Reflection on Experiences with People with Dementia

Name

Affiliation

Date

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**Introduction**

The purpose of this assignment is to reflect the experiences of interacting with people with dementia. In the health care setting, there are greater chances of interacting with elderly patients having the condition of dementia. It is very important to know how to deal with them, in order to provide them better care and treatment facilities. Gibbs (1988) reflective cycle provides the opportunity of describing the scenario, as well as analyzing it from different perspectives, which then enables the person to evaluate his/her performance and develop the action plan for future. Gibbs (1988) reflective cycle would also be utilized in this case, in order to analyze the reflective experience and formulate the action plan to interact with the people with dementia in the future.

**Description of the experience/event**

During the initial years of my placement, as a student in the mental health center, I interacted with Mrs. Nora, who was a sixty years old patient who had dementia. She had been in the mental health center for the past three months, and her son had got her admitted there, as she used to go out of the home to search for her husband and younger daughter and often got lost, and injured as well. The location of the scenario is the mental health center, and the context is that I was assigned the duty of looking after Mrs. Nora during the second week of my placement. I had seen her before but had not interacted with her or provided direct care to her. When I was giving her the last dose of the day, before she went to sleep, she started inquiring that when her husband would bring her daughter. She started calling the name of her son while asking him to go search for his dad. She believed that she was in her house, with her son and her husband had gone to pick up their daughter. My mentor was attending another patient, so I could not disturb her, and I told Mrs. Nora that her husband has called and said that he would come in the morning, however, the outcome was that she became even more depressed (Livingston, Sommerlad, Orgeta, Costafreda, Huntley, Ames, & Cooper, 2017).

**Feelings**

I experienced feelings of stress and incompetency in that situation. I was not able to provide better care to Mrs. Nora as she was agitated and depressed over the absence of her husband and daughter. I felt incompetent because of the fact that I could not tell her that her husband and daughter had died three years back and they were not going to come anymore. I could not tell the truth while being fearful of her reaction and my feelings about the outcome became even more complex. I kept thinking about telling her the truth; however, I was worried that her condition might deteriorate even more (Talbot, & Brewer, 2016). My feelings have not changed completely even after reflecting on the experience. The internal belief that I could have calmed her down and relaxed her caused the feeling. Moreover, the external influence that she kept waiting for her husband and daughter till the time she fell to sleep also caused the feeling (Jakobsen, & Sørlie, 2016).

**Evaluation**

 The negative thing about the experience was that I could not tell the truth to Mrs. Nora and gave her false hope, in order to avoid making her condition worst. I was worried about her reaction so I told her that her husband and daughter would come in the morning, thinking that she would forget about it in the morning. The positive thing about the experience is that I did not contribute to worsening the condition of a dementia patient. Although, she felt agitated and depressed for some time, while waiting for her family, however, if I had told her the truth, she may not have been able to accept it and become more grieved and depressed (Jing, Willis, & Feng, 2016).

**Analysis & Critical Appraisal**

 I can make a better sense of the situation now in the way that I am well aware of the fact that dementia patients have a problem with short and long term memory. They also forget about the things, while they are actually doing something. For example, forgetting about bathing while they are taking a bath. So, I would have indulged Mrs. Nora in some other activity to divert her attention, instead of giving her false hopes and making her depressed. The knowledge of gaining and diverting the attention of dementia patients, (Moyle, Olorenshaw, Wallis, & Borbasi, 2008) was helpful for understanding the situation. Due to their short memory, it is easy to distract dementia patients from the things which upset them. It is recommended to do so, in order to help them not get stressed over the things which are not in their control anymore (Gibbs, 1988).

**Conclusion**

 The thing which I have learned from this experience is that it may not be beneficial to tell the dementia patients about the death of family member which they believe is still alive. However, it is also not good to give them false hope, because it makes them even more depressed and agitated. So, the better solution of the scenario is to involve them in the activities which they like, as a strategy of diverting their attention. I could have used this strategy to avoid making Mrs. Nora more depressed and agitated (Dening, King, Jones, Vickestaff, & Sampson, 2016).

**Action Plan**

The action plan for the future is that if I would interact with elderly people with dementia in the future, in order to ensure their care and treatment. I would definitively avoid giving them false hoes. I would try to learn the interests of the elderly people and develop some activities while keeping in view their interest (Hancock, Woods, Challis, & Orrell, 2006). Dementia is a degenerative and chronic illness, and healthcare providers do not know how shocking news would impact the mind of the patient (Cleary, & Doody, 2017). So, I would try my best to keep the patients busy and not letting them ponder upon the things which can make them depressed and agitated.

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