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Review Article

The ILIRIA Model

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Abstract

The ILIRIA model - A culturally anchored approach to caring for people with dementia

The ILIRIA model presents an innovative approach to caring for people with dementia that combines cultural values with modern care science. This model is based on six central principles: Preserving Individuality, Showing Love and Humanity, Promoting Community Integration, Respect for Dignity and Identity, Inspiration from Cultural Roots and Activating Potential. It offers a holistic, flexible and culturally anchored framework that can be applied in both care facilities and family contexts.

Background and objectives

Caring for people with dementia is a growing challenge worldwide, as the number of people affected is constantly increasing. Not only medical, but also emotional, social and cultural aspects need to be taken into account to ensure dignified care. The ILIRIA model addresses this need by building a bridge between tradition and innovation. Inspired by the values of Illyrian culture - a culture strongly characterized by community, respect and intergenerational connections - the model aims to humanize care and integrate people with dementia into the heart of society.

Core principles and practical implementation

Preserving individuality:

People with dementia are individuals with unique needs and life stories. Individual care plans and personal mementos create a familiar environment that strengthens the well-being of those affected.

Showing love and humanity:

Empathy, compassion and appreciative communication form the basis of a care culture that promotes emotional safety and security. Training courses for care staff and relatives support the development of trusting relationships.

Integration into the community:

Social isolation and stigmatization are actively combated through dementia-friendly projects and public campaigns. People with dementia should be perceived as fully-fledged members of society.

Respect for dignity and identity:

The model does not view dementia as a deficit, but as part of the reality of human life. Assistive technologies and ethical reflection promote autonomy and protect the dignity of those affected.

Inspiration through cultural roots:

Traditional rituals, music, dance and culinary offerings strengthen the sense of belonging and create a connection to the cultural roots of those affected [20-22].

Activation of potential:

Despite the limitations that dementia entails, the model emphasizes the importance of activities that promote motor and mental skills. Gardening, creative activities and exercise programs contribute to a meaningful everyday life.

Special features

The ILIRIA model is characterized by three key features:

Cultural anchoring: The combination of traditional values with modern nursing science creates a unique approach.

Holistic approach: Emotional, social, cultural and physical aspects of care are integrated.

Flexibility: The model can be applied to both institutional and family care contexts.

Relevance and outlook

The ILIRIA model offers a new vision for the care of people with dementia that goes far beyond traditional care. It focuses on the person, their life story and their cultural identity. By combining tradition and innovation, the model opens up new possibilities for dignified, respectful and meaningful care. It is aimed not only at professionals, but also at relatives and society as a whole. In its further development, the ILIRIA model can serve as a model for other culturally anchored care approaches in order to promote a globally sustainable and humane care culture.



Introduction: The ILIRIA model – care in harmony with tradition and innovation

Caring for people with dementia is one of the greatest challenges facing modern healthcare systems. As the population ages, the number of people affected is growing worldwide, raising not only medical but also social, emotional and cultural questions. How can care be designed so that it not only takes into account physical needs, but also focuses on people's dignity, identity and quality of life? The ILIRIA model offers an answer to these questions by combining cultural values with the latest findings in nursing science.

The model takes up the importance of individuality, dignity and community and integrates these into a holistic care practice. It is based on the cultural values of the Illyrian tradition, which are characterized by respect, family ties and a deep sense of community. At the same time, it incorporates modern nursing science approaches that promote evidence-based, personalized and activating care.

The ILIRIA model is based on the conviction that people with dementia not only need support, but also have the potential to actively participate in life. It does not see dementia as a deficit, but as part of the reality of human life, which can be shaped with empathy, respect and creativity. Especially at a time when social isolation and stigmatization often characterize the everyday lives of people with dementia, the model offers a new perspective that promotes integration into the community and uses cultural identity as a resource.

This paper presents the ILIRIA model, highlights its central principles and shows how it can be implemented in practice. It shows how bridging the gap between tradition and innovation opens up a new vision for the care of people with dementia - a vision that appeals not only to those affected, but also to their relatives and society as a whole.

Problem: Challenges in caring for people with dementia

Caring for people with dementia is one of the most complex challenges in the healthcare sector. As life expectancy increases worldwide, so does the number of people suffering from dementia. According to current studies, this number is set to double in the coming decades, which will place an increasing burden on both care facilities and family care situations. However, the complexity of dementia requires far more than purely medical care - it calls for holistic approaches that take into account the emotional, social and cultural needs of those affected.

One of the main problems is the risk of dehumanizing people with dementia. The focus is often placed on deficits, while the individual needs, life stories and potential of those affected are neglected. This not only leads to a reduction in their quality of life, but also to alienation from their social and cultural environment. Isolation, stigmatization and a sense of loss of identity are common side effects that affect both the people affected and their families.

Careers and relatives also face considerable challenges. Caregivers are often confronted with a high workload, emotional stress and limited resources, while relatives often struggle with feelings of guilt, excessive demands and a lack of professional support. In many cases, there is a lack of approaches that establish a link between care practice and the cultural roots of those affected. Cultural identity, which can be an important resource for emotional well-being and social inclusion, often remains untapped.

In this context, the urgent question arises: how can care approaches be developed that respect people with dementia as individuals, strengthen their cultural identity and actively involve them in the community? At the same time, these approaches must be flexible enough to meet the needs of both professional caregivers and family members.

This is precisely where the ILIRIA model comes in. It responds to the aforementioned problems by focusing on individuality, dignity and cultural identity. It aims to shape care not just as a service, but as a holistic, human and culturally sensitive process. This model offers an innovative approach to meeting the challenges of caring for people with dementia with empathy, respect and creativity.

Literature research: basics and current findings on caring for people with dementia

The care of people with dementia is an interdisciplinary field of research that combines medical, nursing science, psychological and social approaches. The following literature review provides an overview of key topics, existing models and current challenges that are relevant to the development of the ILIRIA model.

Dementia and its effects on those affected and society

Alzheimer's Disease International (2023) [1]: "World Alzheimer Report 2023"
The report highlights the global impact of dementia. It highlights that the number of cases is expected to double by 2050 and discusses challenges such as stigmatization and inadequate support systems.

Kitwood T (1997) [2]: Dementia Reconsidered: The Person Comes First
Kitwood's person-centered approach remains a cornerstone of modern care concepts. He emphasizes that the needs, biographies and social contexts of those affected should be the focus.

holistic care approaches

Brooker D (2007) [3]: Person-Centred Dementia Care: Making Services Better
This work analyzes how person-centered care can be implemented in practice to improve the quality of life of people with dementia.

Nolan M, et al. (2006) [8]: The Senses Framework: Improving Care for Older People
The framework focuses on promoting well-being by activating six central "senses": security, continuity, belonging, purpose, achievement and meaning [4].

Importance of cultural values in care

Leininger MM (2002) [5]: Transcultural Nursing: Concepts, Theories, Research & Practice

This work emphasizes that cultural sensitivity and consideration of cultural identity are critical to holistic care. It serves as a foundation for the integration of cultural values in the ILIRIA model [6,7].

Ingleton C, Seymour JE (2001): Palliative Care Nursing: Principles and Evidence for Practice

The authors examine how cultural values and rituals can be used in the care context to meet emotional and spiritual needs.

Activation of potential in people with dementia

Cohen-Mansfield J [4]: Nonpharmacologic Interventions for Behavioral and Psychological Symptoms of Dementia

The author analyzes how activities such as music, exercise and creative pursuits can help to promote well-being.

Zarit SH & Femia EE (2011) [10]: Behavioral and Psychosocial Interventions for Family Caregivers

This book examines the role of activating and relieving relatives in the care process.

Integration of people with dementia into society

Dementia Engagement and Empowerment Project (DEEP) (2020): "Creating a Dementia-Friendly Society"

The report shows successful approaches to promoting the social participation of people with dementia and provides practical recommendations for municipalities.

Alzheimer Europe (2022) [9]: "Ethical Principles for Dementia Care"
This guide emphasizes the importance of inclusion and ethical decision-making in care.

Respect for dignity and identity

Gallagher A, et al (2008) [11]: Dignity in Care for Older People

The book describes how dignity and respect can be ensured in nursing care and discusses ethical challenges.

Nuffield Council on Bioethics (2009) [12]: "Dementia: Ethical Issues"



The report sheds light on ethical issues that arise when dealing with dementia and offers guidance for care practice.

Relevance for the ILIRIA model

The literature analyzed shows that a holistic approach that integrates individual, cultural and social aspects is essential for the care of people with dementia. The ILIRIA model builds on these findings, but expands them by specifically incorporating cultural elements and promoting community integration. It thus offers a practice-oriented response to the challenges described in the literature [13].

Problem: Caring for people with dementia - between individuality, dignity and community

Caring for people with dementia is one of the most pressing challenges in modern healthcare. As life expectancy increases, so does the number of people affected worldwide. According to forecasts, the number of people with dementia will almost double by 2050 (Alzheimer's Disease International, 2023). This development calls not only for nursing and medical solutions, but also for social rethinking and innovative care concepts.

Key challenges:

Deficit-oriented nursing practice:

In practice, a deficit-oriented view often dominates, focusing on the cognitive and functional limitations of people with dementia. This often leads to their individual needs, life stories and resources being neglected. Instead of seeing them as individuals with unique abilities, they are reduced to their illness.

Isolation and stigmatization:

People with dementia are often socially isolated and affected by stigmatization. Social prejudices and a lack of understanding of the disease make it difficult for them to integrate into the community. At the same time, there is a lack of concepts that promote active participation and awareness of the abilities of these people.

Lack of consideration of cultural identity:

Cultural backgrounds and values play a decisive role in the well-being of people with dementia. Nevertheless, this aspect is often neglected in care practice. For people with a migrant background in particular, care is often not geared towards their cultural and biographical characteristics.

Burden on relatives and care staff:

Careers and relatives are faced with major burdens, be it due to the increasing care workload, emotional challenges or limited resources. At the same time, there is a lack of approaches that systematically involve and relieve these groups.

Lack of link between theory and practice:

Despite extensive research into person-centered approaches and inclusion strategies, there is a gap between scientific findings and their implementation in practice. Care concepts often remain incomplete or insufficiently tailored to the individual and cultural needs of people with dementia.

Relevance of the problem:

The challenges mentioned above highlight the need for innovative and holistic care approaches that respect people with dementia as individuals, preserve their dignity and integrate their cultural identity. Such approaches must bridge the gap between modern scientific knowledge and the cultural and social realities of those affected.

This is precisely where the ILIRIA model comes in, focusing on cultural values, individuality and community. It offers a new perspective that not only meets the needs of those affected, but also supports careers and relatives and enables greater social integration.

Methods: Development and implementation of the ILIRIA model

The ILIRIA model is based on an interdisciplinary and participatory approach that combines different methodological steps to develop a holistic and practice-oriented care concept. The methodology includes both qualitative and quantitative approaches to ensure that the model is scientifically sound, culturally sensitive and practically applicable.

literature and basic research

First, a comprehensive literature review was conducted to analyze existing models, scientific findings and best practices in dementia care. The focus was on the following topics:

- Person-centered care approaches (e.g. Kitwood, Brooker) [14]
- Cultural sensitivity in care (e.g. Leininger)
- Activation and integration of people with dementia in the community
- Ethical issues in nursing care

Target: Identification of gaps in existing care practice and inspiration from successful approaches [15,16].

Biographical and cultural analysis

A central component of the ILIRIA model is cultural anchoring. To this end, biographical interviews were conducted with people with dementia and their relatives, with a particular focus on Albanian-speaking families. The following aspects were examined:

- Personal life stories and cultural rituals
- The importance of family and community
- Challenges and needs in day-to-day care

Methodology:

- Semi-structured interviews
- Analysis of cultural and biographical elements that can be integrated into care

Participatory development of the model

The ILIRIA model was developed in close collaboration with various stakeholders to ensure that it is both theoretically sound and practicable:

Carers, relatives and people with dementia were involved in workshops to share their perspectives and experiences.

Experts from the fields of nursing science, ethics and cultural studies provided feedback on the model principles.

Approach:

Co-creation workshops

Delphi method for consensus building among the participants

Pilot project and practical implementation

A pilot project was carried out in a care facility to test the feasibility and effectiveness of the model. The following steps were implemented:

- Creation of individual care plans based on the principles of the ILIRIA model
- Integration of cultural elements (e.g. music, traditional dishes) into everyday care routines
- Training for care staff and relatives to promote empathy and cultural sensitivity
-

Survey of the results:

- Observation and documentation of behavioral changes in people with dementia



- Survey of nursing staff and relatives on the acceptance and effectiveness of the model

Evaluation and further development

The effectiveness of the model was evaluated using qualitative and quantitative methods:

Qualitative data: Interviews and focus groups with caregivers, relatives and affected persons

Quantitative data: Use of standardized instruments to measure quality of life, well-being and integration (e.g. QoL-AD questionnaire)

Target:

Adaptation and optimization of the model based on the evaluation results.

Dissemination and scaling

Finally, the ILIRIA model was introduced in specialist publications and presented at conferences in order to make it accessible to a wider professional audience. A handbook was developed to provide care facilities and families with practical guidance on how to implement the model [17-19].

Target: Promoting the use of the model beyond the pilot site, both in care facilities and in the home environment.

Summary of the methodology

The methodology of the ILIRIA model is characterized by its holistic, culturally sensitive and participatory approach. It combines scientific research, cultural reflection and practical application to develop a sustainable care concept that focuses on the dignity, identity and quality of life of people with dementia.

Surveys: Survey of perspectives for the development and evaluation of the ILIRIA model

The use of surveys played a central role in the development and evaluation of the ILIRIA model. They were used to record the opinions, needs and experiences of caregivers, relatives and people with dementia and to test the practicality of the model.

Objective of the surveys

The surveys had the following main objectives:

- Identifying the individual needs of people with dementia
- Analysis of the expectations and challenges of caregivers and relatives
- Evaluation of the acceptance and effectiveness of the principles of the ILIRIA model
- Collection of feedback on the implementation and adaptation of the model

Target groups

People with dementia: Where possible, simple and visually supported surveys were used to capture the experiences of those affected. The questions focused on their satisfaction with care and their well-being.

Nursing staff: Identification of challenges in nursing care, perception of the cultural dimension and assessment of the feasibility of the model principles.

Relatives: exploring their experiences, needs and the impact of the model on their relationship with the affected person.

Design of the surveys

The surveys were designed to combine different methodological approaches in order to obtain the most differentiated insights possible:

i. Qualitative questions

Open questions made it possible to record personal experiences and perspectives, e.g. “What rituals or habits play a special role for your relatives with dementia?” (Relatives)
“How do you feel about the integration of cultural elements into care?” (Nursing staff)

ii. Quantitative questions

Closed questions and scales were used to obtain measurable data:

Rating scale from 1 (not at all satisfied) to 5 (very satisfied) for satisfaction with care.

Frequency scales, e.g.: “How often do you feel you receive culturally sensitive support in your work?”

iii. Visual support

For people with advanced dementia, visual questionnaires were used that worked with symbols, colors and images, e.g. “Show how comfortable you feel in your environment” (with smileys or color scales).

Contents of the surveys

a. Needs and challenges

“Which daily activities promote the well-being of people with dementia?”

“What difficulties do you have in integrating cultural values into care?”

b. Perception of the ILIRIA model

“How do you rate the consideration of cultural elements in care?”

“Has the model helped to improve the quality of life of those affected?”

c. Acceptance and practicability

“How easy is it to integrate the principles of the model into your everyday care routine?”

“What adjustments would you suggest?”

Implementation

The surveys were conducted in two phases:

Before implementation: To determine the initial situation and needs.

After implementation: To evaluate the effectiveness and acceptance of the model.

Methods of data collection

Online surveys (for relatives and carers)

Paper-based surveys in care facilities



Supported interviews for people with dementia, in which a questionnaire in simple language was supplemented by accompaniment.

Results and Evaluation

The data was analyzed using the following methods:

Qualitative content: Theoretical coding and thematic analysis.

Quantitative content: Statistical evaluations, e.g. mean values, standard deviations and correlation analyses.

Key results

- High acceptance of cultural principles among relatives and nursing staff.
- Improved emotional security and satisfaction in people with dementia.
- Need for additional training to implement the model principles.

Conclusion

The surveys confirmed the relevance and effectiveness of the ILIRIA model. They provided valuable insights into the needs of the target groups and helped to further develop the model in a practical way. Future surveys could focus on long-term effects and the transferability of the model to other cultural contexts.

Comparison of methods for developing and implementing the ILIRIA model

The development and implementation of the ILIRIA model is based on a combination of different methods. In the following, the methods used - literature research, biographical and cultural analysis, participatory development, pilot project and surveys - are compared with regard to their strengths, weaknesses and their specific role in the overall process.

literature research

Description: The literature research served as a basis for identifying existing care approaches, gaps in practice and relevant scientific findings.

Strengths:

Scientific foundation: Provides a solid theoretical foundation.

Broad perspective: Includes international approaches and best practices.

Cost-efficient and easy to implement.

Weaknesses: No direct involvement of stakeholders and practitioners.

Limited transferability: Theoretical findings must be adapted to practice.

Role: The literature research provided the basis for the conception of the principles of the ILIRIA model and enabled a comparison with existing approaches

Biographical and cultural analysis

Description: Interviews with people with dementia and their relatives were used to identify biographical and cultural characteristics.

Strengths:

Individual perspectives: Provides deep insights into the reality of the lives of those affected.

Promoting cultural sensitivity: Identifies specific cultural elements for care.

Practical relevance: findings flow directly into model development.

Weaknesses:

Time-consuming: Interviews and their evaluation require a lot of resources.

Limited generalizability: Results are highly context-dependent.

Role: This method was essential to ensure cultural anchoring and individuality in the ILIRIA model.

Participatory development

Description:

Workshops and the Delphi method were used to actively involve nursing staff, relatives and experts in the development of the model.

Strengths:

Participation: Promotes acceptance and relevance of the model.

Practical orientation: Direct exchange with users and those affected.

Creative brainstorming: Utilizes collective knowledge and wealth of experience.

Weaknesses:

Coordination effort: Building consensus can be time-consuming and resource-intensive.

Different interests: Potential for conflicts between the groups involved.

Role: Participatory development ensured that the model was practical and accepted by the target groups.

Pilot project

Description: A test run of the model in a care facility to check its practical feasibility and effectiveness.

Strengths:

Realistic: Test the model under real conditions.

Direct evaluation: Provides insights for optimization.

Acceptance test: Shows how caregivers and those affected accept the model.

Weaknesses:

Limited scope: Results of a pilot project are not always transferable.

High organizational effort: Planning, implementation and evaluation require many resources.

Role: The pilot project served to validate and adapt the model before a broader application.

Surveys

Description: Quantitative and qualitative surveys were conducted before and after the implementation of the model.

Strengths:

Broad data collection: Enables the integration of many perspectives.

Measurability: Provides quantitative data to evaluate acceptance and effectiveness.

Flexibility: Adaptable to different target groups.

Weaknesses:

Limited depth: No detailed insights as with qualitative interviews.

Dependence on the design: The quality of the results depends heavily on the questions.



Role:

The surveys enabled a comprehensive evaluation of the impact of the model and provided feedback for further development.

Comparison of methods based on key criteria					
Criterion	Literature research	Biographical analysis	Participatory development	Pilot project	Surveys
Scientific basis	High	Medium	Medium	Medium	Medium
Practical relevance	Low	High	High	Very high	High
Time and resources required	Low	High	High	Very high	Medium
Individuality	Low	Very high	High	High	Medium
Transferability	High	Low	Medium	Medium	High
Participation	None	Medium	Very high	High	Medium

Conclusion

The combination of methods enabled a comprehensive and practice-oriented development of the ILIRIA model. Each method fulfilled a specific role: the literature review laid the theoretical foundation, while the biographical analysis and participatory development deepened the cultural and practical dimension. The pilot project and the surveys validated the model and enabled targeted optimization. This methodological approach ensured that the ILIRIA model is both scientifically sound and culturally and practically relevant.

The ILIRIA model: contributions to the practice of caring for people with dementia. The ILIRIA model provides a practical approach that sustainably improves the care of people with dementia. Its principles and their implementation help to enrich everyday care for those affected, relatives and caregivers alike. The contributions to practice can be presented in various dimensions:

strengthen person-centered care

The ILIRIA model emphasizes the importance of the individuality of people with dementia and focuses on their life stories, preferences and needs.

Contribution to practice:

Individual care plans: Caregivers draw up plans tailored to the biography of the person concerned, integrating activities and rituals that promote familiarity and security.

Improving well-being: The personal approach and consideration of individual interests increase emotional security and quality of life.

Promotion of cultural sensitivity

By integrating cultural values and traditions, care is designed to be practical and culturally adaptive.

Contribution to practice:

Cultural elements in everyday life: Traditional music, food and rituals are integrated into everyday care, which strengthens the sense of belonging.

Intercultural training: Nursing staff receive training to promote cultural sensitivity and empathetic communication.

Inclusion and social participation

The model aims to integrate people with dementia into society and avoid social isolation.

Contribution to practice:

Dementia-friendly communities: Neighborhood projects and local meeting places enable exchanges between people with dementia and the community.

Public relations work: campaigns raise public awareness and promote a destigmatized view of dementia.

Support for caregivers and relatives

The ILIRIA model takes into account the stresses and strains on caregivers and relatives and offers practical support.

Contribution to practice:

Training courses and workshops: Carers and relatives are trained in how to treat people with dementia with empathy and respect.

Continuity of care: Stable care relationships create trust, which benefits both those affected and the caregivers.

Relief for relatives: Practical help and clear care concepts create structure and reduce stress.

Activation and creation of meaning

The model emphasizes the promotion of the abilities and potential of people with dementia, even in advanced stages.

Contribution to practice:

Meaningful activities: Activities such as gardening, creative activities or exercise programs promote motor and cognitive skills.

Positive daily structure: A clear structure and regular activities provide orientation and promote independence.

Promotion of dignity and autonomy

Preserving dignity and identity is a central concern of the model.

Contribution to practice:

Assistive technologies: Barrier-free environments and technical aids promote independence.

Ethical reflection: Nursing staff are trained to make decisions in the interests of those affected and to respect their autonomy.

Holistic perspective

The ILIRIA model integrates emotional, social, cultural and physical aspects of care and offers a comprehensive approach.

Contribution to practice:

Coordination of care: Cooperation between care facilities, relatives and communities creates a coordinated, holistic care network.

Flexibility in use: The model can be used both in care facilities and in home care.

Conclusion: Practical relevance of the ILIRIA model

The ILIRIA model brings concrete benefits to care practice by focusing on individuality, dignity, cultural sensitivity and social integration. It not only improves the quality of life of those affected, but also increases the satisfaction and relief of caregivers and relatives. By combining tradition and innovation, the model opens up new avenues for humane and holistic care that is tailored to the diverse needs of people with dementia.



The ILIRIA model: contributions to the theory of care for people with dementia
The ILIRIA model makes a significant contribution to the further theoretical development of nursing science, particularly in the field of dementia care. By combining cultural values with scientifically based principles, it creates an innovative concept that complements existing theories and opens up new perspectives. The model's contributions to theory can be presented in several dimensions:

Integration of cultural sensitivity into nursing science

So far, nursing science has only integrated cultural aspects into nursing concepts to a limited extent. The ILIRIA model emphasizes this aspect by using the cultural values of the Illyrian tradition as a basis for care.

Theoretical contribution:

Extension of person-centered care: The model complements existing theories such as those of Kitwood and Brooker by focusing on the importance of cultural identity and rituals.

Cultural reflection: It emphasizes that cultural values not only enrich the care process, but also serve as a resource for the well-being of those affected.

Combination of tradition and modern nursing science

The ILIRIA model shows how traditional values and rituals can be combined with evidence-based approaches to provide holistic care.

Theoretical contribution:

Hybrid models: It develops a theoretical framework that combines tradition and innovation in care.

Culturally adaptive care concept: The model provides a blueprint for how cultural characteristics can be integrated into universal care principles.

Expansion of the holistic approach

Holistic approaches to care take into account emotional, social and physical aspects. The ILIRIA model expands this approach by incorporating cultural and spiritual dimensions.

Theoretical contribution

Holistic care redefined: The theoretical perspective of the model emphasizes that cultural roots are essential for identity and well-being and must therefore be considered holistically in care.

Spirituality and identity: It emphasizes the role of cultural and spiritual practices as an essential part of the quality of life of people with dementia.

Promotion of dignity and autonomy

The preservation of dignity and autonomy is a central theoretical focus in the care of people with dementia. The ILIRIA model helps to take these concepts to a new level.

Theoretical contribution:

Ethics in care: It extends existing ethical theories by emphasizing the role of cultural sensitivity in preserving dignity and autonomy.

Redefining autonomy: The model shows that autonomy can be promoted even in advanced stages of dementia through assistive technologies and familiar cultural elements.

Activation and participation as a theoretical foundation

The activation of potential and the promotion of social participation are central principles of the model, which it underpins theoretically.

Theoretical contribution:

Meaningful care: The model provides a theoretical basis for the importance of activating measures that not only promote motor and cognitive skills, but also strengthen social integration.

Community-oriented care: It integrates the theory of dementia-friendly communities into a comprehensive care concept.

Development of a culturally based model

The ILIRIA model is one of the few models that has a clear cultural anchoring and yet is flexible enough to be applied in different contexts.

Theoretical contribution:

Modeling care: It provides an example of the development of a flexible, culturally grounded model that can be used in both institutional and family contexts.

Transferability: The model provides a basis for the development of further culturally adaptive care approaches in different regions and cultures.

Combination of practice and theory

The model closes the gap that often exists between theory and practice by translating theoretical principles directly into practical implementations.

Theoretical contribution:

Practice-oriented theory: It shows how theoretical concepts such as individuality, dignity and cultural sensitivity can be integrated into everyday care.

Feedback loop: The model uses evaluation results from practice to continuously develop the theory.

Conclusion: Theoretical relevance of the ILIRIA model

The ILIRIA model makes a significant contribution to nursing science by combining cultural values and modern nursing approaches in a holistic concept. It expands existing theories, new perspectives on dignity, autonomy and cultural sensitivity and creates a link between theory and practice. With its cultural anchoring and flexibility, it offers a forward-looking model that enriches the theory of care for people with dementia in the long term.

The ILIRIA model: contributions to care policy

The ILIRIA model not only contributes to the improvement of practice and theory in care, but also has far-reaching political implications. It provides concrete approaches to make care policy more sustainable, inclusive and culturally sensitive and shows how political strategies can be developed to support people with dementia, their relatives and develops caregivers.

Promotion of a dementia-friendly society

The ILIRIA model emphasizes the integration of people with dementia into society and provides a framework to counteract stigmatization and isolation at a political level.

Political contributions:

Awareness campaigns: The model provides a basis for public campaigns that educate people about dementia, break down prejudices and promote social participation.

Dementia-friendly infrastructure: It calls for political measures to create barrier-free public spaces that enable social participation.

Community projects: Promoting neighborhood assistance and local initiatives through political support and financial resources.



Culturally sensitive care as a political goal

The cultural dimension of care is a central aspect of the ILIRIA model that can be taken up politically in order to take better account of diversity in care.

Political contributions:

Political guidelines for culturally sensitive care: The model demonstrates the need to take cultural diversity into account in care policy and to develop binding standards for culturally sensitive care.

Training programs: It calls for the funding of further training for nursing staff that strengthens intercultural skills.

Integration of migrant communities: Policy measures can aim to involve migrant communities in the design of care concepts.

Support for caregivers and relatives

The ILIRIA model takes into account the burdens of caregivers and relatives and provides approaches on how political strategies can relieve these groups [23-25].

Political contributions:

Improve working conditions: The model highlights the need for political measures to improve working conditions in the care sector, such as higher salaries, better staffing ratios and psychological support.

Care time regulations: Political programs can promote the compatibility of care and work, e.g. through paid care leave or tax benefits for family caregivers.

Relief for family members: Financial support and advisory services for family caregivers should be given greater political support.

Promotion of an activating care policy

The activation of potential and the creation of meaning for people with dementia are central principles of the model that can be supported politically.

Political contributions:

Funding programs for activation offers: Funding for projects such as gardening, art and music therapy that increase the well-being of people with dementia.

Cultural offerings: Political support for the integration of cultural and traditional elements in care facilities, for example through subsidies for cultural activities.

Ethics and dignity in care policy

The model emphasizes the preservation of dignity and autonomy, which can be implemented politically in the form of legal regulations.

Political contributions:

Ethical standards: Development and implementation of guidelines to ensure that care is provided in a humane, individualized and ethically responsible manner.

Assistive technologies: Promoting research and use of technological aids that strengthen autonomy and dignity in care.

Investment in nursing training

The model emphasizes the importance of education and qualifications in order to strengthen nursing care in the long term.

Political contributions:

Educational initiatives: Political support for educational programs that integrate the principles of the ILIRIA model - such as individuality, cultural sensitivity and activation - into the curricula.

Research funding: Support for research projects that further develop culturally sensitive and holistic care concepts.

Sustainable financing of care

The ILIRIA model shows that holistic care approaches often require additional resources, but lead to more sustainable care in the long term.

Political contributions:

Care fund: Establishment of special funds to finance innovative care concepts such as the ILIRIA model.

Cooperation models: Political promotion of partnerships between care facilities, municipalities and private organizations in order to pool resources.

Conclusion: Political relevance of the ILIRIA model

The ILIRIA model provides a comprehensive basis for shaping care policy in a human-centered, culturally sensitive and future-oriented way. It addresses the needs of people with dementia as well as those of caregivers and relatives. Political strategies that take up the principles of the model can help to improve the quality of care, promote the social integration of people with dementia and reduce the burden on carers. The model therefore not only offers solutions for current challenges, but also a vision for a sustainable care policy.

Key questions and reflection: The ILIRIA model in theory and practice

The development, implementation and further development of the ILIRIA model raise key questions that affect both the theory and practice of dementia care. These questions encourage in-depth reflection and open up new perspectives on the challenges and opportunities in dementia care.

Key questions

- i. how can the individuality of people with dementia be preserved in long-term care?

What specific measures are required to continuously adapt care plans to the changing needs and abilities of those affected?

How can the balance between standardized care practices and individual approaches be ensured?

- ii. what role do cultural values and traditions play in a globalized nursing practice?

How can care facilities with multicultural teams promote cultural sensitivity and avoid conflicts?

Can the ILIRIA model be applied in other cultural contexts and how should it be adapted?

- iii. how can relatives and caregivers be better integrated into the care process and relieved?

What strategies are needed to improve cooperation between professional caregivers and relatives?

What political and institutional framework conditions can strengthen support for relatives?

- iv. how can the social participation of people with dementia be sustainably promoted?

What structures and initiatives are needed to prevent isolation and stigmatization of people with dementia?



How can communities and societies be made more dementia-friendly?

- v. How can ethical principles be consistently implemented in the care of people with dementia?

What ethical guidelines are required to protect the dignity, autonomy and identity of those affected?

How can ethical dilemmas be resolved in practice, e.g. when deciding between safety and self-determination?

- vi. what measures are necessary to put the principles of the ILIRIA model into practice?

What training and resources are needed to prepare nursing staff to implement the model?

How can the effectiveness of the model be continuously evaluated and improved?

- vii. what political measures can help to promote the ILIRIA model?

How can governments and institutions support the financing and dissemination of culturally sensitive care concepts?

What legal framework is required to promote innovative care approaches?

Reflection

Strengths of the model

The ILIRIA model shows a clear strength in integrating individual, cultural and social aspects into the care of people with dementia. It provides a clear framework for person-centered, activating and culturally sensitive care that empowers both those affected and their relatives. Particularly noteworthy is the link between theory and practice, which ensures that the model is not only visionary but also feasible.

Challenges

Despite its strengths, the model also poses challenges. The practical implementation of cultural sensitivity requires not only training, but also structural changes in care facilities. In addition, funding the necessary resources represents a considerable hurdle, particularly in underfunded systems. A further area of tension arises from the question of how cultural identity and individual needs can be reconciled in multicultural care environments.

Further development potential

The model has the potential to be refined through further research and pilot projects. For example, it could be investigated how digital technologies (e.g. apps for biography work) can facilitate implementation. Adapting the model to different cultural and social contexts could also significantly increase its reach and impact.

Significance for nursing practice and policy

The ILIRIA model not only offers a new perspective on the care of people with dementia, but also provides impetus for care policy. It shows that innovative and culturally sensitive approaches can improve both the quality of life of those affected and the working conditions of care staff in the long term. It therefore provides a valuable basis for the development of sustainable care concepts that are relevant at both local and global level.

Conclusion

The core questions and the reflection of the ILIRIA model illustrate its relevance and innovative power in the care of people with dementia. It calls for existing care practices to be critically questioned and new paths to be taken that focus on the person as a whole. At the same time, it encourages a broad discussion about the responsibility of care facilities, politics and society in order to enable humane and culturally sensitive care.

Conclusion: The ILIRIA model - A new vision for the care of people with dementia

The ILIRIA model represents a pioneering approach that takes the care of people with dementia to a new level. It combines cultural values with the latest findings in care science and offers a holistic framework that focuses on the dignity, individuality and social participation of those affected. By involving relatives, carers and society, the model creates a comprehensive concept that is both practical and theoretically sound.

Holistic and human-centered approach

The ILIRIA model focuses on the person as a whole. It views dementia not only as a medical challenge, but as part of a reality of life that can be shaped with dignity, respect and cultural sensitivity. The combination of individuality, activation and community offers a new perspective on care that differs from deficit-oriented approaches

Integration of culture and nursing science

The unique strength of the model lies in its cultural anchoring. It shows how cultural values and traditions can be used not only as a source of comfort, but also as a resource for care. At the same time, the model remains flexible enough to be adapted in different cultural contexts, providing a universal basis for culturally sensitive care.

Improvement in the quality of life

By promoting individuality, social relationships and meaningful activities, the ILIRIA model has been proven to help improve the quality of life of people with dementia. It shows that even at an advanced stage of the disease, potential can be activated to preserve the well-being and dignity of those affected.

Support for caregivers and relatives

The model takes into account the challenges and burdens faced by caregivers and relatives. Through training, clear guidelines and an emphasis on cooperation, it creates structures that provide long-term relief and support. This leads to greater satisfaction and a higher quality of care.

Political and social relevance

The ILIRIA model not only encourages reflection on existing care practices, but also provides impetus for care policy. It shows how sustainable improvements can be achieved through politically supported measures - such as training, funding for culturally sensitive care and dementia-friendly community structures. The model calls on societies to consider dementia as part of their social responsibility.

Future prospects

The ILIRIA model offers a promising basis for the further development of care approaches worldwide. Future research and pilot projects could test the universal applicability of the model and incorporate further cultural elements. The integration of digital technologies to support the principles of the model also opens up new possibilities.

Closing words

The ILIRIA model stands for care that respects not only the physical, but also the emotional, social and cultural needs of people with dementia. It shows that care can be much more than a service - it can be an act of humanity, community and cultural connection. This model is not only a contribution to care science and practice, but also a vision for a society that values and integrates people with dementia in their diversity and dignity.

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Conclusion

This literature provides a comprehensive basis for underpinning the ILIRIA model theoretically, developing it further and implementing it in practice. It covers key topics such as person-centered care, cultural sensitivity, ethical issues and social participation and provides inspiration for future research and practice projects.