele and Blacker 2022, 115347).

The challenges faced by dementia clients include memory loss, difficulty in communication, changes in mood and behavior, and a decline in physical health (Matej et al. 2019, 27). These challenges can lead to a reduced ability to perform everyday activities and an increased reliance on others for care. In effect, daily living is profoundly affected, with individuals experiencing difficulties in managing finances, medication, and personal care (Pasquier et al. 2017, 285). As dementia progresses, the need for assistance in all aspects of daily life increases. Psychological impacts include depression, anxiety, and agitation. The emotional well-being of dementia clients can be severely affected by the loss of independence and the changes in their cognitive abilities (Farina, Page, Daley, Brown, Bowling, Basset, Livingston, Knapp, Murray and Banerjee 2017, 573).

Nurses are critical in caring for dementia clients, as they are often the primary caregivers in care homes (Mueller, Lautenschläger, Meyer and Stephan 2017, 141). Their responsibilities include monitoring vital signs, bathing, administering medication, dreessing, as well as, supporting dementia clients and their families emotionaly (Backhouse, Dudzinski, Killett and

Mioshi 2020, 5). Nurses are trained to recognize changes in behavior and cognitive function, allowing them to adjust care plans accordingly and ensuring the highest possible QOL for dementia clients (Cleary and Doody 2017, 621). Additionally, nurses work in collaboration with physicians, occupational therapists, and social workers in developing comprehensive care plans that are cocsistent with each patient's needs and preferences (Alvarez, Debnam, Clough, Alexander and Glass 2018, 147).

2.3 Care Home

The term care home stands for different supportive services allocated to people to help them maintain independence, discharge their obligations connected with chronic conditions, heal from any illness or injury, or improve their quality of life as a whole (Dolu et al. 2021, 872). Care home service may accommodate personal care, such as helping clients with bathing, dressing, grooming, medication management, offering meals, assisting with household chores, transporting patients, and providing companionship (O'Donnell and Andrews 2020, 2130; Schulz, Beach, Czaja, Martire and Monin 2020, 636). Care home services can be provided in two forms: through informal caregivers including friends, and family members, or formal caregivers such as therapeutics, and nurses (Hengelaar, Van Hartingsveldt, Wittenberg, van Etten-Jamaludin, Kwekkeboom and Satink 2018, 477).

There are different care homes in the world that emphasize a high standard of elderly care with a focus on resident autonomy, individualized care plans, and a strong integration of public healthcare services (Anttonen and Karsio 2016, 152). In the United States, the system is largely privatized, with care quality often depending on the financial resources of residents or their families (Geyman 2018, 7). This contrasts with many European countries, where public funding plays a larger role. For instance, the Finnish system benefits from robust public funding, allowing for more comprehensive state-provided care services compared to other European nations where private care homes dominate (Laugesen, Ludvigsson, Schmidt, Gissler, Valdimarsdottir, Lunde and Sørensen 2021, 536). Furthermore, staffing ratios in Finnish care homes tend to be higher, promoting more individualized attention, whereas this may vary across Europe due to different budgetary and regulatory constraints (Van Eenoo, van der Roest, Onder, Finne-Soveri, Garms-Homolova, Jonsson, Draisma, van Hout and Declercq, 2018, 40). In Asia, countries such as Japan face significant challenges due to an aging population, prompting government investment in long-term care insurance schemes to ensure access to quality care (Penno and Gauld 2017, 225).

In care home settings, nurses provide invaluable support to both dementia clients and their families (Hansen, Hauge and Bergland 2017, 2; Kiljunen, Kankkunen, Partanen and Välimäki 2018, 1019). They offer education and guidance related to accessing community resources, managing symptoms, as well as navigating healthcare systems (Suikkala, Tohmola, Rahko and

Hökkä 2021, 3). Nurses also avail respite care, which permit family caregivers to recharge as well as take a break while ensuring that their relatives are accorded the care they need (Turjamaa, Hartikainen, Kangasniemi and Pietilä 2015, 318). The care home setting can be institutionalized to implement distinctive needs and tastes of affected populations and is strongly recommended to be coupled with other health and social service activities (Jakob and Collier 2017, 236).

2.4 Quality of Life (QOL)

According to Schalock (2004, 203), QoL is a multifaceted idea reflecting an individual's total well-being. It encompasses how individuals perceive themselves lifewise, and this is influenced by cultural and value systems they are part of (Baiju, Peter, Varghese and Sivaram 2017, 1). This perception includes various dimensions such as the personal beliefs, level of independence, psychological state, physical health, and social relationships (Panzini, Mosqueiro, Zimpel, Bandeira, Rocha and Fleck 2017, 263). Importantly, QoL is shaped by personal goals, expectations, standards, and concerns, reflecting a highly individualized and subjective experience (Kristensen and Peoples 2020, 145). Thus, QoL is a crucial measure in various fields, including healthcare, sociology, economics, and psychology, as it provides insights into how individuals experience their lives as well as extent to which their living conditions allow them to flourish.

2.4.1 Dimensions of quality of life

QOL is typically assessed through various dimensions, each representing different aspects of human experience. These dimensions consist of, but are not restricted to:

2.4.1.1 Physical health

This dimension considers the overall physical well-being of individuals, including their ability to perform daily activities without physical hindrance (Algahtani, Hassan, Alsaif and Zrieq 2021, 2). It encompasses crucial factors such as access to healthcare, ensuring that individuals receive the medical attention and preventive care needed to maintain their health (Palamenghi, Carlucci and Graffigna 2020, 3). Proper nutrition is also a key component, as a balanced diet supports bodily functions and energy levels (Hecker, Freijer, Hiligsmann and Evers 2022, 2). Frequent exercise is another key factor, contributing to strength, endurance, and the prevention of various health issues (Bonanni, Cariati, Tarantino, D'Arcangelo and Tancredi 2022, 4).

2.4.1.2 Psychological well-being

Lee, Boltz, Lee and Algase (2017, 208) describes psychological well-being as a crucial aspect of overall health, focusing on mental health and emotional stability. It involves managing stress, preventing or addressing depression and anxiety, as well as maintaining a general sense of life satisfaction. The key elements contributing to psychological well-being include receiving emotional support from others, developing effective coping mechanisms for life's challenges, and having a sense of purpose or valued in life (Brunsting, Zachry, Liu, Bryant, Fang, Wu and Luo 2021, 2). These factors work together to help individuals navigate difficulties and maintain mental resilience (De Kock, Latham, Leslie, Grindle, Munoz, Ellis, Polson and O'Malley 2021, 2).

2.4.1.3 Social relationships

The quality of social relationships is a vital component of overall quality of life, deeply influencing how individuals experience and enjoy their lives (Mouratidis 2021, 2). This dimension encompasses the strength and health of family dynamics, the depth of friendships, the connection to community ties, and the availability of social support networks (Donnellan, Bennett and Soulsby 2017, 1222). Positive relationships in these areas provide emotional security, companionship, and a sense of belonging, all of which enhance well-being. Conversely, social isolation or strained relationships can have detrimental effects, leading to loneliness, reduced emotional health, and lower overall quality of life (Courtin and Knapp 2017, 800).

2.4.1.4 Economic stability

Macke, Casagrande, Sarate and Silva 2018, 718 indicates that economic factors for example employment, income, and financial security are crucial for a good quality of life. These factors ensure individuals can afford basic necessities such as food, shelter, and healthcare, which are essential for daily living and overall well-being. Beyond meeting immediate needs, a stable economic situation provides opportunities for economic mobility, allowing individuals to improve their financial standing over time (Bartolini, Gropas and Triandafyllidou 2017, 653).

2.4.1.5 Environment quality

The environment in which individuals live is critical in determining their QOL (Giannico, Spano, Elia, D'Este, Sanesi and Lafortezza 2021, 2). Access to green spaces, clean air, and safe drinking water directly supports physical health, enhances mental health, and provides opportunities for relaxation and recreation (Reyes-Riveros, Altamirano, De La Barrera, Rozas-

Vásquez, Vieli and Meli 2021, 3). These environmental factors create a healthy and nurturing atmosphere that promotes overall life satisfaction. Conversely, exposure to pollution, unsafe living conditions, and the threat of natural disasters can significantly lower quality of life by causing health issues, stress, and insecurity (Marshall, Wiltshire, Delva, Bello and Masys 2020, 145).

2.4.1.6 Education and personal development

A study by Uysal, Sirgy, Woo and Kim (2016, 246) shows that access to education and opportunities for personal growth are critical to improving quality of life. Education equips individuals with essential knowledge and skills that are fundemental for personal as well as professional development. It empowers people to advance their socio-economic status, leading to financial stability as well as better job prospects. Additionally, education enables individuals to make informed decisions and engage meaningfully in their communities, enhancing their sense of purpose and fulfillment (Passey, Shonfeld, Appleby, Judge Saito and Smits 2018, 426).

2.4.2 Measuring quality of life

Owing to its complexity, measuring QOL involves combining objective indicators and subjective assessments (Estoque, Togawa, Ooba, Gomi, Nakamura, Hijioka and Kameyama 2019, 619). Objective measures include quantifiable data such as life expectancy, income levels, and access to healthcare (Pongiglione, De Stavola and Ploubidis 2015, 2). In the instance of subjective measures, a focus is on individuals' self-reported perceptions of their own well-being, happiness, and satisfaction with life (Kubiszewski, Zakariyya and Costanza 2018, 362).

There are several indices and tools that have been developed to measure QoL, each with its own set of indicators and methodologies. Some of the most widely recognized include:

2.4.2.1 World happiness report

This report ranks countries by evaluating the self-reported happiness and well-being of their citizens (Kroll 2015, 282). It takes into account various factors that contribute to overall life satisfaction; such as the level of social support individuals receive from their communities and networks. Economic aspects such as income are also considered, reflecting the importance of financial stability in happiness (D'Ambrosio, Jäntti and Lepinteur 2020, 49). Additionally, the report examines health, recognizing that good physical and mental health are crucial for well-being (Gray, Senabe, Naicker, Kgalamono, Yassi and Spiegel 2019, 2). Freedom and generosity are further factors, with the report assessing how much autonomy individuals feel they have in their lives and how generosity within a society enhances collective happiness (Aknin and Whillans 2021, 4).

2.4.2.2 Quality life index (QLI)

Giannias and Sfakianaki (2024, 5719) defines QLI as a tool aimed at evaluating overall well-being by incorporating a wide range of indicators across multiple dimensions. These dimensions include health, education, environmental conditions, and political stability, providing a holistic view of how populations live and thrive. Quality of life index is often used in research to compare well-being across regions, identify areas for improvement, and guide policy decisions aimed at enhancing living standards (Ruggeri, Garcia-Garzon, Maguire, Matz and Huppert 2020, 2).

2.4.3 Quality of life across different life stages

Quality of life is dynamic and evolves throughout the lifespan, in that it is influenced by various life stages, experiences, and circumstances (Schalock 2004, 203). In childhood, it is primarily shaped by the care, support, and education provided by parents and caregivers (Bassok, Fitzpatrick, Greenberg and Loeb 2016, 1628). A nurturing environment with access to education, healthcare, and socialization opportunities sets the foundation for future well-being. During adulthood, QoL is influenced by factors such as career satisfaction, financial stability, family relationships, and personal achievements (Park, Joshanloo and Scheifinger 2019, 47). The ability to balance work, family, and personal interests is crucial for maintaining high quality of life during this stage. At old age, QoL is often determined by health status, social connections, and economic security. Access to healthcare, opportunities for social engagement, and financial independence are key to maintaining well-being in later years (Boggatz 2016, 56).

3 Methodology

The methodology in this research was sub-divided into, purpose, aim and research question; research design; search strategy; data extraction; and data analysis.

3.1 Purpose, Aim and Research Question

The following subsection introduces the purpose, the aim and the research question guiding the literature review process.

Purpose

The purpose of this study is to describe the quality of life among dementia clients in care homes.

Aim

This study aims to explore and synthesize existing research on the quality of life for dementia clients in care homes, identifying key determinants and best practices to enhance their living conditions.

Research Question

How is the quality of life among dementia clients in care homes described in literature?

3.2 Research Design

The approach adopted in this study was literature review methodology (Makovski et al. 2019, 100903). This approach neccesitated a comprehensive analysis of existing knowledge on quality of life among dementia clients in care homes. The approach was also useful when highlighting best practices, evaluating the effectiveness of interventions, as well as offering evidence-based recommendations. Additionally, it helped uncover areas where further research was needed, guiding future studies in the field. Through the approach, this study consolidated existing knowledge, provided a thorough analysis to inform policy, practice, and future research initiatives to improve QOL for dementia patients in care set-ups.

3.3 Search Strategy

Search strategy in this study was comprehensive and methodical, ensuring that most relevant and high-quality articles were included in the analysis. The following databases; PubMed, PsycINFO, and CINAHL, ensured that the search process targets articles containing rigorous and peer-reviewed content on the subject. The databases, PubMed, PsycINFO, and CINAHL are well-known for their extensive collections of medical, psychological, and interdisciplinary study, making them ideal for locating studies focused on dementia care and QOL.

The reason for limiting search to articles published within the last ten years (2014-2024) was to capture the most recent research and developments in the field. This time frame was crucial because it ensured that the study's findings were based on up-to-date practices, interventions, as well as theoretical frameworks. The advancements in dementia care and quality of life assessments over recent years underscores the essence of limiting search articles to past ten years.

The choice of search terms (Quality of Life) AND (Care Homes) AND (Dementia Clients) was strategic, as it targeted the core aspects of the research. The incorporation of a Boolean operator "AND" in the search strategy narrowed focus to studies addressing quality of life, dementia clients, as well as care homes. This approach helps in filtering out irrelevant literature and enhances the efficiency of the search process.

Table 1: Summary of Inclusion and Exclusion Criteria

Inclusion Criteria	**Exclusion Criteria**
Articles written in English language	Articles not in English language
Articles focusing on dementia clients in care homes	Articles not focusing on dementia clients in care homes
Articles that are peer-reviewed	Articles that did not undergo peer-review process such as editorials
Article’s year of publication ranging between (2014-2024)	Article’s year of publication fall before 2014
Schorlarly articles that are full-text	Schorlarly articles that are not full-text

Inclusion criteria are set to ensure that the studies selected are directly relevant and of high quality (Table 1). Limiting the search to peer-reviewed articles published in English and focusing on dementia patients in care homes ensures that the included studies are not only credible but also directly applicable to the research question. Peer-reviewed articles are chosen because they have undergone rigorous scrutiny by experts in the field, adding a layer of reliability to the findings (Gilbert, Garratt, Kosowicz, Ostaszkiewicz and Dow 2021, 295). The exclusion criteria are equally important in maintaining the study's focus and integrity. It is through an exclusion of studies that are not relevant to the topic, non-peer-reviewed articles, and those that do not specifically focus on dementia clients in care homes, that the research design ensured that the analysis remains precise and pertinent (Snyder 2019, 333).

Table 2: Search Results for Selected Articles

Database	**Search Terms**	**Search results from databases**	**Articles acceptance based on title, full text, criteria**
PsycINFO	(Quality of Life) AND (Care Homes) AND (Dementia Clients)	10	1
PubMed	(Quality of Life) AND (Care Homes) AND (Dementia Clients)	347	6
CINAHL	(Quality of Life) AND (Care Homes) AND (Dementia Clients)	21	4
Articles from Databases and Review		378	11

Table 2 provides the total number of articles selected for review. The articles acceptance is based on title and full text criteria.

3.4 Data Extraction

The process encompassed retrieving pertinent data from articles selected. Key data to be extracted include study characteristics (e.g., date articles were), participants (e.g., demographics, sample size), measures of QOL, factors influencing quality of life, and study findings. Data are important for establishing the context of each study, including its temporal relevance and the credentials of the researchers involved (van Alphen, Hortobagyi and van Heuvelen 2016, 109).

According to Smit, De Lange, Willemse and Pot (2017, 3), the participants' characteristics including sample size and demographics are crucial because they provide insight into the populations studied, ensuring that the findings are applicable to the target group—dementia clients in care homes. A sufficiently large and diverse sample size, for instance, can enhance the generalizability of the study's conclusions. The extraction also focused on measures of quality of life (QOL) used in the studies. This includes the specific tools or scales employed in assessing quality of life amongst persons suffering from dementia. Different studies may use various validated instruments, such as Dementia Quality of Life Instrument or Quality of Life in Alzheimer's Disease scale (Bowling, Rowe, Adams, Sands, Samsi, Crane, Joly and Manthorpe 2015, 14).

Additionally, the extraction process identified factors influencing QOL that are discussed in the studies (Hannawa, Wu, Kolyada, Potemkina and Donaldson 2021, 1561; Jing, Willis and Feng 2016, 24). These factors could include environmental aspects, care practices, social interactions, and psychological well-being. The data extraction process also relied on conclusions drawn by the authors regarding the QOL of dementia clients. They encompassed any observed trends, statistical outcomes, and overall effectiveness of interventions or care models (Kim and Park 2017, 383; Schalock 2004, 203).

Table 3: Articles Selected for Review

Number	**Author(s) and year of publication**	**Article's title**	**Participants**	**Aim and methods**	**Main results**
1.	Mjørud, Kirkevold, Røsvik, Selbæk and Engedal 2014.	Variables associated to quality of life among nursing home patients with dementia.	661 Dementia clients residing in care homes	Aim- identifying variables associated with QoL in dementia clients residing in care homes Method- to measure QOL for persons ailing from dementia, neuropsychiatric inventory questionnaire, QOL in late-stage dementia, and clinical dementia rating scale was applied	Mjørud et al. (2014) found that QoL amongst dementia clients depends on several factors: lower neuropsychiatric symptoms, better functional ability, and more social engagement.
2.	Zabalegui, Hamers, Karlsson, Leino-Kilpi, Renom-Guiteras, Saks, Soto, Sutcliffe and Cabrera 2014.	Best practices interventions to improve quality of care of people with dementia living at home	Dementia clients operating from their homes 221 Caregivers for dementia clients 40	Aim- identify effective interventions which improves quality of care for dementia clients operating from their homes Method- the study was qualitative involving focus groups and interviews	The study shows that putting interventions such as training caregivers, having individualized care plans, as well as working as a unit aids in improving QOL for dementia clients operating from their homes.
3.	Moniz-Cook, Hart, Woods, Whitaker, James, Russell, Edwards, Hilton, Orrell, Campion and Stokes 2017.	Challenge Demcare: management of challenging behaviour in dementia at home and in care homes-development,	555 Dementia clients with challenging behaviours 632 Health specialists focusing on mental health	Aim- evaluating effectiveness of online applications designed to adressing challenging behaviours in dementia clients. Method- surveys, clinical measurements, and thematic analysis	Moniz-Cook et al. (2017) show that individualized online interventions for managing challenging behaviors in dementia care homes improved staff knowledge, confidence, and attitudes, leading to better care practices.

		evaluation and implementation of an online individualised intervention for care homes; and a cohort study of specialist community mental health care for families			
4.	Fleming, Goodenough, Low, Chenoweth and Brodaty 2016.	The relationship between the quality of the built environment and the quality of life of people with dementia in residential care	275 Dementia clients living in 35 residential aged care homes	Aim- exploring personal as well as environmental attributes linked to QOL of dementia clients in residential aged care homes Method- conducting interviews from persons residing in care homes and with dementia	The findings emphasize need for well-structured care centres as they are key to enhancing dementia client's QOL.
5.	Okuda, Tetsuka, Takahashi, Toda, Kubo and Tokita 2019.	Association between sleep disturbance in Alzheimer's disease patients and burden on and health status of their caregivers	496 Caregivers for Alzheimer's Disease (AD) patients with insomnia symptoms	Aim- investigating correlation between health status and burden on, and sleep disturbance amongst Japan's caregivers. Method- the study was quantitative involving questionnaires generated online.	The study's finding show that sleep disturbances in persons suffering from Alzheimer burdens as well as negatively impacts caregivers' mental and physical health.
6.	McDermott, Orrell and Ridder 2014.	The importance of music for people with dementia: the perspectives of people with	16 Dementia clients 8 Music therapists 15 Families of dementia clients	Aim- developing further insights to the musical experiences of dementia clients as well as exploring the role of music in their lives. Method- the study was qualitative	The findings show that music has a critical role towards improving QOL for dementia clients, fostering emotional expression and communication.

		dementia, family carers, staff and music therapists.		involving focus groups discussion and interviews at care homes having dementia clients.	
7.	Steele, Carr, Swaffer, Phillipson and Fleming 2020.	Human rights and the confinement of people living with dementia in care homes	12 Aged care workers 9 Lawyers 5 Dementia clients 19 Care partners	Aim- broadening the understanding of human rights related to dementia clients residing in care homes. Method- the study was qualitative involving focus groups discussion and interviews.	Steele et al. (2020) findings show that confinement of dementia clients in care homes infringes on their rights, particularly freedom of movement.
8.	Daley, Murray, Farina, Page, Brown, Basset, Livingston, Bowling, Knapp and Banerjee, 2019.	Understanding the quality of life of family carers of people with dementia: Development of a new conceptual framework.	32 family carers 9 staff members	Aim- developing conceptual framework geared towards understanding QOL for dementia clients' carers. Method- the study was qualitative involving focus groups discussion and interviews	The study by Daley et al. (2019) which focused on developing conceptual framework aimed at understanding QOL for dementia clients' carers, found that practical demands of caregiving, emotional well-being, as well as relationships, improves carers' overall QoL.
9.	Milte, Shulver, Killington, Bradley, Ratcliffe and Crotty 2016.	Quality in residential care from the perspective of people living with dementia: The importance of personhood	15 Dementia clients 26 Family members of dementia clients	Aim- describing the perspective of persons with cognitive impairment, dementia inclusive, as well as their families Method- it was qualitative and encompassed interviewing dementia clients as well as their families	The study highlights that dementia clients (residential care) perceive QOl to being rooted in maintaining their personhood, which includes feeling respected, valued, and understood as unique individuals. Key factors contributing to this perception include meaningful relationships, personalized care, and ability to maintaining a sense of autonomy as well as individuality.
10.	Hamiduzzam, Kuot, Greenhill, Strivens and Isaac 2020.	Towards personalized care: Factors associated with the quality of life of	104 Health professionals (male 17% and females 87%)	Aim- exploring QOL for aged persons in Australian's care homes Method- it was quantitative in nature involving semistructured	The findings show that personalized care practices, strong interpersonal relationships, and staff training significantly enhanced QOL for aged persons in Australian's

		residents with dementia in Australian rural aged care homes.		interviews as well as focus group discussions.	care homes. Conversely, staff shortages, inadequate resources, and lack of individualized care planning negatively impacted their well-being.
11.	Miguel, Alvira, Farré, Risco, Cabrera and Zabalegui 2016.	Quality of life and associated factors in older people with dementia living in long-term institutional care and home care	287 People with dementia	Aim- exploring factors that shape QOL for dementia clients (care homes in rural localities and long institutions having long term care plans) Method- it involves focus group discussions and semistructured interviews.	Miguel et al. (2016) findings show that older individuals' with dementia and residing in institutions having long term care plans had lower quality of life compared to their counterparts receiving home care. The variations were attributed to mental well-being, physical health, as well as social engagement. Factors such as individualized care, family involvement, and effective management of behavioral symptoms were linked to better QOL outcomes.

Table 3 provides articles selected for review. It highlihghts author(s), year of publication, participants, aims, article's title, and methods.

Table 4: Main themes and subthemes employed in selected articles

Theme	**Subtheme**	**Material**
Quality of Life for People with Dementia	Impact of built environment	”Access to a homelike environment has been associated with reduction in anxiety and an increase in interest in the surroundings as compared with levels found in residents of traditional nursing homes”- 4 ”A lack of understanding of the dimensions of personalized aged care relating to dementia restricts the integration of person-centered approach into dementia care assessment and plan, especially in rural aged care homes.”- 10
	Role of personhood in care	“There is a concurrent movement towards meeting the needs and preferences of people with dementia and involving them in decisions about their lives and care (World Health Organization, 2012).”- 9 “In these patients, it is important to assess physical health; energy;

		mood; living situation; memory; family; marriage; friends; chores; fun; money; self and life as a whole, but, as cognition deteriorates over time, it becomes increasingly difficult to assess QoL by speaking to the person with dementia.”- 11
	Psychosocial activities and engagement	"Music-based interventions including music therapy, community singing groups and music listening are widely accepted as beneficial for the psychological well-being of people with dementia."- 6 "Psychosocial interventions should include a diverse set of approaches including emotional support, extending social networks, stress management, problem-solving, behavioral management and cognitive restructuring, or focus on particular outcomes, such as caregiver burden."- 2
Family and Caregiver Experiences	Caregiver burden	"The findings also indicated that sleep disturbance is one of the symptoms most strongly associated with caregiver burden, in addition to irritability and agitation"- 5 "Family carers are a vital determinant of positive outcomes for people with dementia, for example, having a co-resident carer predicts lower hospital admission and lower transitions into care homes"- 8
	Support needs of caregivers	"The first CRT (ResCare) and its embedded process evaluations examined an intervention of e-learning and e-tool decision support for ‘action plans’ to assist staff in care homes in the effective management of people with dementia and clinically significant CB"- 3 "Supportive interventions, such as establishing a telephone connection with professionals or other experienced caregivers, improve caregivers' confidence levels and their capacity to relax when managing or delaying PwD symptom onset"- 2
	Caregiver-patient relationship	"Becoming a family carer for somebody with dementia is likely to impact upon valued aspects of life such as relationships, leisure, work, as well as plans and expectations"- 8 "QoL assessments are becoming an increasingly used outcome measure and provide a format for both individuals with dementia and their caregivers to express whether an intervention has made an important difference to the patient’s life."- 11
Challenges in Dementia Care	Management of behavioral symptoms	"The intervention was refined from the behaviour management literature that was outlined in the 2007 National Institute for Health and Care Excellence (NICE)–Social Care Institute for Excellence (SCIE) National Clinical Practice Guideline Number 42 as ‘behavioural and functional analysis conducted by professionals with specific skills, in conjunction with carers and care workers"- 3 "The quality and sensitivity of the interpersonal process between a person with dementia and a carer is one of the key components of person-centred care. This has particular relevance to music therapy where relationship-building through musical interactions is the core of the therapeutic intervention"- 6

	Confinement and rights	"Many of these facilities are in fact segregated institutions, where staff exercise control over the person’s daily life and make decisions about the person’s care, including their placement in segregated locked wards, the administration of chemical restraints such as psychotropic drugs and the use of other physical restraints"- 7 ”The introduction of a small number of homelike features into an institutional environment resulted in a reduction in pacing, agitation, and exit seeking and improved social interaction and eating behaviour”- 4
	Health challenges of care recipients	"Therefore, appropriate management of nighttime sleep of AD patients is important not only for the patients but also to decrease the burden on and improve the health of caregivers"- 5 "In a previous Norwegian study, it was reported that a diagnostic and statistical manual of mental disorders, fourth edition (DSM-IV) diagnosis of major depression was the strongest factor related to reduced QOL of elderly institutionalized patients with dementia"- 1
Innovations and Best Practices in Dementia Care	Individualized and person-centered care	”The recent renewal of the Aged Care Quality Principles of Australia set out new quality standards for aged care homes in regard to clients’ dignity, care planning with consumers, individualized services and supports, organizational environment and governance”- 10 "Among possible reasons for this decrease [in depressive symptoms] could be the professional approach of formal caregivers who appropriately recognise, diagnose, and treat depression."- 11
	Community and institutional collaboration	"Involvement in social networks and having time for oneself, concern about the future, need for support, and engagement in enjoyable activities have also been identified as factors influencing carers' QOL"- 8

3.5 Data Analysis

Data analysis involved summarizing findings from included studies. Themes related to QOL among dementia clients in care homes were identified. The approach used in describing as and interpreting findings, highlighting commonalities, and differences in the literature was narrative synthesis.

3.5.1 Narrative Synthesis Approach

Narrative synthesis encompasses summarizing and explaining findings from multiple studies systematically (Bullock, Bedson, Jordan, Bartlam, Chew-Graham and Campbell 2019, 810). This approach is particularly useful when dealing with heterogeneous data (Wilkinson, Ly, Schnier, Rannikmäe, Bush, Brayne, Quinn, Sudlow, Group and UK 2018, 1040). It does not rely on statistical techniques to combine study results but instead focuses on a descriptive and interpretive process. The approach involved gathering results from various studies and presenting them in a coherent narrative format. It was then preceded by extracting and organizing key themes, patterns, and trends related to the research question (Kivimäki, Stolt, Charalambous and Suhonen 2020, 3). In this case, themes related to the QOL among dementia clients in care homes are examined. Thereafter, similarities, differences, and gaps in the literature were highlighted to providing comprehensive overview of the research area.

4 Findings

This study was aimed at exploring the question: How is the quality of life among clients living with dementia in care homes described in the literature? A total of 11 articles were reviewed, and the findings analyzed based on four major themes: quality of life for individuals with dementia, family and caregiver experiences, challenges in dementia care, and innovations and best practices in dementia care, along with eleven subthemes.

4.1 Quality of Life for People with Dementia

The quality of life (QoL) for dementia clients is influenced by various factors, including the built environment, person-centered care, and psychosocial engagement. Thematic analysis of the reviewed articles identified three key subthemes: the effect of the created environment, the role of personhood in care, and the significance of psychosocial activities in enhancing well-being.

Impact of built environment on QOL

The built environment plays a fundamental role in the health of individuals with dementia. Fleming et al. (2016, 670) highlight that a home-like environment significantly reduces anxiety and enhances engagement compared to traditional nursing home designs. Their study underscores the significance of creating spaces that encourage comfort and familiarity, fostering emotional stability in dementia clients. However, challenges persist, particularly in the rural aged care homes. According to Hamiduzzaman et al. (2020, 4), limited understanding of personalized care dimensions in these settings hinders the adoption of person-centered approaches. Consequently, many facilities fail to provide environments that accommodate the unique needs of dementia clients, further impacting their overall QoL.

A study by Milte et al. (2016, 12) established that modifications such as increased natural lighting, access to outdoor spaces and personalized room settings, positively influence the daily experiences of dementia clients. The findings suggest that while structural improvements are beneficial, they must be integrated with comprehensive care strategies to maximize QoL.

Role of personhood in dementia care

Recognition of personhood is essential in dementia care, emphasizing dignity and individuality despite cognitive decline. Milte et al. (2016, 14) assert that involving dementia clients in decisions regarding their care enhances their autonomy and aligns with global guidelines advocating for person-centered approaches. However, Miguel et al. (2016, 350) highlight that as dementia progresses, direct communication to assess QoL becomes increasingly challenging, necessitating innovative and empathetic evaluation methods.

Findings from Hamiduzzaman et al. (2020, 6) reveal that aged care staff often struggle to balance efficiency with personalized care, leading to instances where clients feel neglected. Training programs focusing on effective communication and patient engagement are recommended to bridge this gap. Additionally, Milte et al. (2016, 16) suggest that promoting shared decision-making not only empowers dementia clients but also enhances caregiver-client relationships, further improving care outcomes.

Psychosocial activities and engagement

Psychosocial activities play a pivotal role in boosting the psychological health of dementia clients. McDermott, Orrell and Ridder (2014, 710) emphasize that music-based interventions, such as music therapy and community singing, foster emotional connections and reduce stress. Their study found that clients who participated in regular music sessions exhibited improved mood and reduced agitation. Similarly, Zabalegui et al. (2014, 180) highlight the benefits of diverse psychosocial interventions such as emotional support, stress management, and cognitive restructuring. These activities provide dementia clients with opportunities for social interaction, ultimately improving their QoL.

However, barriers to effective psychosocial engagement are still persistent. According to Miguel et al. (2016, 352), limited staffing and resources in many care facilities hinder the implementation of these programs. Additionally, Hamiduzzaman et al. (2020, 8) note that caregivers often prioritize physical health over emotional well-being due to workload constraints. Addressing these challenges requires policy interventions and increased resource allocation to ensure holistic care for dementia clients.

4.2 Family and Caregiver Experiences

Family members’ experiences and caregivers taking care of dementia patients reveal significant challenges and highlight the crucial role they play in patient care. Three key subthemes emerged from the selected articles: caregiver burden, support needs of caregivers, and the nature of the caregiver-patient relationship.

Caregiver burden

The burden of caregiving is associated with both physical and emotional strain. Okuda et al. (2019, 1492) identified that caregivers of dementia patients experience increased stress due to the challenging symptoms exhibited by patients, such as irritability, agitation, and sleep disturbances. These symptoms contribute to sleep deprivation and emotional exhaustion among caregivers, reducing their capability to provide consistent and effective care (Okuda et al. 2019, 1494). Also, Daley et al. (2019, 82) establish that caregiving responsibilities often interfere with personal life, work commitments, and social relationships, leading to reduced quality of life for family carers. The research emphasized that while caregivers' play a pivotal role in reducing hospital admissions and delaying transitions to care homes, the associated psychological distress is often overlooked (Daley et al. 2019, 83).

Support needs of caregivers

Given the significant caregiving burden, interventions aimed at supporting caregivers have gained attention. Moniz-Cook et al. (2017, 154) explored the efficiency of e-learning and e-tool interventions in equipping caregivers with strategies for managing challenging behaviors in dementia patients. Their findings suggested that such digital interventions provide accessible and flexible learning opportunities that help caregivers better understand and manage disruptive behaviors (Moniz-Cook et al. 2017, 156). Similarly, Zabalegui et al. (2014, 178) emphasized the significance of professional consultations as well as peer support networks. Their study highlighted that caregivers who participated in structured support programs reported greater confidence in managing patient care and improved emotional resilience (Zabalegui et al. 2014, 180). These findings underscore the necessity of implementing caregiver-focused programs to alleviate stress and enhance the overall caregiving experience.

Caregiver-patient relationship

The relationship between caregivers and dementia patients is deeply personal, requiring significant emotional investment. Daley et al. (2019, 85) observed that caregiving responsibilities often lead to sacrifices in personal time, social activities, and professional commitments. Caregivers frequently reported feelings of isolation and fatigue, further complicating their ability to maintain a balanced life (Daley et al. 2019, 86). Furthermore, Miguel et al. (2016, 1497) emphasized the importance of integrating quality-of-life assessments into dementia care. Their study suggested that engaging both caregivers and patients in decision-making processes ensures that care strategies align with patient preferences while also considering caregiver well-being (Miguel et al. 2016, 1499).

4.3 Challenges in Dementia Care

The subthemes identified for the challenges in dementia care comprised management of behavioral symptoms, confinement and rights, and health challenges of care recipients.

Management of behavioral symptoms

The behavioral and psychological symptoms of dementia create major life quality deterioration for dementia patients together with immense care challenges for their caregivers (Moniz-Cook et al. 2017, 10). The tailored interventions, such as the challenge demcare model, play an important role in reducing BPSD through individualized care strategies (Moniz-Cook et al. 2017, 15). McDermott, Orrell and Ridder (2014, 710) highlighted that non-pharmacological interventions, including music therapy, significantly reduce agitation and enhance emotional connections between dementia patients and caregivers. Similarly, a research by Okuda et al. (2019, 1495) found that interventions targeting sleep disturbances improved patient health as well as reduce the burden on caregiver.

Confinement and rights

The confinement of individuals with dementia in care homes remains a significant ethical dilemma, balancing safety concerns with human rights (Steele et al. 2020, p. 9). Steele et al. (2020, p. 11) argue that while confinement may be implemented to prevent wandering and injury, it can inadvertently infringe upon residents' autonomy, dignity, and mental well-being. The study found that restrictive practices often lead to increased agitation and depression among residents. To address this, Fleming et al. (2016, 670) advocated for dementia-friendly built environments that promote mobility and independence while ensuring safety. The implementation of open spaces, and secure outdoor areas has been shown to minimize the need for restrictive measures, thereby improving QoL for residents (Fleming et al. 2016, 675).

Health challenges of care recipients

Sleep disturbances are common among individuals with dementia and have a direct impact on both patient and caregiver well-being (Okuda et al. 2019, 1492). There is a strong correlation between sleep disruptions in dementia patients and increased caregiver burden, resulting in higher levels of stress, fatigue, and burnout (Okuda et al. 2019, 1496). This aligns with Mjørud et al. (2014, 1015), who found that QoL among dementia patients in care homes is closely linked to sleep patterns and overall environmental conditions. Effective strategies, such as structured daily routines, light therapy, and cognitive-behavioral interventions, have been shown to mitigate sleep disturbances, improving overall health for both patients and caregivers (Mjørud et al. 2014, 1018). Similarly, McDermott, Orrell and Ridder (2014, 708) highlighted role of music therapy in fostering social connections and emotional expression among residents. The integration of these strategies into care home practices can enhance the sustainability of dementia caregiving.

4.4 Innovations and Best Practices in Dementia Care

The subthemes identified for innovations and best practices in dementia care include individualized and person-centered care and community as well as institutional collaboration.

Individualized and person-centered care

Individualized and person-centered care is widely recognized as a fundamental approach in improving the quality of life for clients with dementia (Hamiduzzaman et al. 2020, 6). Personalized care plans that incorporate familiar routines, preferred activities, and a sense of autonomy contribute to a higher sense of identity and purpose for dementia clients (Miguel et al. 2016, 348). Individualized care significantly improves emotional stability and reduces instances of agitation and distress in dementia clients. In a study conducted in rural aged care homes in Australia, Hamiduzzaman et al. (2020, 9) reported that the implementation of personalized care strategies, including maintaining familiar sorroundings and involving patients in decision-making, led to increased satisfaction among residents. Miguel et al. (2016, 350) further observed that dementia clients receiving home-based person-centered care exhibited fewer behavioral disturbances compared to those in institutional settings, reinforcing the significance of upholding individualized care practices in all care environments.

Additionally, structured interventions that integrate personal interests, cognitive stimulation activities and music therapy have been found to enhance the overall health of dementia patients. Miguel et al. (2016, 351) noted that clients who engaged in familiar tasks, such as gardening or storytelling, displayed improved mood and reduced anxiety levels. This corresponds with findings by Hamiduzzaman et al. (2020, 7), that highlighted that integrating cultural and social preferences into care plans not only preserved cognitive functions for a longer period but also encouraged positive interactions with caregivers. Despite the benefits, challenges such as staff shortages and lack of specialized training hinder the full implementation of person-centered care. Hamiduzzaman et al. (2020, 10) emphasized the need for continuous caregiver education to ensure that all staff members possess the necessary skills to apply individualized care approaches effectively.

Community and institutional collaboration

Community and institutional collaboration plays a fundamental role in advancing dementia care by closing the gap between home-based as well as professional care services. Strong partnerships between family caregivers, healthcare providers, and community resources are essential in ensuring comprehensive care for dementia patients (Daley et al. 2019, 81). The integration of formal and informal care systems provides patients with access to essential resources such as caregiver training, respite care, and peer support networks, all of which contribute to better care outcomes and reduced caregiver burden (Daley et al. 2019, 83).

According to Daley et al. (2019, 85), structured support programs that provide caregivers with training on dementia management techniques led to reduced stress levels and improved patient outcomes. Additionally, peer support groups facilitated knowledge sharing and emotional resilience among caregivers, nurturing a sense of community and shared responsibility in dementia care (Daley et al. 2019, 87).

Institutional involvement in dementia care through policies promoting collaborative care models has also been highlighted as a key strategy in ensuring sustainable care delivery. According to Daley et al. (2019, 89), hospitals and aged care facilities that implemented formalized referral networks and interdisciplinary communication frameworks reported enhanced efficiency in dementia care coordination. The study further emphasized that integrating digital platforms, such as electronic health records and telehealth services, facilitated real-time information exchange between healthcare providers and family caregivers, ultimately leading to improved patient monitoring and timely interventions (Daley et al. 2019, 91).

5 Discussion

The conclusion of this research highlights the significance of the created environment, psychosocial engagement, and person-centered care in enhancing the quality of life (QoL) for dementia patients in care homes. Through an analysis of eleven selected articles, four major themes emerged, shedding light on different facets of dementia care. Four fundamental aspects such as the well-being of dementia patients with dementia and the family and caregiver perspectives along with the obstacles within dementia care settings and effective innovations in dementia care delivery. Furthermore, the research documented several missing elements in interdisciplinary cooperation along with inadequate policy frameworks that assist dementia care, underscoring the importance of a more holistic method to improving patient outcomes.

The findings align with prior studies that emphasize the significance of environmental design and psychosocial interventions in dementia care. Oyebode and Parveen (2019, 11) highlight that personalized psychosocial approaches, including tailored activities and social engagement, significantly enhance the well-being of dementia patients. Similarly, Woodbridge, Sullivan, Harding, Crutch, Gilhooly, Gilhooly, McIntyre and Wilson (2018, 535) stress the influence of spatial layout, lighting, and sensory stimulation in maintaining cognitive function and reducing confusion. These findings reinforce the need for dementia-friendly spaces that prioritize safety, autonomy, and comfort, facilitating a sense of security and orientation for residents. However, while these studies emphasize structured interventions, the present study found that flexibility in psychosocial engagement allowing patients to participate based on their comfort level further enhances their QoL by fostering a sense of agency.

The created environment plays a crucial role in dementia care by influencing cognitive function as well as emotional stability. The study by Woodbridge et al. (2018, 560) demonstrates how well-designed environments can reduce agitation and enhance spatial awareness, findings that resonate with the present study. The integration of sensory gardens, clear wayfinding, and reduced environmental stressors contributes significantly to patient well-being. However, this study extends prior research by illustrating how environmental adaptations must be complemented by personalized psychosocial interactions to maximize their impact. For instance, a well-lit and structured environment may reduce confusion, but its effectiveness is heightened when coupled with engaging activities that promote social connectedness.

Person-centered care remains a key pillar towards effective dementia management, as supported by Oyebode and Parveen (2019, 15), who argue that approaches that emphasize dignity and autonomy lead to improved QoL. The findings reinforce this perspective by demonstrating how individualized care plans, based on patient history and preferences, reduce anxiety and promote meaningful engagement. Additionally, Fazio, Pace, Flinner and Kallmyer (2018, 11) highlights how caregivers who adopt person-centered strategies experience less frustration, as understanding patient needs allows for more effective communication and behavioral management. Despite this, challenges remain in ensuring consistency in implementing such care models, particularly due to staff turnover and resource constraints.

The burden on caregivers, both professional and familial, is a recurring concern in dementia care. The results of this research align with those of Narayan, Varghese, Hepburn, Lewis, Paul and Bhimani (2015, 510), who highlight the emotional strain and exhaustion faced by caregivers due to limited support systems. The COVID-19pandemic further increased the challenges, as noted by Masoud, Glassner, Mendoza, Rhodes and White (2022, 245), who found that caregivers experienced increased stress due to disruptions in routine care services. This study adds to the discourse by emphasizing the necessity of structured respite programs and emotional support networks to mitigate caregiver burnout. In addition, findings indicate that companionship and strong community support, as suggested by Bjørge, Sæteren and Ulstein 2019, 235), play a crucial role in reducing caregiver stress, reinforcing the need for integrated support systems.

The practical effects of these results suggest several areas for improvement in dementia care homes. Enhancing caregiver training, implementing structured psychosocial interventions, and modifying the physical environment can collectively improve patient well-being (Lanzoni, Fabbo, Basso, Pedrazzini, Bortolomiol, Jones and Cauli 2018, 138). Additionally, integrating technology, such as digital platforms for caregiver education and virtual support networks helps bridge gaps in training and emotional support. The adoption of e-learning modules, as proposed by Farrell, Luptak, Supiano, Pacala and De Lisser 2018, 43), could ensure that caregivers receive continuous professional development, equipping them with the skills needed to manage complex dementia-related behaviors effectively.

From a policy perspective, there is a pressing need to advocate for frameworks that support individualized care, interdisciplinary collaboration, and comprehensive staff training. Farrell et al. (2018, 46) emphasize the fundamental of interprofessional collaboration in dementia care, an area where this study identifies persistent gaps. Policies should promote structured communication among physicians, nurses, social workers, and mental health specialists to facilitate holistic patient management. In addition, financial and institutional support must be directed toward implementing dementia-friendly infrastructure and ensuring the sustainability of psychosocial programs (Thapa, Marahatta, Upadhyay Raj, Sapkota, Baral, Lama, Kamholz, Paudel and Basnet 2024, 2).

6 Limitations and Ethical Considerations

The goal of this thesis was to examine and synthesize existing research on the quality of life for dementia clients in care homes, identifying key determinants and best practices to enhance their living.

There were a range of limitations encountered while writing the thesis and which included including and excluding criteria applied during the literature review, access to full-text articles, and database limitations. One notable limitation encountered during review the process for instance is restricting the review to studies published after 2013 led to the omission of older yet still valuable evidence that could have provided significant insights. Additionally, the focus on articles written exclusively in English posed another limitation. The focus on english written articles, excluded articles published in other languages, such as Finnish, thereby reducing the diversity of perspectives and cultural relevance of the findings.

Access to full-text articles were also a challenge. This was occassioned by limited availability through institutional subscriptions or restricted databases implying that certain relevant studies were unintentionally excluded. While databases PubMed, PsycINFO, and CINAHL were invaluable resources, they did not encompass all relevant research, particularly those studies that were published in specialized journals or regional journals. As a result, some critical insights or perspectives were not captured.

Ethical considerations were central role in ensuring research's credibility and integrity. This was achieved by adhering to ethical research practices, which included appropriate citation, conducting a thorough and unbiased review of the literature, and maintaining full transparency in the documentation and justification of the methodology. According to Navalta and Stone (2020, 1), acknowledging original authors is fundamental in maintaining integrity of research process. Throughout this thesis focus was on proper citation, avoiding any instances of plagiarism and appropriately crediting researchers whose work contributed to the analysis.

Another key principle in any literature review is minimizing bias, which can distort findings and conclusions (Haffar, Bazerbachi and Murad 2019, 671). In this review, exclusion and inclusion criteria were well-defined, ensuring that the process is fair and impartial. The selected articles were based on relevance and quality, rather than outcomes or perspectives, which provided a balanced and comprehensive understanding of the topic.

While undertaking literature review, transparency in research methods was essential for both credibility and replicability (Paré, Tate, Johnstone and Kitsiou 2016, 494). This was realized through inclusion of detailed documentation for the search approaches, inclusion and exclusion, data synthesis methods and criteria. This transparent approach will enable readers to follow the study process and assess reliability and validity of the conclusions drawn.

7 Conclusion and Future Recomendations

The experience of dementia clients in care homes was influenced by factors such as care environment, caregiving strategies, and adoption of innovative practices. Creating a well-designed, as well as homely environment played a crucial role in reducing distress, promoting comfort, and fostering active participation among residents. This literature review highlighted significance of designing environments catering for both emotional and physical needs clients living with dementia. However, care homes in rural areas often encountered difficulties in offering individualized care, underscoring the need for raising awareness and implementing customized environmental solutions.

The study acknowledged personhood as a great pillar towards effective dementia care. This was realized through recognizing individual preferences, needs, and dignity. Further, there was need for practise centered approach including involvement of clients in decision-making and engagement in tailored activities (music therapy). However, the findings have shown that as dementia progresses, communication and assessment became more complex, which neccesitated adoption of innovative and compassionate approaches that ensured consistent quality care.

Although the role of caregivers was crucial in dementia care, demands of caregiving resulted in emotional, physical, and psychological stress. Addressing these challenges called for comprehensive support systems designed to alleviate caregiver burdens while equipping them with practical tools and resources. Collaborative care approaches, including regular quality-of-life assessments, were also shown to strengthen caregiver-client relationships and improving care outcomes. It was also vital to consider how caregiving impacted both caregivers' well-being as well as stability of care provided to dementia clients.

The management of behavioral symptoms, safeguarding residents' rights, and addressing coexisting health conditions were shown to present significant challenges in dementia care. To address these issues effectively, individualized care plans and non-pharmacological approaches, for instance music therapy, were proven beneficial. Ethical considerations sorrounding autonomy and safety were also important, emphasizing the need for maintaining clients' dignity and mental well-being through creation of conducive environments that respect both independence and security.

Advancements in dementia care, especially those emphasizing individualized care and collaboration between community and institutional stakeholders, were essential towards improving QOL for dementia clients. The study's highlighted that person-centered approaches that honor clients' unique backgrounds and preferences were critical in fostering a sense of self-worth as well as dignity. Furthermore, integrated support networks that connect family caregivers with community and institutional resources, reduced caregivers strain and enhanced overall care.

In light of the findings presented, future studies ought to focus on expanding the scope of studies to include a wider range of care settings, particularly in rural and under-resourced areas, to further explore the barriers and opportunities for implementing individualized care solutions. Given the challenges faced by caregivers, it would be valuable to investigate effective strategies for reducing caregiver burnout, such as support programs and tailored resources that empower caregivers with the skills and emotional support needed.

Additionally, research exploring the long-term impacts of non-pharmacological approach, such as music therapy, on both dementia clients and caregivers is warranted to better understand their sustainability and effectiveness in diverse care environments.

References

Algahtani, F.D., Hassan, S.U.N., Alsaif, B. and Zrieq, R., 2021. Assessment of the quality of life during COVID-19 pandemic: a cross-sectional survey from the Kingdom of Saudi Arabia. *International Journal of Environmental Research and Public Health*, *18*(3), pp.1-12. https://doi.org/10.3390/ijerph18030847

Alvarez, C., Debnam, K., Clough, A., Alexander, K. and Glass, N.E., 2018. Responding to intimate partner violence: Healthcare providers' current practices and views on integrating a safety decision aid into primary care settings. *Research in Nursing & Health*, *41*(2), pp.145-155. https://doi.org/10.1002/nur.21853

Aknin, L.B. and Whillans, A.V., 2021. Helping and happiness: A review and guide for public policy. *Social Issues and Policy Review*, *15*(1), pp.3-34. https://doi.org/10.1111/sipr.12069

Anttonen, A. and Karsio, O., 2016. Eldercare service redesign in Finland: Deinstitutionalization of long-term care. *Journal of Social Service Research*, *42*(2), pp.151-166. https://doi.org/10.1080/01488376.2015.1129017

Backhouse, T., Dudzinski, E., Killett, A. and Mioshi, E., 2020. Strategies and interventions to reduce or manage refusals in personal care in dementia: A systematic review. *International Journal of Nursing Studies*, *109*, p.1-10. https://doi.org/10.1016/j.ijnurstu.2020.103640

Badwal, K., Kiliaki, S.A., Dugani, S.B. and Pagali, S.R., 2022. Psychosis management in Lewy body dementia: a comprehensive clinical approach. *Journal of Geriatric Psychiatry and Neurology*, *35*(3), pp.255-261. https://doi.org/10.1177/0891988720988916

Baiju, R.M., Peter, E.L.B.E., Varghese, N.O. and Sivaram, R., 2017. Oral health and quality of life: current concepts. *Journal of Clinical and Diagnostic Research: JCDR*, *11*(6), pp. 1-10. https://doi.org/10.7860%2FJCDR%2F2017%2F25866.10110

Barker, M.S., Dodge, S.G., Niehoff, D., Denny, S., Dacks, P.A., Dickinson, S., Cosentino, S. and Wheaton, D.K., 2023. Living With Frontotemporal Degeneration: Diagnostic Journey, Symptom Experiences, and Disease Impact. *Journal of Geriatric Psychiatry and Neurology*, *36*(3), pp.201-214. https://doi.org/10.1177/08919887221119976

Bartolini, L., Gropas, R. and Triandafyllidou, A., 2017. Drivers of highly skilled mobility from Southern Europe: Escaping the crisis and emancipating oneself. *Journal of Ethnic and Migration Studies*, *43*(4), pp.652-673. https://doi.org/10.1080/1369183X.2016.1249048

Bassok, D., Fitzpatrick, M., Greenberg, E. and Loeb, S., 2016. Within-and between-sector quality differences in early childhood education and care. *Child Development*, *87*(5), pp.1627-1645. https://doi.org/10.1111/cdev.12551

Beason-Held, L.L., Kerley, C.I., Chaganti, S., Moghekar, A., Thambisetty, M., Ferrucci, L., Resnick, S.M. and Landman, B.A., 2023. Health conditions associated with Alzheimer's disease and vascular dementia. *Annals of Neurology*, *93*(4), pp.805-818. https://doi.org/10.1002/ana.26584

Biesmans, J.M., Bolt, S.R., Janssen, D.J., Wintjens, T., Khemai, C., Schols, J.M., Van Der Steen, J.T., Zwakhalen, S.M. and Meijers, J.M., 2024. Desired dementia care towards end of life: Development and experiences of implementing a new approach to improve person-centred dementia care. *Journal of Advanced Nursing*. pp.1-10. https://doi.org/10.1111/jan.16285

Bir, S.C., Khan, M.W., Javalkar, V., Toledo, E.G. and Kelley, R.E., 2021. Emerging concepts in vascular dementia: a review. *Journal of Stroke and Cerebrovascular Diseases*, *30*(8), p.1-17. https://doi.org/10.1016/j.jstrokecerebrovasdis.2021.105864

Bjørge, H., Sæteren, B. and Ulstein, I.D., 2019. Experience of companionship among family caregivers of persons with dementia: A qualitative study. *Dementia*, *18*(1), pp.228-244. https://doi.org/10.1177/1471301216666172

Boggatz, T., 2016. Quality of life in old age–a concept analysis. *International Journal of Older People Nursing*, *11*(1), pp.55-69. https://doi.org/10.1111/opn.12089

Bonanni, R., Cariati, I., Tarantino, U., D'Arcangelo, G. and Tancredi, V., 2022. Physical exercise and health: a focus on its protective role in neurodegenerative diseases. *Journal of Functional Morphology and Kinesiology*, *7*(2), pp.1-18. https://doi.org/10.3390/jfmk7020038

Borghesani, V., DeLeon, J. and Gorno-Tempini, M.L., 2022. Frontotemporal dementia: A unique window on the functional role of the temporal lobes. *Handbook of Clinical Neurology*, *187*, pp.429-448. https://doi.org/10.1016/B978-0-12-823493-8.00011-0

Bowling, A., Rowe, G., Adams, S., Sands, P., Samsi, K., Crane, M., Joly, L. and Manthorpe, J., 2015. Quality of life in dementia: a systematically conducted narrative review of dementia-specific measurement scales. *Aging & Mental Health*, *19*(1), pp.13-31. https://doi.org/10.1080/13607863.2014.915923

Bressan, V., Visintini, C. and Palese, A., 2020. What do family caregivers of people with dementia need? A mixed-method systematic review. *Health & Social Care in the Community*, *28*(6), pp.1942-1960. https://doi.org/10.1111/hsc.13048

Brunsting, N.C., Zachry, C., Liu, J., Bryant, R., Fang, X., Wu, S. and Luo, Z., 2021. Sources of perceived social support, social-emotional experiences, and psychological well-being of international students. *The Journal of Experimental Education*, *89*(1), pp.1-18. https://doi.org/10.1080/00220973.2019.1639598

Bullock, L., Bedson, J., Jordan, J.L., Bartlam, B., Chew-Graham, C.A. and Campbell, P., 2019. Pain assessment and pain treatment for community-dwelling people with dementia: A systematic review and narrative synthesis. *International Journal of Geriatric Psychiatry*, *34*(6), pp.807-821. https://doi.org/10.1002/gps.5078

Chorawala, M.R., Shah, A.C., Pandya, A.J., Kothari, N.R. and Prajapati, B.G., 2024. Symptoms and conventional treatments of Alzheimer's disease. *Alzheimer's Disease and Advanced Drug Delivery Strategies*, pp.213-234. https://doi.org/10.1016/B978-0-443-13205-6.00009-1

Cleary, J. and Doody, O., 2017. Nurses' experience of caring for people with intellectual disability and dementia. *Journal of Clinical Nursing*, *26*(5-6), pp.620-631. https://doi.org/10.1111/jocn.13431

Connolly, B. and Fox, S.H., 2014. Treatment of cognitive, psychiatric, and affective disorders associated with Parkinson's disease. *Neurotherapeutics*, *11*(1), pp.78-91. https://doi.org/10.1007/s13311-013-0238-x

Courtin, E. and Knapp, M., 2017. Social isolation, loneliness and health in old age: a scoping review. *Health & Social Care in the Community*, *25*(3), pp.799-812. https://doi.org/10.1111/hsc.12311

Daley, S., Murray, J., Farina, N., Page, T.E., Brown, A., Basset, T., Livingston, G., Bowling, A., Knapp, M. and Banerjee, S., 2019. Understanding the quality of life of family carers of people with dementia: Development of a new conceptual framework. *International Journal of Geriatric Psychiatry*, *34*(1), pp.79-86. https://doi.org/10.1002/gps.4990

D'Ambrosio, C., Jäntti, M. and Lepinteur, A., 2020. Money and happiness: Income, wealth and subjective well-being. *Social Indicators Research*, *148*(1), pp.47-66. https://doi.org/10.1007/s11205-019-02186-w

De Kock, J.H., Latham, H.A., Leslie, S.J., Grindle, M., Munoz, S.A., Ellis, L., Polson, R. and O'Malley, C.M., 2021. A rapid review of the impact of COVID-19 on the mental health of healthcare workers: implications for supporting psychological well-being. *BMC Public Health*, *21*, pp.1-18. https://doi.org/10.1186/s12889-020-10070-3

Dolu, I., Naharcı, M.İ., Logan, P.A., Paal, P. and Vaismoradi, M., 2021. Transitional ‘hospital to home’care of older patients: healthcare professionals’ perspectives. *Scandinavian Journal of Caring Sciences*, *35*(3), pp.871-880. https://doi.org/10.1111/scs.12904

Donaghy, P.C., Barnett, N., Olsen, K., Taylor, J.P., McKeith, I.G., O'Brien, J.T. and Thomas, A.J., 2017. Symptoms associated with Lewy body disease in mild cognitive impairment. *International Journal of Geriatric Psychiatry*, *32*(11), pp.1163-1171. https://doi.org/10.1002/gps.4742

Donnellan, W.J., Bennett, K.M. and Soulsby, L.K., 2017. Family close but friends closer: exploring social support and resilience in older spousal dementia carers. Aging & Mental Health, 21(11), pp.1222-1228. https://doi.org/10.1080/13607863.2016.1209734

Duara, R. and Barker, W., 2023. Heterogeneity in Alzheimer's disease diagnosis and progression rates: implications for therapeutic trials. *Neurotherapeutics*, *19*(1), pp.8-25. https://doi.org/10.1007/s13311-022-01185-z

Fazio, S., Pace, D., Flinner, J. and Kallmyer, B., 2018. The fundamentals of person-centered care for individuals with dementia. *The Gerontologist*, *58*(suppl_1), pp.10-19.

Estoque, R.C., Togawa, T., Ooba, M., Gomi, K., Nakamura, S., Hijioka, Y. and Kameyama, Y., 2019. A review of quality of life (QOL) assessments and indicators: Towards a “QOL-Climate” assessment framework. *Ambio*, *48*, pp.619-638. https://doi.org/10.1007/s13280-018-1090-3

Farrell, T.W., Luptak, M.K., Supiano, K.P., Pacala, J.T. and De Lisser, R., 2018. State of the science: Interprofessional approaches to aging, dementia, and mental health. *Journal of the American Geriatrics Society*, *66*, pp. 40-47.

Farina, N., Page, T.E., Daley, S., Brown, A., Bowling, A., Basset, T., Livingston, G., Knapp, M., Murray, J. and Banerjee, S., 2017. Factors associated with the quality of life of family carers of people with dementia: A systematic review. *Alzheimer's & Dementia*, *13*(5), pp.572-581. https://doi.org/10.1016/j.jalz.2016.12.010

Figueroa, C.A., Harrison, R., Chauhan, A. and Meyer, L. (2019). Priorities and challenges for health leadership and workforce management globally: a rapid review. *BMC Health Services Research*, [online] 19(1), pp.1–11. Available at: https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4080-7.

Fleming, R., Goodenough, B., Low, L.F., Chenoweth, L. and Brodaty, H., 2016. The relationship between the quality of the built environment and the quality of life of people with dementia in residential care. *Dementia*, *15*(4), pp.663-680. https://doi.org/10.1177/1471301214532460

Galimberti, D., Dell'Osso, B., Altamura, A.C. and Scarpini, E., 2015. Psychiatric symptoms in frontotemporal dementia: epidemiology, phenotypes, and differential diagnosis. *Biological Psychiatry, 78*(10), pp.684-692. https://doi.org/10.1016/j.biopsych.2015.03.028

Geyman, J., 2018. Crisis in US health care: corporate power still blocks reform. *International Journal of Health Services*, *48*(1), pp.5-27.

Giannias, D. and Sfakianaki, E., 2024. Quality of life index. In *Encyclopedia of Quality of Life and Well-Being Research*, pp. 5719-5723.

Giannico, V., Spano, G., Elia, M., D'Este, M., Sanesi, G. and Lafortezza, R., 2021. Green spaces, quality of life, and citizen perception in European cities. *Environmental Research*, *196*, pp.1-10. https://doi.org/10.1016/j.envres.2021.110922

Gilbert, A.S., Garratt, S.M., Kosowicz, L., Ostaszkiewicz, J. and Dow, B., 2021. Aged care residents' perspectives on quality of care in care homes: A systematic review of qualitative evidence. *Research on Aging*, *43*(7-8), pp.294-310.
https://doi.org/10.1177/0164027521989074

Gilberto, L., 2022. Neurology Evaluation in Dementia and Neurodegenerative Disease. Hybrid *PET/MR Neuroimaging: A Comprehensive Approach,* pp.227-245.
https://doi.org/10.3390/nu11102261

Gray, P., Senabe, S., Naicker, N., Kgalamono, S., Yassi, A. and Spiegel, J.M., 2019. Workplace-based organizational interventions promoting mental health and happiness among healthcare workers: A realist review. *International Journal of Environmental Research and Public Health*, *16*(22), pp.1-10. https://doi.org/10.3390/ijerph16224396

Hadziabdic, E. and Hjelm, K. (2018). Establishing a culturally specific nursing home for Finnish-speaking older persons in Sweden: a case study. *Nursing Open*, 5(2), pp.210–216. doi: https://doi.org/10.1002/nop2.129.

Haffar, S., Bazerbachi, F. and Murad, M.H., (2019). Peer review bias: a critical review. In *Mayo Clinic Proceedings*, 94(*4*), pp. 670-676).
https://doi.org/10.1016/j.mayocp.2018.09.004

Hamiduzzaman, M., Kuot, A., Greenhill, J., Strivens, E. and Isaac, V., 2020. Towards personalized care: Factors associated with the quality of life of residents with dementia in Australian rural aged care homes. *PloS one*, *15*(5), pp.1-12.
https://doi.org/10.1371/journal.pone.0233450

Hansen, A., Hauge, S. and Bergland, Å., 2017. Meeting psychosocial needs for persons with dementia in home care services–a qualitative study of different perceptions and practices among health care providers. *BMC Geriatrics*, *17*, pp.1-10. https://doi.org/10.1186/s12877-017-0612-3

Hannawa, A.F., Wu, A.W., Kolyada, A., Potemkina, A. and Donaldson, L.J. (2021). The aspects of healthcare quality important to health professionals and patients: a qualitative study. *Patient Education and Counseling*, [online] 105(6), pp.1561–1570. doi: https://doi.org/10.1016/j.pec.2021.10.016.

Hecker, J., Freijer, K., Hiligsmann, M. and Evers, S.M.A.A., 2022. Burden of disease study of overweight and obesity; the societal impact in terms of cost-of-illness and health-related quality of life. *BMC Public Health*, *22*, pp.1-13. https://doi.org/10.1186/s12889-021-12449-2

Heintz, H., Monette, P., Epstein-Lubow, G., Smith, L., Rowlett, S. and Forester, B.P., 2020. Emerging collaborative care models for dementia care in the primary care setting: a narrative review. *The American Journal of Geriatric Psychiatry*, *28*(3), pp.320-330. https://doi.org/10.1016/j.jagp.2019.07.015

Hengelaar, A.H., Van Hartingsveldt, M., Wittenberg, Y., van Etten‐Jamaludin, F., Kwekkeboom, R. and Satink, T., 2018. Exploring the collaboration between formal and informal care from the professional perspective—A thematic synthesis. *Health & Social Care in the Community*, *26*(4), pp.474-485. https://doi.org/10.1111/hsc.12503

Hynninen, N., Saarnio, R. and Isola, A., 2015. The care of older people with dementia in surgical wards from the point of view of the nursing staff and physicians. *Journal of Clinical Nursing*, *24*(1-2), pp.192-201. https://doi.org/10.1111/jocn.12669

Jakob, A. and Collier, L., 2017. Sensory design for dementia care–the benefits of textiles. *Journal of Textile Design Research and Practice*, *5*(2), pp.232-250. https://doi.org/10.1080/20511787.2018.1449078

Jellinger, K.A. and Korczyn, A.D., 2018. Are dementia with Lewy bodies and Parkinson's disease dementia the same disease?. *BMC Medicine*, *16*, pp.1-16. https://doi.org/10.1186/s12916-018-1016-8

Jing, W., Willis, R. and Feng, Z., 2016. Factors influencing quality of life of elderly people with dementia and care implications: A systematic review. *Archives of Gerontology and Geriatrics*, *66*, pp.23-41. https://doi.org/10.1016/j.archger.2016.04.009

Joling, K.J., Janssen, O., Francke, A.L., Verheij, R.A., Lissenberg-Witte, B.I., Visser, P.J. and van Hout, H.P., 2020. Time from diagnosis to institutionalization and death in people with dementia. *Alzheimer's & Dementia*, *16*(4), pp.662-671. https://doi.org/10.1002/alz.12063

Kenigsberg, P.A., Aquino, J.P., Berard, A., Gzil, F., Andrieu, S., Banerjee, S., Brémond, F., Buee, L., Cohen-Mansfield, J., Mangialasche, F. and Platel, H., 2016. Dementia beyond 2025: Knowledge and uncertainties. *Dementia*, *15*(1), pp.6-21. https://doi.org/10.1177/1471301215574785

Kiljunen, O., Kankkunen, P., Partanen, P. and Välimäki, T., 2018. Family members' expectations regarding nurses' competence in care homes: a qualitative interview study. *Scandinavian Journal of Caring Sciences*, *32*(3), pp.1018-1026. https://doi.org/10.1111/scs.12544

Kim, S.K. and Park, M. (2017). Effectiveness of person-centred care on people with dementia: a systematic review and meta-analysis. *Clinical Interventions in Aging*, Volume 12(12), pp.381–397. doi: https://doi.org/10.2147/cia.s117637.

Kivipelto, M., Mangialasche, F. and Ngandu, T., 2018. Lifestyle interventions to prevent cognitive impairment, dementia and Alzheimer disease. *Nature Reviews Neurology*, *14*(11), pp.653-666. https://doi.org/10.1038/s41582-018-0070-3

Kivimäki, T., Stolt, M., Charalambous, A. and Suhonen, R., 2020. Safety of older people at home: An integrative literature review. *International Journal of Older People Nursing*, *15*(1), p.1-23. https://doi.org/10.1111/opn.12285

Kristensen, H.K. and Peoples, H., 2020. Experiences related to quality of life in people with dementia living in institutional settings–A meta-aggregation. *British Journal of Occupational Therapy*, *83*(3), pp.145-161. https://doi.org/10.1177/0308022619879080

Kroll, C., 2015. Global development and happiness: How can data on subjective well-being inform development theory and practice?. *Oxford Development Studies*, *43*(3), pp.281-309. https://doi.org/10.1080/13600818.2015.1067293

Koria, L.G., Sawan, M.J., Redston, M.R. and Gnjidic, D., 2022. The prevalence of frailty among older adults living with dementia: a systematic review. *Journal of the American Medical Directors Association*, *23*(11), pp.1807-1814. https://doi.org/10.1016/j.jamda.2022.01.084

Kuang, H., Zhou, Z.F., Zhu, Y.G., Wan, Z.K., Yang, M.W., Hong, F.F. and Yang, S.L., 2021. Pharmacological treatment of vascular dementia: a molecular mechanism perspective. *Aging and disease*, *12*(1), pp.1-19. https://doi.org/10.14336%2FAD.2020.0427

Kubiszewski, I., Zakariyya, N. and Costanza, R., 2018. Objective and subjective indicators of life satisfaction in Australia: how well do people perceive what supports a good life?. *Ecological Economics*, *154*, pp.361-372. https://doi.org/10.1016/j.ecolecon.2018.08.017

Lanzoni, A., Fabbo, A., Basso, D., Pedrazzini, P., Bortolomiol, E., Jones, M. and Cauli, O., 2018. Interventions aimed to increase independence and well-being in patients with Alzheimer's disease: Review of some interventions in the Italian context. *Neurology, Psychiatry and Brain Research*, *30*, pp.137-143.

Laugesen, K., Ludvigsson, J.F., Schmidt, M., Gissler, M., Valdimarsdottir, U.A., Lunde, A. and Sørensen, H.T., 2021. Nordic health registry-based research: a review of health care systems and key registries. *Clinical Epidemiology*, pp.533-554.

Lee, K.H., Boltz, M., Lee, H. and Algase, D.L., 2017. Does social interaction matter psychological well-being in persons with dementia? *American Journal of Alzheimer's Disease & Other Dementias®*, *32*(4), pp.207-212. https://doi.org/10.1177/1533317517704301

Liu, C., Murchland, A.R., VanderWeele, T.J. and Blacker, D., 2022. Eliminating racial disparities in dementia risk by equalizing education quality: A sensitivity analysis. *Social Science & Medicine*, *312*, p.115347. https://doi.org/10.1016/j.socscimed.2022.115347

Maclin, J.M.A., Wang, T. and Xiao, S., 2019. Biomarkers for the diagnosis of Alzheimer's disease, dementia Lewy body, frontotemporal dementia and vascular dementia. *General Psychiatry*, *32*(1). pp.5-13. https://doi.org/10.1136%2Fgpsych-2019-100054

Macke, J., Casagrande, R.M., Sarate, J.A.R. and Silva, K.A., 2018. Smart city and quality of life: Citizens' perception in a Brazilian case study. *Journal of Cleaner Production*, *182*, pp.717-726. https://doi.org/10.1016/j.jclepro.2018.02.078

Maduna, T. and Loos, B., 2021. Alzheimer's Disease—Molecular Defect, Public Perceptions and Stigma in South Africa. *Health Communication and Disease in Africa: Beliefs, Traditions and Stigma*, pp.63-99. https://doi.org/10.1007/978-981-16-2546-6_4

Makovski, T.T., Schmitz, S., Zeegers, M.P., Stranges, S. and van den Akker, M., 2019. Multimorbidity and quality of life: systematic literature review and meta-analysis. *Ageing Research Reviews*, *53*, p.100903. https://doi.org/10.1016/j.arr.2019.04.005

Maresca, G., Maggio, M.G., Latella, D., Naro, A., Portaro, S. and Calabrò, R.S., 2020. Understanding the role of social cognition in neurodegenerative Disease: A scoping review on an overlooked problem. *Journal of Clinical Neuroscience*, *77*, pp.17-24. https://doi.org/10.1016/j.jocn.2020.05.013

Marshall, J., Wiltshire, J., Delva, J., Bello, T. and Masys, A.J., 2020. Natural and manmade disasters: vulnerable populations. *Global health security: Recognizing Vulnerabilities, Creating Opportunities*, pp.143-161. https://doi.org/10.1007/978-3-030-23491-1_7

Masoud, S., Glassner, A.A., Mendoza, M., Rhodes, S. and White, C.L., 2022. “A different way to survive”: The experiences of family caregivers of persons living with dementia during the COVID-19 pandemic. *Journal of Family Nursing*, *28*(3), pp.243-257. https://doi.org/10.1177/10748407221111079

Matej, R., Tesar, A. and Rusina, R., 2019. Alzheimer's disease and other neurodegenerative dementias in comorbidity: a clinical and neuropathological overview. *Clinical Biochemistry*, *73*, pp.26-31. https://doi.org/10.1016/j.clinbiochem.2019.08.005

McDermott, O., Orrell, M. and Ridder, H.M., 2014. The importance of music for people with dementia: the perspectives of people with dementia, family carers, staff and music therapists. *Aging & Mental Health*, *18*(6), pp.706-716. https://doi.org/10.1080/13607863.2013.875124.

Miguel, S., Alvira, M., Farré, M., Risco, E., Cabrera, E. and Zabalegui, A., 2016. Quality of life and associated factors in older people with dementia living in long-term institutional care and home care. *European Geriatric Medicine*, *7*(4), pp.346-351. https://doi.org/10.1016/j.eurger.2016.01.012

Milán-Tomás, Á., Fernández-Matarrubia, M. and Rodríguez-Oroz, M.C., 2021. Lewy body dementias: a coin with two sides?. *Behavioral Sciences*, *11*(7), pp. 1-30. https://doi.org/10.3390/bs11070094

Milte, R., Shulver, W., Killington, M., Bradley, C., Ratcliffe, J. and Crotty, M., 2016. Quality in residential care from the perspective of people living with dementia: The importance of personhood. *Archives of Gerontology and Geriatrics*, *63*, pp.9-17. https://doi.org/10.1016/j.archger.2015.11.007

Minoshima, S., Mosci, K., Cross, D. and Thientunyakit, T., 2021, May. Brain [F-18] FDG PET for clinical dementia workup: differential diagnosis of Alzheimer's disease and other types of dementing disorders. In *Seminars in Nuclear Medicine 51*(3), pp. 230-240). https://doi.org/10.1053/j.semnuclmed.2021.01.002

Mjørud, M., Kirkevold, M., Røsvik, J., Selbæk, G. and Engedal, K., 2014. Variables associated to quality of life among nursing home patients with dementia. *Aging & Mental Health*, *18*(8), pp.1013-1021. https://doi.org/10.1080/13607863.2014.903468

Mok, V.C., Pendlebury, S., Wong, A., Alladi, S., Au, L., Bath, P.M., Biessels, G.J., Chen, C., Cordonnier, C., Dichgans, M. and Dominguez, J., 2020. Tackling challenges in care of Alzheimer's disease and other dementias amid the COVID-19 pandemic, now and in the future. *Alzheimer's & Dementia*, *16*(11), pp.1571-1581. https://doi.org/10.1002/alz.12143

Moniz-Cook, E., Hart, C., Woods, R., Whitaker, C., James, I., Russell, I., Edwards, R., Hilton, A., Orrell, M., Campion, P. and Stokes, G., 2017. Challenge Demcare: management of challenging behaviour in dementia at home and in care homes–development, evaluation and implementation of an online individualised intervention for care homes; and a cohort study of specialist community mental health care for families. *Programme Grants for Applied Research*, *5*(15), pp. 1-333. https://doi.org/10.3310/pgfar05150

Mouratidis, K., 2021. Urban planning and quality of life: A review of pathways linking the built environment to subjective well-being. *Cities*, *115*, pp.1-8. https://doi.org/10.1016/j.cities.2021.103229

Mueller, C., Lautenschläger, S., Meyer, G. and Stephan, A., 2017. Interventions to support people with dementia and their caregivers during the transition from home care to nursing home care: A systematic review. *International Journal of Nursing Studies*, *71*, pp.139-152. https://doi.org/10.1016/j.ijnurstu.2017.03.013

Narayan, S.M., Varghese, M., Hepburn, K., Lewis, M., Paul, I. and Bhimani, R., 2015. Caregiving experiences of family members of persons with dementia in south India. *American Journal of Alzheimer's Disease & Other Dementias®*, *30*(5), pp.508-516. https://doi.org/10.1177/1533317514567125

Navalta, J.W. and Stone, W.J., 2020. Ethical issues relating to scientific discovery in exercise science. *International Journal of Exercise Science*, *12*(1), p.1. https://doi.org/10.70252/EYCD6235

O'Donnell, C. and Andrews, T., 2020. Care accommodation in the acute care setting: Missed care or not? *Journal of Nursing Management*, *28*(8), pp.2128-2135. https://doi.org/10.1111/jonm.13025

Okuda, S., Tetsuka, J., Takahashi, K., Toda, Y., Kubo, T. and Tokita, S., 2019. Association between sleep disturbance in Alzheimer’s disease patients and burden on and health status of their caregivers. *Journal of Neurology*, *266*, pp.1490-1500. https://doi.org/10.1007/s00415-019-09286-0

Oyebode, J.R. and Parveen, S., 2019. Psychosocial interventions for people with dementia: An overview and commentary on recent developments. *Dementia*, *18*(1), pp.8-35. https://doi.org/10.1177/1471301216656096

Palamenghi, L., Carlucci, M.M. and Graffigna, G., 2020. Measuring the quality of life in diabetic patients: a scoping review. *Journal of Diabetes Research*, *2020*(1), pp.1-19. https://doi.org/10.1155/2020/5419298

Panzini, R.G., Mosqueiro, B.P., Zimpel, R.R., Bandeira, D.R., Rocha, N.S. and Fleck, M.P., 2017. Quality-of-life and spirituality. *International Review of Psychiatry*, *29*(3), pp.263-282. https://doi.org/10.1080/09540261.2017.1285553

Paré, G., Tate, M., Johnstone, D. and Kitsiou, S., 2016. Contextualizing the twin concepts of systematicity and transparency in information systems literature reviews. *European Journal of Information Systems*, *25*(6), pp.493-508. https://doi.org/10.1057/s41303-016-0020-3

Parial, L.L., Lam, S.C., Ho, J.Y.S., Suen, L.K. and Leung, A.Y.M., 2021. Public knowledge of the influence of modifiable cardiovascular risk factors on dementia: a systematic literature review and meta-analysis. *Aging & Mental Health*, *25*(8), pp.1395-1409. https://doi.org/10.1080/13607863.2020.1786801

Park, J., Joshanloo, M. and Scheifinger, H., 2019. Predictors of life satisfaction in a large nationally representative Japanese sample. *Social Science Research*, *82*, pp.45-58. https://doi.org/10.1016/j.ssresearch.2019.03.016

Passey, D., Shonfeld, M., Appleby, L., Judge, M., Saito, T. and Smits, A., 2018. Digital agency: Empowering equity in and through education. *Technology, Knowledge and Learning*, *23*, pp.425-439. https://doi.org/10.1007/s10758-018-9384-x

Pasquier, F., Lebouvier, T. and Lebert, F., 2017. Frontotemporal Dementia. *Neuropsychiatric Symptoms of Cognitive Impairment and Dementia*, pp.279-302. https://doi.org/10.1007/978-3-319-39138-0-13

Penno, E. and Gauld, R., 2017. Change, connectivity, and challenge: exploring the role of health technology in shaping health care for aging populations in Asia Pacific. *Health Systems & Reform*, *3*(3), pp.224-235. https://doi.org/10.1080/23288604.2017.1340927

Pohjola, H., Vaajoki, A. and Välimäki, T., 2020. Art intervention among Finnish older people and their caregivers: Experiences of art pedagogies. *Health & Social Care in the Community*, *28*(5), pp.1780-1786. https://doi.org/10.1111/hsc.13003

Pongiglione, B., De Stavola, B.L. and Ploubidis, G.B., 2015. A systematic literature review of studies analyzing inequalities in health expectancy among the older population. *PloS one*, *10*(6), pp. 1-10. https://doi.org/10.1371/journal.pone.0130747

Prasad, S., Katta, M.R., Abhishek, S., Sridhar, R., Valisekka, S.S., Hameed, M., Kaur, J. and Walia, N., 2023. Recent advances in Lewy body dementia: A comprehensive review. *Disease-a-Month*, *69*(5), p.1-19. https://doi.org/10.1016/j.disamonth.2022.101441

Raatikainen, M., Ciszek, R., Närvainen, J., Merilahti, J., Siikanen, S., Ollikainen, T., Hallikainen, I. and Skön, J.P., 2016, September. System architecture of customized intelligent lighting control and indoor environment monitoring system for persons with mild cognitive impairment or dementia. In *2016 IEEE 18th International Conference on e-Health Networking, Applications and Services (Healthcom)* (pp. 1-6). IEEE. https://doi.org/10.1109/HealthCom.2016.7749463

Røen, I., Stifoss-Hanssen, H., Grande, G., Kaasa, S., Sand, K. and Knudsen, A.K., 2019. Supporting carers: health care professionals in need of system improvements and education-a qualitative study. *BMC Palliative Care*, *18*, pp.1-11. https://doi.org/10.1186/s12904-019-0444-3

Reyes-Riveros, R., Altamirano, A., De La Barrera, F., Rozas-Vásquez, D., Vieli, L. and Meli, P., 2021. Linking public urban green spaces and human well-being: A systematic review. *Urban Forestry & Urban Greening*, *61*, pp.1-9. https://doi.org/10.1016/j.ufug.2021.127105

Roitto, H.M., Kautiainen, H., Laurila, J. and Pitkälä, K.H., 2019. Severity of both neuropsychiatric symptoms and dementia is associated with quality of life in nursing home residents. *European Geriatric Medicine*, *10*, pp.793-800. https://doi.org/10.1007/s41999-019-00213-0

Rojas, M., 2024. Quality of life, conceptualization. In *Encyclopedia of Quality of Life and Well-being Research* (pp. 5747-5751). https://doi.org/10.1007/978-3-031-17299-1-3456

Ruggeri, K., Garcia-Garzon, E., Maguire, Á., Matz, S. and Huppert, F.A., 2020. Well-being is more than happiness and life satisfaction: a multidimensional analysis of 21 countries. *Health and Quality of Life Outcomes*, *18*, pp.1-16. https://doi.org/10.1186/s12955-020-01423-y

Salminen, Ks., Suominen, Kautiainen, H., Roitto, HM. and Pitkala, KH., 2019. Energy intake and severity of dementia are both associated with health-related quality of life among older long-term care residents. *Nutrients*, *11*(10), p.2261. https://doi.org/10.3390/nu11102261

Schalock, R.L., 2004. The concept of quality of life: what we know and do not know. *Journal of Intellectual Disability Research*, *48*(3), pp.203-216. https://doi.org/10.1111/j.1365-2788.2003.00558.x

Schulz, R., Beach, S.R., Czaja, S.J., Martire, L.M. and Monin, J.K., 2020. Family caregiving for older adults. *Annual Review of Psychology*, *71*, pp.635-659. https://doi.org/10.1146/annurev-psych-010419-050754

Shabir, O., Berwick, J. and Francis, S.E., 2018. Neurovascular dysfunction in vascular dementia, Alzheimer's and atherosclerosis. *BMC Neuroscience*, *19*, pp.1-16. https://doi.org/10.1186/s12868-018-0465-5

Smit, D., De Lange, J., Willemse, B. and Pot, A.M., 2017. Predictors of activity involvement in dementia care homes: a cross-sectional study. *BMC geriatrics*, *17*, pp.1-19. https://doi.org/10.1186/s12877-017-0564-7

Snyder, H., 2019. Literature review as a research methodology: An overview and guidelines. *Journal of Business Research*, *104*, pp.333-339. https://doi.org/10.1016/j.jbusres.2019.07.039

Steele, L., Carr, R., Swaffer, K., Phillipson, L. and Fleming, R., 2020. Human rights and the confinement of people living with dementia in care homes. *Health and Human Rights*, *22*(1), pp.7-14.

Suikkala, A., Tohmola, A., Rahko, E.K. and Hökkä, M., 2021. Future palliative competence needs–a qualitative study of physicians' and registered nurses' views. *BMC Medical Education*, *21*, pp.1-12. https://doi.org/10.1186/s12909-021-02949-5

Tetrault, A., Nyback, M.H., Vaartio-Rajalin, H. and Fagerström, L., 2022. Advance care planning in dementia care: Wants, beliefs, and insight. *Nursing Ethics*, *29*(3), pp.696-708. https://doi.org/10.1177/09697330211035498

Thapa, P., Marahatta, K., Upadhyay Raj, S., Sapkota, N., Baral, P., Lama, S., Kamholz, B., Paudel, S. and Basnet, M., 2024. Dementia care landscape in Nepal: Understanding the context, barriers, and opportunities for the development of a national dementia care plan. *International Journal of Geriatric Psychiatry*, *39*(6), pp.1-7.

Tsai, R.M. and Boxer, A.L., 2016. Therapy and clinical trials in frontotemporal dementia: past, present, and future. *Journal of Neurochemistry*, *138*, pp.211-221. https://doi.org/10.1111/jnc.13640

Turjamaa, R., Hartikainen, S., Kangasniemi, M. and Pietilä, A.M., 2015. Is it time for a comprehensive approach in older home care clients' care planning in Finland?. *Scandinavian Journal of Caring Sciences*, *29*(2), pp.317-324. https://doi.org/10.1111/scs.12165

Uysal, M., Sirgy, M.J., Woo, E. and Kim, H.L., 2016. Quality of life (QOL) and well-being research in tourism. *Tourism Management*, *53*, pp.244-261. https://doi.org/10.1016/j.tourman.2015.07.013

van Alphen, H.J., Hortobagyi, T. and van Heuvelen, M.J., 2016. Barriers, motivators, and facilitators of physical activity in dementia patients: A systematic review. *Archives of Gerontology and Geriatrics*, *66*, pp.109-118. https://doi.org/10.1016/j.archger.2016.05.008

Van Eenoo, L., van der Roest, H., Onder, G., Finne-Soveri, H., Garms-Homolova, V., Jonsson, P.V., Draisma, S., van Hout, H. and Declercq, A., 2018. Organizational home care models across Europe: a cross sectional study. *International Journal of Nursing Studies*, *77*, pp.39-45. https://doi.org/10.1016/j.ijnurstu.2017.09.013

Velayudhan, L., Ffytche, D., Ballard, C. and Aarsland, D., 2017. New therapeutic strategies for Lewy body dementias. *Current Neurology and Neuroscience Reports*, *17*, pp.1-9. https://doi.org/10.1007/s11910-017-0778-2

Verlinden, V.J., van der Geest, J.N., de Bruijn, R.F., Hofman, A., Koudstaal, P.J. and Ikram, M.A., 2016. Trajectories of decline in cognition and daily functioning in preclinical dementia. *Alzheimer's & Dementia*, *12*(2), pp.144-153. https://doi.org/10.1016/j.jalz.2015.08.001

Wilkinson, T., Ly, A., Schnier, C., Rannikmäe, K., Bush, K., Brayne, C., Quinn, T.J., Sudlow, C.L., Group, U.B.N.O. and UK, D.P., 2018. Identifying dementia cases with routinely collected health data: a systematic review. *Alzheimer's & Dementia*, *14*(8), pp.1038-1051. https://doi.org/10.1016/j.jalz.2018.02.016

Woodbridge, R., Sullivan, M.P., Harding, E., Crutch, S., Gilhooly, K.J., Gilhooly, M.L.M., McIntyre, A. and Wilson, L., 2018. Use of the physical environment to support everyday activities for people with dementia: A systematic review. *Dementia*, *17*(5), pp.533-572.

Wübker, A., Zwakhalen, S.M., Challis, D., Suhonen, R., Karlsson, S., Zabalegui, A., Soto, M., Saks, K. and Sauerland, D., 2015. Costs of care for people with dementia just before and after nursing home placement: primary data from eight European countries. *The European Journal of Health Economics*, *16*, pp.689-707. https://doi.org/10.1007/s10198-014-0620-6

Yaghmour, S.M. (2021). Impact of settings and culture on nurses' knowledge of and attitudes and perceptions towards people with dementia: an integrative literature review. *Nursing Open*, 9(1), pp.66–93. doi: https://doi.org/10.1002/nop2.1106.

Zabalegui, A., Hamers, J.P., Karlsson, S., Leino-Kilpi, H., Renom-Guiteras, A., Saks, K., Soto, M., Sutcliffe, C. and Cabrera, E., 2014. Best practices interventions to improve quality of care of people with dementia living at home. *Patient Education and Counseling*, *95*(2), pp.175-184. https://doi.org/10.1016/j.pec.2014.01.009

Zlokovic, B.V., Gottesman, R.F., Bernstein, K.E., Seshadri, S., McKee, A., Snyder, H., Greenberg, S.M., Yaffe, K., Schaffer, C.B., Yuan, C. and Hughes, T.M., 2020. Vascular contributions to cognitive impairment and dementia (VCID): A report from the 2018 National Heart, Lung, and Blood Institute and National Institute of Neurological Disorders and Stroke Workshop. *Alzheimer's & Dementia*, *16*(12), pp.1714-1733. https://doi.org/10.1002/alz.12157

Tables