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Research Article

The SHQIPONJA (Eagle) Model (An innovative model inspired by the Home and its Values)

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Abstract

The SHQIPONJA model represents an innovative, holistic approach to the care and support of people with dementia that is based on the core values and traditions of Kosovar culture and can also be adapted globally. The name is derived from the Albanian word "Shqiponja" (Eagle), which serves as a symbol of strength, freedom and orientation - characteristics that are also anchored in the core of the dementia-friendly care culture. The model pursues an interdisciplinary methodology that combines cultural identity, individual needs and social inclusion in order to enable both those affected and their relatives to live in dignity.

Nine principles are central to the model: Meaningfulness, Hope, Quality, Individuality, Perspective, Openness, Closeness, Youth and Activity. These principles reflect an ethical and person-centred approach that is operationalized through specific measures. For example, the integration of cultural elements such as music, food and rituals promotes the preservation of identity and provides guidance. Hope is strengthened through biography-based experiences of success and regular discussions, while the quality of care is ensured through continuous training and internationally standardized quality assurance measures. Individuality is respected through personalized care plans and close cooperation with relatives. Prospects for social participation and dignified ageing are created through the establishment of day centers and mobile care services. Openness and understanding should reduce social stigmatization, for example through intergenerational projects and awareness-raising campaigns. Closeness and a sense of security are created through trusting relationships between care staff and those affected as well as through homely interior design. Young people are integrated into a dementia-friendly society through voluntary and school initiatives, while activities such as exercise programs and creative offerings promote mental and physical health.

The model is underpinned by the values of Kosovan culture - community, respect, hospitality and closeness to nature. This cultural imprint gives the SHQIPONJA model a unique characteristic that is relevant not only for the local but also for the global context. The combination of traditional values with modern care concepts makes the SHQIPONJA model a pioneering innovation in the field of gerontological care and offers an integrative framework for a future-oriented care culture.

Problem Definition

The increasing ageing of society is leading to an exponential rise in the number of people with dementia worldwide. According to current estimates by the World Health Organization (WHO), the number of people affected will grow to more than 150 million by 2050. This development represents an enormous challenge not only for the healthcare system, but also for society, as the needs of people with dementia cannot be met by medical measures alone. Rather, a comprehensive approach is required that takes into account medical, psychosocial and cultural aspects in order to ensure dignified and holistic care.

A central problem in current care practice is the frequent lack of consideration of cultural and individual needs. People with dementia gradually lose the ability to adapt to the present and often find orientation and support in their past. Their cultural identity, rituals and memories of origins and traditions play a decisive role in this. However, standardized care concepts that rely on universal approaches often fall short in such cases, as they do not take sufficient account of cultural diversity or the biographical backgrounds of those affected. This can lead to a feeling of alienation, isolation and a further loss of self-esteem.

In addition, the care of people with dementia faces further challenges:

Shortage of skilled workers: The limited availability of qualified nursing staff worldwide makes it difficult to provide individual and culturally sensitive care.

Lack of further training: Care staff are often not adequately prepared to deal with cultural diversity and the special needs of people with dementia.

Stigmatization: People with dementia and their families experience strong social exclusion in many societies, which further increases their isolation.

Lack of intergenerationality: The low level of involvement of young people in care and awareness of dementia reduces social acceptance and support.

Another critical point is the loss of hope and perspective among those affected and their relatives. Dementia is often associated exclusively with loss, helplessness and dependency, while positive approaches aimed at quality of life, activation and meaningfulness are often not sufficiently promoted. At the same time, many care facilities lack structures that promote social participation, activity and family closeness.

The SHQIPONJA model addresses precisely these problem areas. It aims to develop a culture of care that focuses on cultural identity, individual needs and social inclusion. Inspired by the values of Kosovar culture - such as community, respect and hospitality - and based on scientifically sound principles, the model offers a holistic approach that involves both

those affected and their relatives. At the same time, it promotes interaction between generations and sensitizes young people to the importance of a dementia-friendly society.

The need for a model such as SHQIPONJA is particularly evident in the realization that cultural and individual factors are decisive for the quality of life of people with dementia. By combining traditional values and modern care approaches, the model offers a solution to the complex challenges facing the care and support of people with dementia today.

Literature Research

In order to develop the SHQIPONJA model in a sound and practical manner, a comprehensive literature review was carried out. The aim was to identify current scientific findings, existing care approaches and relevant cultural and ethical perspectives that would provide a basis for the model structure. The analysis focused on the following areas in particular:

Cultural aspects in nursing care

Key studies: A large number of studies, including those by Giger and Davidhizar [1], emphasize the importance of cultural sensitivity in nursing care. They show that cultural influences have a significant impact on the perception of illness and care [2].

Relevance for people with dementia: According to a study by Spector et al. [3], cultural rituals, music and other traditional elements promote the well-being and orientation of people with dementia.

Practical relevance: According to Jutlla and Gough, the use of "cultural living spaces" in care facilities (e.g. home areas or themed rooms) has proven to be an effective method of activating memories and improving quality of life.

Person-centered care

Theory and practice: The concepts of person-centered care, as defined by Kitwood [4], focus on the dignity and individuality of the person with dementia. The literature emphasizes that biography-based approaches not only improve quality of life, but also strengthen the understanding and relationship between caregivers and those affected.

Transferability: Person-centered care has been successfully implemented in different cultural contexts, as studies by Brooker et al. [5] show, which underlines the universality of this approach.

Intergenerationality and social participation

Intergenerational approaches: According to Chen et al. [10], programs that involve young people in the care of older people are particularly effective in reducing social isolation and promoting mutual understanding.

Best practices: Projects such as "Connecting Generations" in Germany or "Intergenerational Programs" in the USA have shown that such initiatives not only help to raise awareness, but can also strengthen the well-being of older people [11].

Quality standards in nursing care

International guidelines: Guidelines from the World Health Organization (WHO) and the National Institute for Health and Care Excellence (NICE) emphasize the importance of quality assurance and individual care in nursing. Recommendations on the training of nursing staff and the implementation of quality assurance measures are particularly relevant [12,13].

Practice-oriented approaches: Studies such as that by Boltz et al. [14] show that the regular further training of nursing staff and the use of quality assurance tools contribute significantly to improving the quality of care [15].

Hope and perspective in dementia care

Psychosocial support: Research by Sabat [6] emphasizes that hope and a sense of purpose are essential to emotionally strengthen people with dementia and their relatives. Experiences of success, supported by biographical work, help to promote courage to face life and perspectives.

Practical approaches: Programs that focus on a sense of achievement and positive interactions, such as Feil's "Validation Therapy" (1993), have shown that hope and perspective can be strengthened even as dementia progresses.

Cultural values of Kosova and their relevance

Community and hospitality: Kosovar culture places great value on close social ties, respect and mutual support, as described by Fetahu and Krasniqi. These values can serve as a foundation for a dementia-friendly care culture.

Traditional rituals and closeness to nature: According to Gashi et al. (2018), traditional rituals and a close connection to nature not only promote well-being, but also the resilience of older people.

Innovative approaches in dementia care

Activating care: Approaches that promote physical and mental activity, as described by Perrin and May (2000), show significant improvements in the quality of life and cognitive abilities of people with dementia.

New models: Studies on innovative models such as the "Eden Alternative" approach [7] or the "Green House Project" [8] provide valuable impetus for the design of care environments that promote individuality and activity.

Conclusion of the literature research

The literature research carried out shows that the success of a care approach depends to a large extent on the integration of cultural, individual and social aspects. The SHQIPONJA model takes up these findings and combines proven concepts of person-centered and culturally sensitive care with the traditional values of Kosova. It therefore represents not only an innovative, but also a scientifically sound contribution to the further development of dementia care.

Problem definition

The increasing prevalence of dementia is one of the key challenges of the 21st century. According to the World Health Organization (WHO), there are currently around 55 million people living with dementia worldwide, and this number is expected to triple by 2050. This development presents care facilities, healthcare services and societies with multidimensional problems that encompass medical, social and cultural aspects.

Insufficient cultural sensitivity in nursing care

People with dementia often experience a progressive loss of orientation, identity and emotional stability. For many of them, cultural identity provides a crucial basis for meaning and security. Nevertheless, the cultural dimension remains underrepresented in most care concepts. Studies show that culturally insensitive care practices often lead to isolation, misunderstandings and a deterioration in quality of life. This problem is particularly serious for people with a migrant background whose biographies are characterized by different cultural values.

Standardization vs. individuality

Modern care approaches are often based on standardized procedures that do not meet the individual needs of people with dementia. The biographical uniqueness of each person affected is often overlooked in such models, which can lead to a feeling of alienation and dehumanization. This loss of individuality not only impairs the well-being of those affected, but also makes it more difficult to build relationships between care staff and residents.

Social isolation and stigmatization

People with dementia and their families face strong stigmatization and social exclusion in many societies. A lack of awareness and public discussion contribute to the fact that dementia is often treated as an "invisible illness". This increases the isolation of those affected and prevents them from actively participating in social life. Relatives also often feel left alone, which increases their mental and physical strain.

Shortage of skilled workers and lack of further training

The shortage of qualified nursing staff is a global problem. In addition, there is often a lack of specific training in dealing with people with dementia, particularly with regard to cultural sensitivity and innovative care concepts. As a result, nursing staff are not adequately prepared for the challenges associated with caring for people with dementia.

Lack of intergenerationality

The low level of involvement of young people in care and the lack of intergenerational cooperation make it difficult to build a dementia-friendly society. Projects that promote intergenerational exchange are often limited to a few regional initiatives and are rarely applied on a systemic level.

Lack of hope and perspective

Dementia is often perceived as a purely degenerative disease in which hope and a perspective on life fade into the background. This leads to a resigned attitude not only among those affected, but also among their relatives. Psychosocial approaches that promote hope and a sense of purpose are underrepresented in many care concepts.

Inadequate infrastructure for social participation

Another problem is the lack of structures that enable social participation and activity. Services such as day centers, exercise programs or cultural activities are not sufficiently available in many regions or are difficult to access, which increases the isolation of those affected.

Relevance of the SHQIPONJA model

The SHQIPONJA model addresses these complex challenges through an innovative, culturally sensitive and holistic approach. It combines traditional values such as community, hospitality and respect with modern care principles to create a culture of care that empowers people with dementia and their families. This model not only offers answers to the problems mentioned, but also opens up new perspectives for dignified and person-centered care [16,17].

Materials and Methods

Development of the model

The SHQIPONJA model was developed on the basis of a comprehensive literature review, expert interviews and practical observations in care settings. The interdisciplinary approach integrated elements from gerontology, dementia research, care science, ethics and Kosova cultural studies. This methodology enabled a systematic analysis and synthesis of theoretical concepts and practical experiences.

Literature research: The development was based on an in-depth analysis of current scientific literature. Relevant subject areas included:

- Cultural sensitivity in nursing care [3,4]
- Person-centered care [5,9]
- Innovative dementia care approaches [7,8]
- Ethics and dignity in nursing care [5,14]
- The selected literature was systematically evaluated to identify key principles and best practices that were integrated into the SHQIPONJA model.

Expert surveys: To ensure the practical relevance and feasibility of the model, structured interviews were conducted with experts from various fields, including:

- Nursing scientists
- Specialists in dementia care
- Cultural experts from Kosova
- Relatives of people with dementia
- The interviews were analyzed qualitatively in order to extract key needs, challenges and success criteria.

Practical observations: Existing care practices were examined as part of field studies in care facilities in Switzerland and Kosova. The focus was on:

- The integration of cultural elements in everyday care
- The design of spaces to promote a sense of security and identity
- Activation through social and physical activities

Operationalization of the Principles

The nine principles of the SHQIPONJA model - meaningfulness, hope, quality, individuality, perspective, openness, closeness, youth and activity - were operationalized through concrete measures.

Cultural elements

Development of "home rooms" that promote cultural memories
Integration of traditional music, food and rituals

Biographical work

Creation of individual care plans based on personal life stories
Conducting regular biographical interviews

Intergenerational projects

Initiation of programs that involve students in nursing care
Organization of activities that promote exchange between generations

Quality control

Training for nursing staff on cultural sensitivity and person-centered care
Implementation of quality assurance measures that take cultural and individual aspects into account

Pilot projects

The SHQIPONJA model was implemented in two pilot projects:

Care facility in Switzerland: Focus on the integration of cultural identity for people with a migration background

Care facility in Kosova: adapting the model to local resources and cultural characteristics

The results were evaluated using qualitative and quantitative methods, including:

- Observations and documentation of everyday care routines
- Surveys of patients, relatives and care staff
- Analysis of key figures such as quality of life and resident satisfaction

Ethical considerations

The model was developed and implemented in accordance with ethical standards:

- Preserving the dignity and autonomy of those affected
- Compliance with data protection regulations for biographical work
- Involvement of relatives and caregivers in the decision-making process

Evaluation and Further development

The results of the pilot projects were systematically analyzed to identify the strengths and weaknesses of the model. Based on the results, the model was iteratively adapted to achieve an optimal balance between universal applicability and cultural specificity.

Summary of the methodology

The SHQIPONJA model was developed using a scientifically sound and practice-oriented approach. It combines theoretical concepts with practical findings to create a forward-looking care culture that promotes the dignity, autonomy and quality of life of people with dementia.

Methods

The development and implementation of the SHQIPONJA model followed a structured and multi-phased methodology to ensure scientific soundness, cultural relevance and practical applicability. This section describes the methods used to create, operationalize and evaluate the model.

Development of the conceptual framework

A comprehensive framework was created by integrating theoretical foundations, cultural insights and practical care principles. The following steps were taken:

Literature research

A systematic analysis of existing research was carried out, focusing on:
Cultural sensitivity in care: studies on the significance of cultural influences for people with dementia (e.g. Giger and Davidhizar [1], Kitwood [4]).

Person-centered care: theories and practices that emphasize the individual identity and dignity of the person concerned [5,6].

Innovative care approaches: Models such as the Eden Alternative and Green House Project, which promote activating and holistic care [7,8].

Expert interviews

Qualitative interviews with care professionals, relatives and cultural scientists were conducted in order to:

- Understand the needs of people with dementia in different cultural contexts.
- Identify practical challenges in nursing care.
- To develop approaches to promote hope, meaningfulness and social participation.

Field observations

Practical observations in care facilities in Switzerland and Kosova served this purpose:

- Analyze existing care practices and their cultural sensitivity.
- Document successful methods for integrating cultural elements into everyday care.

Operationalization of the model

The nine principles of the SHQIPONJA model - meaningfulness, hope, quality, individuality, perspective, openness, proximity, youth and activity - were put into practice through concrete measures.

Measures to raise cultural awareness

Creation of "home rooms" that integrate traditional elements such as music, art and food.
Creating rituals and activities that promote cultural identity and memories.

Person-centered care plans

Creation of individual care plans based on the biographies and personal preferences of those affected.
Regular discussions with relatives to adapt care to cultural and personal needs.

Intergenerational cooperation

Development of programs that involve students and young volunteers in care.
Organization of intergenerational projects that promote exchange and understanding between young and old.

Quality assurance

Training for nursing staff to promote cultural sensitivity and person-centered approaches.
Introduction of quality assurance measures that are regularly evaluated.

Pilot projects

The SHQIPONJA model was tested in two pilot projects:

Switzerland: Integration of cultural elements for people with a migration background in an urban care facility.

Kosova: Adapting the model to local conditions and resources in a care facility in Pristina.

The implementation was systematically documented and evaluated in order to check the applicability of the model in different contexts.

Evaluation methods

The evaluation of the pilot projects included qualitative and quantitative approaches:

Surveys: Interviews with patients, relatives and care staff to assess satisfaction, quality of life and cultural sensitivity.

Observations: Analyzing care practices and documenting improvements in care.
Statistical analyses: comparison of quality of life indicators before and after implementation of the model.

Ethical considerations

The entire methodology was carried out in accordance with ethical standards:
Protection of the dignity and autonomy of those affected.
Transparent communication with relatives and care staff.

Compliance with data protection regulations when collecting biographical data.
Summary The methods used to develop the SHQIPONJA model combined scientific, cultural and practical approaches. This approach ensures that the model is both theoretically sound and practical and enables a sustainable improvement in the quality of care for people with dementia.

Application in practice

The SHQIPONJA model was developed with the aim of providing people with dementia with holistic, culturally sensitive and person-centered care. The model is implemented in practice through concrete measures based on the nine core principles of the model: Meaningfulness, Hope, Quality, Individuality, Perspective, Openness, Closeness, Youth and Activity. The steps for implementation and the corresponding results are described below.

Cultural sensitivity in everyday nursing care

Measures:

Designing "home rooms": spaces designed with traditional elements such as music, art, smells or decorations to promote cultural memories.

Integration of cultural rituals: cooking traditional dishes together, celebrating holidays or religious ceremonies.

Language adaptation: Use of care staff who speak the language of the person concerned or translation aids to support communication.

Results:

Those affected showed improved orientation and emotional stability.
Relatives reported greater satisfaction with care and stronger bonds.

Biography work

Measures:

Individual care plans: Creation of plans based on the life stories, preferences and cultural backgrounds of those affected.

Regular biographical interviews: Nursing staff conducted interviews with patients and relatives to understand their memories and needs.

Biographical activities: Organization of activities such as viewing photo albums or storytelling sessions that activate memories.

Results: Positive emotional reactions in those affected, including an increased zest for life.

Care staff reported a stronger connection with the residents and a better understanding of their behavior.

Intergenerational projects

Measures:

Students visit care facilities: Students regularly interact with residents through conversations, games or creative activities.

Volunteer programs: Young adults take part in shaping the daily care routine, e.g. through music or art therapy.

Workshops between generations: Events that promote the exchange of knowledge and experience.

Results: Residents felt emotionally strengthened by the interaction with the younger generation.

Greater acceptance and awareness of dementia in society.

Promotion of hope and prospects

Measures:

Create a sense of achievement: Activities that are tailored to the abilities and interests of those affected, such as gardening or crafts.

Positive environment: Caregivers have been trained to create a hopeful and supportive atmosphere.

Promoting social participation: Organization of regular community activities, such as dance or music groups.

Results: Residents showed higher motivation and improved social interactions.
Relatives noticed that the emotional resilience of those affected was strengthened.

Quality improvement through training

Measures:

Further training: Nursing staff received training on culturally sensitive and person-centered care.

Supervision: Regular reflection and further development of care practices through professional support.

Quality assurance measures: Introduction of instruments for the continuous monitoring of care quality.

Results: Nursing staff reported a better understanding of cultural and individual needs.

Increased satisfaction among residents and relatives thanks to the improved quality of care.

Integration of activities

Measures:

Exercise programs: Organizing walks, dance or yoga classes to encourage physical activity.

Creative activities: Art, music or garden therapy to promote mental and emotional activity.

Community projects: Collaboration between residents and the community on social or cultural events.

Results: Improved physical and mental health of residents.
Strengthening the sense of community and participation.

Implementation in care facilities

The SHQIPONJA model was implemented in pilot projects in Switzerland and Kosova:

Swiss care facility: focus on integrating the cultural identity of residents with a migration background.

Kosovar care facility: adaptation to local resources, with a focus on traditional rituals and social participation.

Conclusion of the practical application

The implementation of the SHQIPONJA model has led to significant improvements in the quality of life, satisfaction and emotional stability of people with dementia. By combining cultural values and innovative care approaches, the model offers a practical, sustainable and universally applicable framework for care. The positive results confirm the effectiveness of the model and open up potential for application in other institutions and cultural contexts.

Surveys

The collection of data through surveys played a central role in the development, implementation and evaluation of the SHQIPONJA model. The aim of the surveys was to record the experiences and perspectives of those affected, relatives and caregivers in order to assess and continuously improve the relevance and effectiveness of the model.

Target groups

The surveys were targeted at the relevant players in the care process:

Residents: People with dementia who were cared for as part of the SHQIPONJA model.

Relatives: Family members who were actively involved in the care process or supported the development of the model.

Nursing staff: Specialist staff who were entrusted with the implementation of the model.

Community: Volunteers, students and other participants involved in intergenerational projects.

Methodology

Questionnaire development

The questionnaires were developed in a multi-stage process:

Qualitative preliminary studies: Interviews and focus groups with relatives and caregivers helped to identify relevant topics and questions.

Operationalization: Based on the preliminary studies, closed and open questions were formulated to evaluate specific aspects of the model, including
Satisfaction with care

Perception of cultural sensitivity
Changes in quality of life and social participation
Challenges during implementation

Piloting: The questionnaire was tested in a small sample to ensure comprehensibility and validity.

Survey methods

Self-report: Relatives and caregivers completed the questionnaires independently.

Interview-based surveys: For residents with advanced dementia, the questions were asked by trained care staff in the form of an interview.

Online surveys: Digital survey formats were used for external participants such as students and volunteers.

Contents of the surveys

The questions were divided into five main categories:

Cultural sensitivity

How well are cultural backgrounds taken into account in care?
What role do cultural elements such as music, food and rituals play in everyday care?

Quality of life

Have the residents' emotional, social or physical conditions changed?
How do relatives rate the quality of life of those affected?

Satisfaction

How satisfied are nursing staff and relatives with the implementation of the model?
What improvements were perceived in day-to-day care?

Challenges

What difficulties did you encounter during implementation?
What other needs were not covered by the model?
Intergenerational cooperation
How do students and volunteers feel about working with older people?
What impact did the collaboration have on understanding and attitudes towards dementia?

Results

The surveys were conducted in two pilot projects: one care facility in Switzerland and one in Kosova.

Residents

Results: 78% of residents reported an increased feeling of safety and security. Those who were still able to communicate actively reported increased satisfaction with their care.

Challenge: Some residents in advanced stages of dementia were unable to provide specific feedback, which required a different form of evaluation (e.g. observations).

Relatives

Results: 85% of relatives felt more involved in care and reported that cultural sensitivity deepened their relationship with those affected.

Challenge: Some relatives wanted to be even more closely involved in the decision-making processes.
4.3 Nursing staff

Results: 92% of care staff reported an improved understanding of the cultural and individual needs of residents. They stated that the model significantly increased the quality of care and job satisfaction.

Challenge: The increased time required for biographical work was perceived as a burden.

Community

Results: 89% of students and volunteers stated that they had gained a better understanding of older people and dementia through the projects.

Challenge: Some volunteers initially felt insecure in dealing with the people concerned, which indicates that more intensive preparation is required.

Analysis

The results of the surveys were analyzed quantitatively and qualitatively:

Statistical evaluation: Frequencies and average values were calculated to evaluate the satisfaction and impact of the model.

Qualitative analysis: Open responses were categorized thematically in order to gain deeper insights into challenges and suggestions for improvement.

Summary

The surveys showed that the SHQIPONJA model was perceived as valuable by residents, relatives and care staff alike. In particular, the promotion of cultural identity and the greater involvement of relatives and the community were positively emphasized. At the same time, the results provided important information for optimization, particularly with regard to the time resources of care staff and the preparation of external participants. The survey results confirmed the effectiveness of the model and provide a basis for its further dissemination and adaptation.

Comparison of methods

A key step in the development of the SHQIPONJA model was to compare it with existing approaches in dementia care in order to identify strengths, weaknesses and potential synergies. The focus was on evaluating innovative care concepts that focus on cultural sensitivity, person-centered care and social participation. The following analysis compares the SHQIPONJA model with four established approaches: person-centered care according to Kitwood, the Eden Alternative, the Green House Project and the biography-oriented approach.

Person-centered care according to Kitwood

Core idea:

Focus on the dignity, individuality and needs of people with dementia.
Emphasis on the relationship between the caregiver and the person concerned.

Comparison:

Aspect	Kitwood	SHQIPONJA model
Individual care	Person-centered approaches, but without a strong cultural focus.	Integration of cultural and biographical elements.
Social participation	Relatively little structural support.	Clear promotion of community and intergenerational cooperation.
Cultural sensitivity	Not the focus.	Core component of the model.

2nd Eden alternative

Core idea:

Creating a "living" environment that reduces isolation and boredom.
Integration of animals, plants and social activities.

Comparison:

Aspect	Eden alternative	SHQIPONJA model
Care environment	Natural design with plants and animals.	Consideration of cultural spaces and nature-related activities.
Sense of community	Promotion through everyday elements.	Promotion through cultural and social participation.
Cultural integration	Weakly pronounced.	Strong cultural roots.

Green house project

Core idea:

Care in small, homely group homes.
Focus on residents' self-determination and quality of life.

Comparison:

Aspect	Green House Project	SHQIPONJA model
Group care	Small groups with a personalized approach.	Consideration of individual and cultural needs in all care formats.
Self-determination	Focus on independence.	Supplemented by biographical work and cultural identity.
Global approach	More tailored to Western societies.	Universally applicable thanks to cultural flexibility.

Biography-oriented approach

Core idea:

Use of biographical data to design individual care plans.
Orientation towards the past to improve the quality of life.

Comparison:

Aspect	Biography-oriented approach	SHQIPONJA model
Biography work	At the center, but individually focused on the past.	Biography work integrated with cultural and social elements.
Cultural sensitivity	Not systematically integrated.	Strong focus on cultural values and traditions.
Activation	Rather limited to memory work.	Activation through culture, community and intergenerational projects.

Summary of the comparison

The SHQIPONJA model differs from existing approaches in several key ways:

Strengths of the SHQIPONJA model:

Cultural sensitivity: In contrast to the compared approaches, the focus is on the integration of cultural values and traditions.

Holistic approach: The model combines biographical work, intergenerational cooperation, social participation and cultural identity.

Flexibility: It is universally applicable as it responds to the cultural and individual needs of different target groups.

Intergenerational cooperation: The active involvement of young people to promote social understanding and participation is unique.

Potential weaknesses:

Resource-intensive: Implementation requires extensive resources, especially training and time for nursing staff.

Need for adaptation: In regions without culturally homogeneous groups, implementation could be more complex.

Synergies and possible further development

The SHQIPONJA model can benefit from the strengths of other approaches, e.g. through the integration of nature-oriented design elements of the Eden Alternative or the home-based care concepts of the Green House Project. At the same time, it offers an innovative framework that complements and enriches existing approaches, particularly through its strong cultural roots and social dimension.

Personalized problem solving in the SHQIPONJA model

The SHQIPONJA model integrates personalized problem-solving approaches to address the individual challenges and needs of people with dementia, their relatives and caregivers. The approach is based on a combination of biographical work, cultural sensitivity and flexible solutions that are geared towards the circumstances and resources of those affected.

Basic principles of personalized problem solving

Individuality: Every person is seen as unique, with individual experiences, preferences and challenges.

Cultural sensitivity: Solutions are developed taking into account cultural identity and origin.

Flexibility: The approach adapts to different care contexts, resources and cultural circumstances.

Participation: Care staff, relatives and those affected are actively involved in the solution process.

Steps to solve the problem

Situation analysis

Method: A detailed assessment is carried out that includes biographical, cultural, social and health aspects.

Instruments:

Biographical questionnaires that record life history, cultural preferences and important rituals.

Discussions with relatives to understand challenges and expectations.

Observation of those affected in everyday life in order to identify behavioral patterns and needs.

Target definition

Individual goals: Goals are defined together with those affected and their relatives, e.g. improving orientation or promoting social interaction.

Care goals: Clear, achievable care goals are defined, e.g. the integration of cultural elements or the adaptation of the daily routine.

Development of individual solutions

Culturally based approaches:

Integration of local music or traditional food into everyday life.
Designing "cultural retreats" that promote memories.

Biography work:

Creation of activities based on the previous interests and occupations of those affected.

Use of memorabilia such as photos or personal items.

Communication: Adaptation of language and communication techniques to the individual needs and abilities of those affected.

Implementation of the measures

Coordination: Nursing staff are trained to integrate the personalized measures into everyday care.

Gradual introduction: Measures are introduced gradually and adapted as necessary.

Involvement of relatives: Family members are actively involved, e.g. through guidance in biographical work or participation in cultural activities.

Evaluation and adaptation

Regular review: Progress is evaluated regularly, e.g. through discussions, observations and feedback from relatives and caregivers.

Adaptation: Measures are adapted flexibly to new challenges or changes.

Examples of personalized problem solutions

Case study 1: Disorientation

Situation: A resident with dementia often shows signs of confusion and restlessness, especially in the unfamiliar surroundings of the care facility.

Solution: Design a "home room" with memorabilia, photos and traditional music that conveys a sense of familiarity to the resident.

Result: Reduction of restlessness and increase in well-being.

Case study 2: Social isolation

Situation: A resident withdraws and avoids social interaction because she feels alienated in her new surroundings.

Solution: Introduce intergenerational projects where students speak their language and organize activities such as baking or storytelling together.

Result: The resident becomes more active and participates in the activities.

Case study 3: Challenging behavior

Situation: A resident reacts aggressively to care staff, especially during personal hygiene.

Solution: Biography work shows that the resident used to value a high degree of independence. Care is adapted by giving the resident more control, e.g. by selecting the sequence of care activities.

Result: Reduction in aggression and improvement in the care relationship.

Success criteria for personalized problem solving

Individual satisfaction: residents feel understood and valued.

Improved quality of life: positive effects on emotional, social and physical well-being.

Effective care: Caregivers report better relationships with those affected and fewer challenging situations.

Family satisfaction: Relatives feel involved and supported.

Summary

The personalized problem-solving in the SHQIPONJA model enables individual, culturally sensitive and practical care for people with dementia. By combining biography work, cultural approaches and flexible measures, the model contributes to a sustainable improvement in quality of life and care relationships. This approach is not only effective, but also universally adaptable, which makes it a central element of an innovative care culture.

Contributions to practice

The SHQIPONJA model represents an innovative approach to dementia care that integrates cultural sensitivity, person-centered methods and innovative practices. Its application makes a significant contribution to improving care practice, the quality of life of people with dementia and the creation of inclusive care environments. The most important contributions to practice are presented below:

Cultural sensitivity in nursing care

The SHQIPONJA model sets new standards by systematically taking into account the cultural backgrounds of people with dementia. This approach contributes to the following aspects:

Individualized care: Cultural elements such as traditional music, food and rituals are integrated into everyday care to promote familiarity and a sense of belonging.

Empathy and respect: Care staff are trained to understand and respect the cultural values and traditions of those affected, which enables a stronger bond between carers and residents.

Applicability in multicultural contexts: The model is flexible and can be adapted to different cultural environments, which increases its global relevance.

Person-centered care

The model attaches particular importance to the uniqueness of each person and designs the care individually:

Biography work: By incorporating personal life stories, care is tailored to individual needs and preferences.

Promoting self-determination: People with dementia are actively involved in decision-making, which strengthens their autonomy.

Greater involvement of relatives: Family members are integrated as central partners in the care process, which increases support and satisfaction.

Promotion of social participation

The SHQIPONJA model actively supports the social integration and participation of people with dementia:

Intergenerational cooperation: Projects with young people promote exchange between generations and create a better understanding of dementia.

Community-oriented approaches: Activities such as cooking together, gardening or cultural events promote participation and a sense of community.

Reducing stigmatization: Through educational work and community initiatives, the model helps to reduce prejudices against people with dementia.

Innovative care environments

The model integrates innovative approaches to improve the quality of life of those affected:

Designing "home rooms": Rooms that are decorated with memorabilia and cultural elements create familiarity and security.

Activating care: Regular exercise programs, creative offerings and activities tailored to the abilities of those affected promote physical and mental well-being.

Nature-oriented approaches: Incorporating gardening or walks supports well-being through contact with nature.

Improving the quality of care

The SHQIPONJA model contributes to improving the quality of care by involving care staff, facilities and relatives in equal measure:

Training courses: Nursing staff receive further training in cultural sensitivity, biographical work and person-centered care.

Quality assurance: Regular evaluation of the measures ensures continuous improvement of care practice.

Job satisfaction: Care staff report a stronger emotional bond with residents and greater job satisfaction.

Practical results

The pilot projects of the SHQIPONJA model showed the following practical effects:

Improved quality of life: Residents reported a greater sense of well-being and greater emotional stability.

Stronger community: Family and community involvement fostered a sense of belonging and support.

Better care relationships: Caregivers felt better able to respond to individual needs.

Summary The SHQIPONJA model makes a decisive contribution to the further development of dementia care. By combining cultural sensitivity, person-centered care and innovative approaches, it improves the quality of life of people with dementia, empowers caregivers and creates a new, future-oriented care culture. It offers a practical solution to the challenges of modern care and sets new standards for dignified, holistic care.

Contributions to theory

The SHQIPONJA model makes significant contributions to the theoretical advancement of dementia care by integrating cultural, social and person-centered dimensions into a comprehensive and adaptable approach. It opens up new perspectives and paradigms for addressing the complexity of dementia and enriches the disciplines of gerontology, cultural care theory and health management.

Integration of cultural sensitivity in care theories

The SHQIPONJA model extends existing theoretical approaches by anchoring cultural sensitivity as a central component of dementia care:

Cultural identity as a therapeutic resource: It emphasizes the importance of cultural elements such as traditions, rituals and language for the emotional stability and well-being of people with dementia. This shifts the focus from purely biomedical interventions to culturally embedded care strategies.

Global applicability of local values: By using cultural values from Kosova, the model shows how locally anchored framework conditions can gain global relevance for care concepts.

Theoretical extension: The model builds on Leininger's theory of "Culture Care Diversity and Universality" by focusing on the dynamic interaction between personal biography and cultural identity.

Further development of person-centered care

The SHQIPONJA model deepens the principles of person-centered care and enriches its theoretical foundations:

Fusion of biography and culture: It combines the biographical and cultural backgrounds of those affected and thus offers a two-layered approach to better understand and meet individual needs.

Redefining individuality: The model demands that individuality in dementia care must encompass not only personal preferences, but also cultural and social contexts.

Empirical supplement: By integrating cultural aspects into person-centered care, the model expands the empirical basis for innovative approaches.

Contribution to the theory of social participation

The SHQIPONJA model emphasizes the importance of social participation as a theoretical cornerstone of dementia care:

Intergenerationality as a resource: It establishes the role of intergenerational interaction as a core strategy to prevent isolation and promote a better understanding of dementia.

Social inclusion: The model integrates education and awareness-raising into the theoretical concept in order to reduce stigmatization and promote social acceptance of people with dementia.

Practical theory: It provides an application-oriented framework that bridges the gap between theoretical approaches and practical implementation.

Expansion of the ethical discourse

The model contributes to the development of ethical theories in nursing:

Dignity and autonomy: It underpins the theoretical importance of preserving dignity and autonomy in care and shows how these principles can be operationalized in a cultural and biographical context.

Collective responsibility: It emphasizes the role of community and family in care, which represents a shift from individual to collective responsibility.

Concepts for global adaptability

The SHQIPONJA model provides a theoretical basis for care concepts that are both locally anchored and globally adaptable:

Flexibility: It shows how culturally specific care approaches can be adapted for different societies and care environments.

Universal principles: The nine core principles of the model (meaning, hope, quality, individuality, perspective, openness, closeness, youth, activity) provide a universally applicable framework for care concepts worldwide.

Conclusion

The SHQIPONJA model makes significant contributions to the further development of existing care and support models. It combines cultural sensitivity, person-centered approaches and social inclusion into a unique theoretical concept that not only improves practice, but also provides new impetus for scientific discussion in nursing. With this approach, the model establishes a basis for the development of future-oriented and holistic care concepts.

Contributions to politics

The SHQIPONJA model not only has implications for care practice and theory, but also offers valuable contributions to the political design of the health and care sector. It provides approaches to address the societal, cultural and social challenges of an ageing population and the increasing prevalence of dementia at a political level.

Promotion of culturally sensitive care policies

The model emphasizes the importance of cultural sensitivity and identity in nursing care and offers policy recommendations for action:

Cultural diversity in care: It calls for the development of guidelines that systematically take into account the cultural backgrounds of people in care.

Adaptation of funding systems: Policy programs should provide resources to support culturally appropriate care interventions such as the creation of "home rooms" or biography-based care.

Training programs: Promote government-funded continuing education for caregivers to strengthen cultural competence.

Strengthening social inclusion

The SHQIPONJA model helps to raise awareness in society and reduce stigmatization:

Political campaigns: Supporting awareness campaigns that emphasize the importance of dementia-friendliness and social participation.

Promotion of intergenerational projects: Political programs should support schools, municipalities and care facilities in initiating intergenerational projects.

Incentives for volunteering: Introduction of tax incentives or other benefits for volunteers who are involved in caring for people with dementia.

Innovations in the care infrastructure

The model provides valuable impetus for improving the care infrastructure:

Forms of housing: Promotion of alternative forms of housing such as smaller, culturally oriented care groups or day centers that promote social participation.

Nature-based approaches: Policy support for care facilities that provide nature-based activities and environments for people with dementia.

Promotion of technical innovations: Policy measures could promote the development and use of technologies that support cultural and biographical elements (e.g. apps for reminiscence work).

Anchoring ethical standards

The SHQIPONJA model attaches great importance to ethical principles such as dignity, autonomy and community:

Care laws: Policy makers should ensure that these ethical principles are enshrined in national care laws and guidelines.

Family-oriented care: Introduction of programs that support family members in providing care, e.g. through financial subsidies or care services.

Ethical supervisory bodies: Establishment of committees that monitor the implementation of ethical standards in care facilities.

International exchange and cooperation

The SHQIPONJA model provides a basis for international cooperation:

Best practice exchange: Promotion of international conferences and networks that support the exchange of culturally sensitive care approaches.

Cultural care as a global issue: initiatives to integrate cultural sensitivity into global care programs, e.g. by the World Health Organization (WHO).

Development aid: Supporting countries with limited resources in the implementation of culturally sensitive care models.

Demographic change and care policy

The model provides solutions to the challenges of demographic change:

Adaptation of care funding: Political systems should provide resources to meet the growing need for personalized and culturally sensitive care.

Making the nursing profession more attractive: Promoting measures to improve the working conditions and salaries of nursing staff.

Long-term care planning: integration of the SHQIPONJA model into national long-term care strategies.

Promotion of research

The model emphasizes the need to support research in the area of culturally sensitive care:

Research funding: Policy makers should provide funding to finance studies on the impact of cultural approaches on care.

Evidence-based policy-making: The results of such research should serve as a basis for political decisions.

Conclusion

The SHQIPONJA model provides valuable impetus for the political design of the care sector. It combines cultural sensitivity, social inclusion and ethical principles with innovative approaches to care infrastructure. By implementing the proposed measures, policy makers can create a sustainable and future-oriented care policy that meets the needs of people with dementia and their community.

Key questions and reflection

The SHQIPONJA model is based on central questions that guide the development, implementation and evaluation of this innovative care approach. Reflecting on these questions enables a critical examination of the goals and challenges of the model and offers points of reference for further development and optimization.

Key questions

Cultural sensitivity and identity

How can cultural values and traditions be integrated into care without overshadowing the individuality of those affected?

To what extent do cultural identity and biography influence the emotional well-being of people with dementia?

What challenges arise when different cultural backgrounds have to be taken into account within a care facility?

Person-centered care

How can care be organized in such a way that it takes into account the individual biography, preferences and needs of each resident?

Which methods are most effective for operationalizing person-centred approaches in practice?

How can nursing staff be made aware of and trained in the person-centered approach?

Social participation and community

Which strategies best promote the social participation of people with dementia?

How can intergenerational projects be sustainably integrated into care facilities?

What role does the community play in supporting and caring for people with dementia, and how can it be more closely involved?

Quality of care and working conditions

How does the integration of cultural and biographical elements influence the quality of care?

What organizational and financial resources are required to achieve the goals of the model?

How can nursing staff be motivated to take on additional responsibility with regard to culturally and biographically oriented care?

Global and local context

To what extent can the SHQIPONJA model be transferred to other cultural and social contexts?

What adaptations are required to implement the model in resource-poor regions or in multicultural societies?

Ethics and dignity

How can we ensure that residents' dignity and autonomy are preserved in everyday care?

What ethical challenges can arise when implementing the model and how can they be overcome?

Reflection

Reflecting on the core questions provides a deeper insight into the strengths, challenges and potential of the SHQIPONJA model:

Relevance and impact

The model highlights that cultural sensitivity and person-centered care can not only promote the well-being of those affected, but also increase the job satisfaction of caregivers. It shows how important it is to take a holistic approach that considers both individual and community needs.

Challenges during implementation

The integration of cultural and biographical elements into care is resource-intensive and requires continuous training of care staff. There is a need to adapt organizational structures so that the goals of the model can be achieved efficiently.

Sustainability and scalability

The transferability of the model to other cultural and social contexts requires careful adaptation to ensure that it meets the specific needs of different communities. At the same time, the model provides a valuable basis for the development of globally applicable care approaches.

Ethical responsibility

The model shows that care must be understood not only as a service, but also as an ethical obligation. It ensures that the dignity and autonomy of those affected are at the center of all measures.

Future prospects

The key questions and reflections open up new possibilities for research, practice and policy design. They underline the need for ongoing evaluation and further development of the model to ensure that it meets the changing requirements of care.

Summary

The core questions and reflections of the SHQIPONJA model provide a clear orientation for the further development of dementia care. They help to identify the key challenges and develop solutions that are both individually and socially relevant. Reflecting on these topics contributes to the sustainable and effective integration of the model into care practice.

Conclusion on the SHQIPONJA model

The SHQIPONJA model represents an innovative, holistic and forward-looking approach to dementia care that successfully combines cultural sensitivity, person-centered approaches and social inclusion. It provides a valuable basis for the further development of care concepts by focusing on the person with dementia as an individual with a unique biography, cultural identity and social needs.

Unique strengths of the model

Cultural sensitivity: The model emphasizes the importance of cultural values and traditions and systematically integrates these into care. This promotes the identity, well-being and emotional stability of those affected.

Person-centred care: By linking biographical work and cultural identity, a comprehensive approach to individualizing care is created.

Social participation: Intergenerational projects and community-oriented approaches help to prevent isolation and promote social acceptance of people with dementia.

Flexibility and adaptability: The model is universally applicable and can be adapted to different cultural, social and economic contexts.

Implications for practice, theory and policy

Practice: The model improves the quality of life of people with dementia, increases the job satisfaction of care staff and strengthens the role of relatives in care.

Theory: It expands existing care models by bringing the cultural dimension to the fore and setting a new standard for person-centered care.

Policy: The model provides valuable impetus for the development of culturally sensitive care policies and emphasizes the need for investment in training, infrastructure and intergenerational programs.

Challenges and potential

Challenges: Implementing the model requires resources such as time, funding and specialized training for caregivers. Adapting to multicultural or low-resource environments also requires careful planning.

Potential: The model offers the opportunity to establish a dementia-friendly care culture worldwide that promotes dignity, autonomy and social participation for people with dementia.

Future prospects

The SHQIPONJA model has the potential to fundamentally change dementia care. Future steps include:

Research: Further studies on the effectiveness of the model in different cultural and social contexts.

Implementation: Expansion of the model to other care facilities and countries.

Further development: adapting the model to technological advances and changing social needs.

Summary: The SHQIPONJA model combines tradition and innovation to create a pioneering approach to dementia care. It not only offers practical solutions to current challenges, but also inspires a new vision for care that values and supports people with dementia in all their complexity. With its focus on cultural sensitivity, individuality and social participation, the model sets new standards and provides a sustainable foundation for the care of tomorrow.

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