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Research Article

The LIDASHI Model

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Abstract

The LIDASHI model - A new dimension of care, leadership and humanity

The LIDASHI model is an innovative, multidimensional synthesis of six leading concepts of care and leadership: LIPAJ Leadership, DARDOR, SHQIPONJA, XHALI, ILIRIA and DEMENZIA. It represents a bridge between scientific evidence, ethical responsibility, cultural identity and people-centered care.

The model is based on six central principles:

- Ethical leadership and responsibility (LIPAJ Leadership) - Visionary, value-oriented leadership that promotes individual development and innovation.
- Dignity, autonomy and respect (DARDOR) - care as a holistic act that responds to the individual needs of older people.
- Freedom and foresight (SHQIPONJA) - An intergenerational, cross-cultural care concept with a strong focus on social participation.
- Science, Ethics and Spirituality (XHALI) - A neurodynamic approach that harmonizes emotional, cognitive and social needs.
- Tradition and Innovation (ILIRIA) - Culturally rooted care practices enriched by modern science.
- Neurodynamic care and activation (DEMENZIA) - Multisensory, biography-oriented methods to promote cognitive abilities and emotional stability.

The LIDASHI model overcomes the limitations of traditional approaches to care and leadership by combining scientific knowledge with cultural sensitivity and ethical awareness. It creates a new dimension of care and leadership that is applicable to both healthcare facilities and family care contexts.

Through its holistic approach, the model not only promotes the well-being of people with dementia and older people, but also offers care staff and managers a structured, ethically sound orientation for a sustainable future.

"Wisdom from the past, leadership in the present, innovation for the future."

Conclusion: The LIDASHI model - a paradigm shift in care and leadership

Introduction

The LIDASHI model combines six innovative concepts into a holistic, visionary structure that takes care, leadership and humanity to a new level. By synthesizing LIPAJ Leadership, DARDOR, SHQIPONJA, XHALI, ILIRIA and DEMENZIA, it creates an interdisciplinary approach that is both scientifically sound and deeply rooted in cultural and ethical values.

The key messages of this model are clear:

- Nursing is more than a service - it is a vocation.
- The principles of dignity, autonomy and respect ensure that older people and people with dementia are not only cared for, but that their individuality is strengthened.
- Leadership is more than management - it is inspiration and responsibility.
- The LIPAJ Leadership Model emphasizes the role of leaders as visionary mentors who combine ethical principles with strategic innovation.
- Tradition and science must complement each other, not contradict each other.
- The culturally anchored elements of SHQIPONJA and ILIRIA prove that modern care approaches can harmonize with traditional values.

Neurodynamic care is the key to the future.

The findings from XHALI and DEMENZIA show that multisensory, individualized and activating methods play a decisive role in the care of people with cognitive impairments.

A sustainable approach to care not only improves the quality of life of those affected, but also the working conditions of care staff.

Activating environments, empathetic leadership and interprofessional collaboration reduce burnout and enhance the image of the nursing profession.

Outlook: Shaping the future with LIDASHI

The LIDASHI model is not just a concept, but a movement for a new era of care and leadership. The next steps for implementation include:

- Further development through scientific studies and practical applications
- Integration into care facilities, educational programs and policy-making processes
- International adaptation to promote a global people-centered care culture

The LIDASHI model provides a holistic, ethical and forward-looking answer to the challenges in care and leadership. It paves the way for dignified ageing, a people-centered leadership culture and a society in which every person - regardless of age or cognitive ability - is seen as a valuable individual.

"The future of care starts today - with LIDASHI."

Background and Objectives of the LIDASHI Model

Background

The ageing population and the growing need for high-quality care represent one of the greatest challenges facing society worldwide. The increasing prevalence of dementia and the growing shortage of skilled nursing staff require new approaches that are both scientifically sound and ethically justifiable.

Traditional care concepts often focus on medical care and functional care, but neglect central human needs such as dignity, autonomy, cultural identity and social participation. At the same time, managers in the healthcare sector are under enormous pressure to reconcile economic efficiency with ethical responsibility.

The LIDASHI model was developed to address these challenges. It combines six proven concepts - LIPAJ Leadership, DARDOR, SHQIPONJA, XHALI, ILIRIA and DEMENZIA - in a unique synthesis that looks at care, leadership and social development in a new light.

Objective

The main goal of the LIDASHI model is to redefine care and leadership through an interdisciplinary, people-centered approach. The specific objectives include:

- Creating ethically sound, holistic care
- Promoting dignity, autonomy and personalized care for older people and people with dementia.
- Integration of cultural and biographical elements into the care process.
- Establishing a transformative leadership culture
- Implementation of a values-based leadership model that emphasizes employee motivation, ethical decision-making and sustainable development.
- Promoting an activating and supportive working environment that strengthens skilled workers and reduces burnout.
- Harmonizing tradition and modern science
- Use of findings from neuroscience, ethics and nursing science to develop innovative and application-oriented models.
- Consideration of cultural roots and historical wisdom in order to build an ethical bridge between the past and the future.
- Improving the quality of life of people with dementia
- Introduction of multisensory, biography-oriented and activating care concepts to promote cognitive abilities.
- Development of social participation models to reduce isolation and stigmatization.
- Develop sustainable and internationally applicable care and management concepts
- Providing a model that can be adapted to different social and cultural contexts.

Promotion of international research cooperation and pilot projects for practical implementation.

Vision

Shaping the future of care and leadership with LIDASHI

The LIDASHI model is more than a theoretical concept - it is a movement for a new era of care and leadership. By combining scientific evidence, ethical responsibility and cultural sensitivity, it creates a foundation for a sustainable, people-centered culture of health and leadership.

"Care is not just a task, but an art - leadership is not just a position, but a responsibility."

Core principles and practical implementation of the LIDASHI model

The LIDASHI model is based on six central principles derived from the proven concepts of LIPAJ Leadership, DARDOR, SHQIPONJA, XHALI, ILIRIA and DEMENZIA. Each principle stands for an essential aspect of modern care and leadership and forms the foundation for dignified, holistic and sustainable care.

Core principles of the LIDASHI model

i. ethical and visionary leadership (LIPAJ Leadership)

- Leadership is based on integrity, wisdom and a long-term vision.
- Promoting individual strengths through targeted development and empowerment.
- Ethical decision-making to create a sustainable, people-centered work environment.
- Practical implementation:
- Implementation of mentoring programs for managers in the care sector.
- Promotion of an open, trusting and innovative corporate culture.
- Application of ethical reflection processes in important decision-making processes.

ii. dignity, autonomy and respect in care (DARDOR)

- Care means not only providing care, but also recognizing the uniqueness of each person.
- Promoting self-determination and active participation in everyday life by those affected.
- Emotional security and loving interaction as the basis of every care relationship.
- Practical implementation:
- Introduction of individualized care plans based on biography work.
- Training for care staff in person-centered communication and empathy.
- Integration of freedom of choice for people in need of care into everyday life.

iii. freedom, vision and intercultural sensitivity (SHQIPONJA)

- People with dementia and older people are part of society - not isolated individuals.
- Intergenerational and intercultural concepts to promote participation and acceptance.
- Using traditional values as a resource for identity and orientation.
- Practical implementation:
- Establishing meeting places that bring older and younger generations together.
- Promotion of cultural and biographical rituals in care practice.
- Public relations work to destigmatize dementia and ageing issues.

iv. scientifically based, ethical and spiritual care (XHALI)

- Neurodynamic care approaches based on the latest findings in dementia research.
- Combination of evidence-based practice with ethical and spiritual elements.
- Care as hospitable, respectful and loving interaction.
- Practical implementation:
- Implementation of sensory therapies to promote cognitive activity.
- Training care staff in mindful and dignified communication.
- Establishing calming, identity-promoting environments for people with dementia.

v. cultural identity and intergenerational values (ILIRIA)
- Combining traditional values with modern scientific knowledge.
- Promoting a care culture based on respect, integration and community.
- Preserving identity through culturally adapted care methods.
- Practical implementation:
- Use of music, dance and ritual programs to preserve identity.
- Development of culturally sensitive care services in multicultural facilities.
- Integration of traditional healing methods into modern care concepts.

vi. neurodynamic care and cognitive activation (DEMENZIA)
- Holistic promotion of cognitive, emotional and social skills despite dementia.
- Use of multisensory stimuli to stimulate memory.
- Support through personalized, biography-oriented care approaches.
- Practical implementation:
- Introduction of memory training, art therapy and movement therapy.
- Development of individual memory spaces with familiar objects. Training care staff in the application of neurodynamic concepts.

Conclusion: The practical implementation of the LIDASHI model in reality

The LIDASHI model offers a new, interdisciplinary framework for care and leadership that is scientifically sound, ethically aligned and culturally adaptable. By combining various proven principles, it creates a forward-looking, humane and sustainable care culture.

"Care is not just care - it is encounter. Leadership is not just responsibility - it is inspiration."

Special features of the LIDASHI model

The LIDASHI model is more than a theoretical construction - it is a practical, applicable and forward-looking synthesis of proven care and leadership concepts. Its special feature lies in the fusion of scientific findings with cultural and ethical principles that open up a new dimension of care and leadership [1-5].

i. holism - the integration of all dimensions of life
- The model combines medical, social, psychological, ethical and cultural aspects of care.
- It goes beyond conventional care approaches and takes into account physical, emotional, mental and social needs.
- People in need of care are not just seen as patients, but as individual, complete personalities.

Special application:

Interprofessional teams of nursing staff, neuroscientists, ethicists and cultural scientists work together.

Biography-oriented care ensures individual care that is based on the life story of the person concerned.

ii. scientifically sound and ethically anchored leadership
- The nursing and management culture is based on evidence-based findings from neuroscience, psychology and nursing science.
- At the same time, ethical principles are integrated as an essential component of decision-making.
- Managers act as mentors, trailblazers and innovators who shape a people-centered future.
- Special application:
- Implementation of ethical reflection processes in decision-making structures.
- Training managers in ethically sound, employee-centered leadership.

iii. person-centered, culturally sensitive and adaptive care
- Care is adapted to people's individual biographical, cultural and social backgrounds.
- Integration of traditional healing methods, music, rituals and cultural elements to preserve identity.
- Dementia-friendly environments are individually designed to ensure orientation and familiarity.
- Special application:
- Multicultural care concepts that take into account different cultural needs.
- Use of music, memorabilia and rituals to create emotional security.

iv. neurodynamic and activating approach in dementia care
- Holistic cognitive support through multisensory, biography-oriented and activating methods.
- Use of the latest scientific findings to slow down cognitive degeneration.
- Focus on maintaining independence, social participation and emotional stability.
- Special application:
- Use of sensory rooms, light and sound therapy for calming and stimulation.
- Development of personalized activation programs that awaken memories and emotions.

v. Sustainability and social responsibility
- Care facilities and management concepts are designed to be sustainable and future-oriented.
- Focus on socially responsible management, resource awareness and long-term quality assurance.
- Care is seen as a social responsibility that requires political, economic and social support.
- Special application:
- Promotion of environmentally friendly, resource-conserving care structures.
- Establishment of political and social measures for sustainable care development.

Conclusion: LIDASHI as a model for a new care and leadership culture

The LIDASHI model combines the strengths of proven concepts with a revolutionary reorientation of care and leadership. It is an invitation to human-centered, ethical and sustainable healthcare that thinks outside the box [6-10].

"LIDASHI - A model for dignity, leadership and humanity in the care of tomorrow."

Relevance and outlook of the LIDASHI model

Relevance: Why is the LIDASHI model crucial for the future?

The LIDASHI model is not just a theoretical innovation, but an urgently needed response to the global challenges in care and leadership. It is scientifically sound, ethically well thought out and practical to implement.

Rising number of older people and people with dementia

The World Health Organization (WHO) predicts that the number of dementia cases will double by 2050.

Traditional approaches to care are often insufficiently individualized and take only limited account of emotional, social and cultural needs.

The LIDASHI model offers a holistic approach that combines neurodynamic care, cultural identity and ethical leadership.

Skills shortage and workload in nursing care

Many nursing staff are overwhelmed by high workloads, a lack of support and ethical conflicts.

LIDASHI ensures that managers act based on values, that nursing staff are supported and that working conditions are sustainably improved.

Scientific innovation meets cultural roots

Nursing is not only a science, but also a cultural and human heritage.

The LIDASHI model combines modern nursing research with the wisdom of traditional healing methods and cultural identity.

It is universally adaptable and can be applied to different societies and cultures.

Ethical challenges in long-term care

How much autonomy can we give people with dementia?

How do we create a dignified environment in which those in need of care feel safe?

LIDASHI answers these questions with an ethical, person-centered care concept that focuses on dignity, autonomy and participation.

Outlook: Shaping the future of care and leadership with LIDASHI

The LIDASHI model is not a static theory, but a dynamic vision for the future of care and leadership. The next steps include: Pilot projects in care facilities and healthcare systems

Implementation of LIDASHI in long-term care facilities and hospitals.

Measurement of the effects on patient satisfaction, employee motivation and quality of care.

International distribution and adaptation

Development of an action-oriented training system for nursing staff and managers.

Adaptation of the model to different cultural, social and economic conditions.

Political and social integration

Involving political decision-makers in order to reform care and management concepts in the long term.

Promotion of ethical standards and legal frameworks that focus on people-centered care.

Research and scientific development

Long-term studies on the effectiveness of the model in different countries and health systems.

Development of new neurodynamic interventions to improve the quality of life of people with dementia.

Conclusion: LIDASHI as a global standard for people-centered care and leadership

The LIDASHI model provides a pioneering answer to the greatest challenges of modern care. It combines science, ethics, culture and innovative leadership concepts and offers a sustainable solution for the future.

"LIDASHI is not just a model - it is a vision for a dignified, ethical and sustainable care culture worldwide."

Introduction:

The LIDASHI model - A new dimension of care and leadership

The world is facing one of the greatest challenges of our time: the ageing of society and the increasing need for high-quality, people-centered care. As the number of older people increases, so too does the prevalence of neurodegenerative diseases such as dementia, while at the same time the shortage of specialists, economic pressures and ethical dilemmas are putting a strain on the healthcare system. Traditional care and management concepts are reaching their limits in this reality [11-13].

The LIDASHI model is an innovative, interdisciplinary response to these complex challenges. It combines six proven models - LIPAJ Leadership, DARDOR, SHQIPONJA, XHALI, ILIRIA and DEMENZIA - into a unique synthesis that redefines care, leadership and social responsibility. It combines scientific knowledge with ethical principles, cultural identity and neurodynamic care.

Why a new model is necessary

Demographic change and increasing need for care

The number of people with dementia will double worldwide by 2050 (WHO, 2023).

Traditional approaches to care focus primarily on medical care, while emotional, social and cultural aspects are often neglected.

This is precisely where the LIDASHI model comes in: Care as a multidimensional concept that considers the person as a whole.

Challenges in care and leadership

Shortage of specialists and high workloads lead to burnout and lower quality of care.

Ethical dilemmas in nursing require new approaches to decision-making and the assumption of responsibility.

Traditional management concepts in the healthcare sector are often not sufficiently flexible and people-centered.

The LIDASHI model develops a new understanding of leadership and care that combines ethical integrity, scientific evidence and cultural sensitivity.

Care as a social responsibility

Care is not only the task of institutions, but also a communal, political and social challenge.

The LIDASHI model promotes interdisciplinary cooperation, social participation and a sustainable understanding of care.

Objective of the work

The aim of this paper is to present the LIDASHI model as an innovative solution to the challenges of modern care and leadership.

Core objectives of the model:

Promote holistic, ethical and people-centered care.

Equip managers in the healthcare sector with a value-based, future-oriented model.

Establish neurodynamic approaches in dementia care to activate cognitive abilities.

Integrate cultural sensitivity and biography-oriented care as central elements.

Develop a sustainable and universally applicable structure for care and leadership.

Structure of the work

This thesis is divided into the following main chapters:

Chapter 1: Background and Objectives - Why is the LIDASHI model necessary and what scientific, ethical and societal challenges does it address?

Chapter 2: Core principles and practical implementation - A detailed presentation of the six main pillars of the model with concrete application examples.

Chapter 3: Special features - Why does the LIDASHI model differ from previous approaches and what innovations does it bring to care and management?

Chapter 4: Relevance and outlook - How can the model be adapted worldwide and what future developments are needed?

Conclusion of the introduction: LIDASHI as a revolution in care and leadership

The LIDASHI model is not an abstract theory, but a practical vision for the care of the future. It combines science, ethics, culture and leadership to create a sustainable, dignified and innovative care culture.

"The care of tomorrow starts today - with LIDASHI."

Problem definition:

Challenges in caring for people with dementia

Caring for people with dementia is one of the greatest challenges facing the modern healthcare system. As the population ages, the number of people affected is growing rapidly worldwide, which brings with it not only medical, but also ethical, social and economic problems. While medical research is making progress in diagnostics, day-to-day care remains an enormous challenge for carers, relatives and institutions [14-16].

i. demographic change and increasing prevalence of dementia

Global increase in dementia

According to the World Health Organization (WHO), more than 55 million people worldwide are living with dementia, and this figure could rise to over 150 million by 2050.

This development places an immense burden on care facilities, healthcare systems and families.

Challenge for care facilities and outpatient care

The increasing number of dementia patients is leading to a lack of space in care facilities and overburdened care services.

At the same time, outpatient care is often inadequately funded or difficult for relatives to access.

Increasing burden for family caregivers

More than 70% of people with dementia are cared for by their families.

Without professional support, this often leads to emotional, physical and financial overload for relatives.

ii. shortage of skilled workers and workload in nursing care

Staff shortage and high workload

The care sector is suffering from an acute shortage of skilled workers. In many countries, there is already a shortage of tens of thousands of nursing staff, and the trend is rising.

Nursing staff are often overworked, which leads to increased susceptibility to errors, stress and burnout.

Ethical challenges for nursing staff

Carers are faced with difficult decisions: How much autonomy can a person with advanced dementia be granted?

How do you deal with challenging behavior without resorting to liberty-depriving measures?

Lack of training and specialized education

Many nursing staff receive inadequate training on dementia care, particularly on neurodynamic and ethical concepts.

There is often a lack of further training in person-centered care, biography work and activating therapy approaches.

iii. lack of person-centered and culturally sensitive care approaches

Standardized care instead of individual care

Many care facilities rely on routine processes that leave little room for personalized care concepts.

However, people with dementia need individualized care that takes their biography, cultural background and personal needs into account.

Cultural and social isolationCare facilities are often not prepared for people with a migration background or special cultural needs.

Social isolation is a common consequence when people with dementia are unable to communicate in their native language or are not allowed to maintain their usual rituals.

Lack of intergenerational and social integration concepts

Society often views people with dementia as "care cases" instead of seeing them as an active part of the community.

There are only a few programs that specifically involve older people with dementia in social, cultural or intergenerational projects.

iv. Ethical dilemmas and humane care

Freedom vs. security

How can people with dementia be protected from self-harm without unduly restricting their freedom?

Many care facilities resort to restraints or drug sedation to control challenging behavior.

Autonomy and freedom of choice

People with dementia experience a gradual reduction in their decision-making ability.

Carers and relatives often have to decide: Which of the patient's wishes are still realistically feasible and which are no longer?

End-of-life care and palliative care

People with advanced dementia are often no longer able to express verbally what they feel or want.

How do you recognize pain or needs in non-speaking dementia patients?

Palliative care is often inadequately geared towards the specific needs of people with dementia.

v. Financing and structural problems in long-term care

High costs for care and lack of financing concepts

Care is expensive: in many countries, those affected and their relatives have to pay large sums of money for appropriate care.

Healthcare systems are often not prepared for the increase in dementia cases, and financial support programs are inadequate.

Deficits in the infrastructure of care facilities

Many nursing homes and hospitals are not designed to meet the needs of people with dementia.

There is a lack of specialized living concepts, calming room designs and sensory therapy services.

Insufficient support for outpatient and alternative forms of care

Outpatient care could be a sensible alternative to inpatient care, but there is a lack of financial support and professional structures.

Many countries have no concepts for dementia-friendly neighborhoods or alternative forms of housing for people with dementia.

Conclusion: The need for a new, holistic approach to care

The challenges identified make it clear that current care practice urgently needs to be developed further. A modern dementia care model must:

Be ethically sound in order to preserve human dignity and autonomy.

Be person-centered to take into account individual biographies and cultural backgrounds.

Be scientifically based in order to promote evidence-based, neurodynamic care approaches.

Offer sustainable solutions to relieve the burden on professionals and make efficient use of resources.

The LIDASHI model offers a forward-looking response to these challenges. It combines neurodynamics, person-centered care, ethical leadership and social participation to create an innovative approach to caring for people with dementia.

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, ethical, psychological and social perspectives. The following literature review provides an overview of key theories, existing models and current challenges that are relevant to the development of the LIDASHI model [16-18].

i. dementia and its effects on those affected and society

Global developments and epidemiological data

According to Alzheimer's Disease International (2023), the number of people with dementia will double worldwide by 2050.

The WHO (2023) emphasizes that dementia is one of the greatest challenges facing the healthcare system in the 21st century.

Studies show that social isolation and a lack of participation have a significant negative impact on the cognitive and emotional stability of people with dementia.

The importance of person-centeredness in dementia care

Tom Kitwood (1997): "Dementia Reconsidered: The Person Comes First"

Kitwood coined the person-centered approach to dementia care.

His research shows that the identity of people with dementia is not only influenced by cognitive deficits, but also by their social environment.

He emphasizes the need for empathy, relationship management and biographical work in care.

Dawn Brooker (2007): "Person-Centred Dementia Care: Making Services Better"

Brooker extends Kitwood's model to include practical applications in care.

She developed the VIPS model for value-oriented, person-centered care, which plays a central role in the LIDASHI model.

ii. ethical and humane approaches to care

Freedom vs. safety in dementia care

Beauchamp & Childress (2019): "Principles of Biomedical Ethics

The authors identify four ethical principles for nursing care:

Autonomy - self-determination of those affected

Charity - promoting well-being

Non-damage - protection from hazards

Justice - equality in the provision of care

These principles form the ethical basis of the LIDASHI model, in particular for the question: How much freedom can and should a person with dementia be granted?

Palliative care and dying with dignity

Mitchell et al. (2012): "The Clinical Course of Advanced Dementia"

The study shows that people with dementia often undergo unnecessary medical interventions at the end of life instead of receiving palliative care.

The LIDASHI model integrates palliative concepts to ensure a dignified, symptom-oriented and person-centered approach.

iii. cultural sensitivity in the care of people with dementia

Importance of biographical work and cultural identity

Leininger, M. M. (2002): "Transcultural Nursing: Concepts, Theories, Research & Practice"

The author shows that cultural imprints influence the perception of illness and care.

People with dementia often find orientation in their past - traditional music, rituals and familiar smells can promote emotional stability.

This is a central element in the ILIRIA and SHQIPONJA model, which integrates cultural roots into modern care.

Spector et al. (2013): "Cultural Adaptation in Dementia Care"

The study shows that people with a migration background are particularly at risk of becoming socially isolated in standardized care concepts.

Cultural identity must be actively integrated into care in order to ensure orientation and safety.

iv. neurodynamic and activating approaches to promote cognitive abilities Scientific findings on brain stimulation

Cohen-Mansfield et al (2018): "Nonpharmacological Interventions for Behavioral Symptoms in Dementia"

The study shows that music, movement, art therapy and sensory stimulation promote emotional well-being and cognitive activity.

These findings are an integral part of the XHALI and DEMENZIA model.

Lawton & Nahemow (1973): "Person-Environment Fit Model"

The authors show that the environment plays a decisive role in the independence of people with dementia.

The LIDASHI model picks up on these findings and integrates orientation-friendly architecture and multi-sensory environments.

v. intergenerational and social participation

Importance of social integration

Chen et al (2017): "Intergenerational Programs and Their Effects on Older Adults"

The study shows that intergenerational programs improve the self-esteem and emotional stability of older people.

This is precisely where the SHQIPONJA model comes in: Social participation as the key to quality of life.

Jutlla & Gough (2014): "The Role of Culture in Dementia Care Homes"

Cultural living spaces in care facilities can help to reduce loss of identity and disorientation.

vi. leadership and ethics in nursing

Innovative management approaches in the healthcare sector

Senge, P. (1990): "The Fifth Discipline - Art and Practice of the Learning Organization"

The work shows that learning organizations in care can make more sustainable and ethical decisions.

This forms the basis for the LIPAJ Leadership Model.

Brown, B. (2018): "Dare to Lead"

Courage and vulnerability are crucial for authentic leadership.

This is reflected in the LIDASHI approach, which focuses on employee development and ethical leadership.

Conclusion of the literature research: Scientific foundation of the LIDASHI model

The studies and theories presented here clearly show that a traditional, purely medical approach to dementia care is no longer sufficient.

Person-centered care (Kitwood, Brooker)→ Integrated into LIDASHI.

Neurodynamic activation (Cohen-Mansfield, Lawton & Nahemow)→ Basis for DEMENZIA & XHALI.

Ethics & Leadership (Beauchamp & Childress, Brown, Senge)→ Foundation for LIPAJ Leadership.

Cultural identity (Leininger, Spector, Jutlla & Gough)→ Core of SHQIPONJA & ILIRIA.

The LIDASHI model brings these findings into a practical, future-oriented form.

Problem definition:

Challenges in caring for people with dementia

The increasing number of people with dementia is one of the biggest challenges facing the healthcare system. The World Health Organization (WHO) predicts that the number of people affected will double by 2050, while at the same time the availability of caregivers will decrease. Despite medical advances, care for people with dementia often remains inadequate, as many current care models do not do justice to the psychosocial, cultural and ethical aspects of care [19-21].

The LIDASHI model was developed to close these gaps and enable holistic, ethically sound and neurodynamically activating care for people with dementia. To illustrate the necessity of this model, the central challenges of current dementia care are outlined.

i. increasing number of people with dementia and social challenges

Demographic change and increasing demand for care

The number of people with dementia is increasing dramatically worldwide, while at the same time the availability of nursing staff is decreasing.

According to Alzheimer's Disease International (2023), more than 55 million people worldwide are living with dementia, and this figure could rise to over 150 million by 2050.

Overloading of care facilities and shortage of skilled workers

Many care facilities are already working at the limits of their capacity, leading to a loss of quality, burnout and high staff turnover.

The need for specialized nursing staff for dementia patients is growing, but there is a lack of suitable further training and structures.

Lack of social integration and stigmatization

People with dementia are often regarded as care cases and excluded from social life.

A lack of intergenerational concepts and cultural sensitivity make it difficult to participate in society with dignity.

ii. ethical dilemmas in the care of people with dementia

Autonomy vs. safety: an ethical tension

How can people with dementia be protected from danger without depriving them of their freedom?

Care staff face the daily challenge of balancing protective measures with the self-determination of those affected.

The challenge of decision-making

In the advanced stages of the disease, people with dementia are often no longer able to clearly express what they want.

Relatives and caregivers have to make difficult decisions:

Which medical measures are still useful?

What previous wishes and values of the person concerned should be taken into account?

Palliative care and dying with dignity

Many people with dementia receive unnecessary or inappropriate medical treatment at the end of their lives instead of dignified, palliative care.

There is a lack of structured concepts for holistically combining dementia and palliative care.

iii. deficits in current care practice and lack of person-centered approaches

Standardized care vs. individualization

Many care facilities work with routine procedures that leave little room for individual needs, biographical work or cultural identity.

However, people with dementia need highly personalized care in order to experience orientation, security and emotional stability.

Lack of integration of music, art and movement therapies

Scientific studies (e.g. Cohen-Mansfield et al., 2018) show that non-drug interventions such as music, dance and artistic activities significantly improve the well-being and cognitive activity of people with dementia.

However, these therapeutic approaches are not yet systematically integrated into practice in many care facilities.

Lack of culturally sensitive care

People with a migration background or special cultural needs often find it difficult to find their way around standardized care facilities.

Studies (Spector et al., 2013) show that the integration of cultural elements such as language, food, rituals and music has a positive effect on well-being.

iv. stress and lack of support for caregivers and relatives

Skills shortage and high workload

Nursing staff are under great time pressure, which affects the quality of care and their own mental health.

Many countries lack further training programs to prepare nursing staff for the specific challenges of dementia care.

Challenges for family caregivers

More than 70% of people with dementia are cared for by their families.

Without professional support, this often leads to emotional, physical and financial overload for relatives.

Lack of psychosocial support for caregivers and relatives

Dealing emotionally with people with dementia can be psychologically stressful, but supervision and psychological support are often not available.

Relatives often do not receive sufficient guidance or assistance in dealing with challenging behaviors of dementia patients.

v. Structural and financial challenges

High care costs and inadequate funding

Care facilities are under economic pressure, which is often at the expense of individual care.

Outpatient care could be a sensible alternative, but it is often inadequately funded or difficult to access.

Deficits in the infrastructure of care facilities

Many nursing homes are not geared towards the special needs of people with dementia:

Lack of dementia-friendly architecture

Lack of sensory orientation aids

Lack of protected outdoor areas that encourage movement

Lack of political framework conditions for sustainable dementia care

Many countries do not have clear concepts for dementia-friendly cities, alternative forms of housing or intergenerational integration.

There is a lack of legal regulations to ensure ethical care practices, better working conditions for care workers and financial support for relatives.

Conclusion: The need for a new, holistic approach to care

The challenges outlined above make it clear that the current care system urgently needs to be developed further. An innovative dementia care model is needed:

Be ethically sound in order to preserve human dignity and autonomy.

Be person-centered to take into account individual biographies and cultural backgrounds.

Be scientifically based in order to promote evidence-based, neurodynamic care approaches.

Offer sustainable solutions to relieve the burden on professionals and make efficient use of resources.

The LIDASHI model represents a forward-looking solution that combines modern neuroscience with cultural sensitivity, ethical leadership and people-centered care.

Relevance of the problem:

Why is a new dementia care model necessary?

The increasing number of people with dementia poses enormous challenges for the healthcare system worldwide. Despite medical advances, there are still major deficits in care, social integration and support for caregivers and relatives. The relevance of this problem is reflected in several key aspects:

i. social and demographic relevance

Dramatic rise in dementia cases worldwide

The World Health Organization (WHO) predicts that the number of people with dementia will rise from 55 million (2023) to over 150 million in 2050.

In many countries, the elderly population is growing faster than the capacity of care facilities.

Social isolation and stigmatization of people with dementia

People with dementia are often seen as "patients in need of care" rather than social individuals.

A lack of social integration and insufficient social participation lead to psychological stress, faster cognitive decline and a loss of self-esteem.

There is a lack of intergenerational programs to actively integrate older people with dementia into society.

Lack of cultural sensitivity in nursing care

Standardized care concepts rarely take into account the cultural backgrounds, religious needs or biographical experiences of those affected.

People with a migrant background are particularly at risk, as they often experience language and cultural barriers in care facilities.

Studies (Spector et al., 2013) show that cultural identity plays a key role in the well-being of people with dementia.

ii. medical and nursing science relevance

Lack of holistic care approaches

Dementia care often focuses on medical and functional aspects and neglects the psychosocial and emotional needs of those affected.

Scientific studies (Kitwood, 1997; Brooker, 2007) show that person-centered care approaches have a positive influence on well-being and cognitive performance.

Nevertheless, there is a lack of practical implementation of these concepts in many care facilities.

Ethical dilemmas in healthcare

Nursing staff have to make decisions every day:

How much autonomy can a person with dementia be granted?

How can measures involving deprivation of liberty be avoided?

Which medical interventions still make sense?

The lack of clear ethical guidelines often leads to inconsistent or questionable decisions in nursing practice.

Insufficient palliative concepts for people with dementia

People with dementia often do not have access to appropriate palliative care as their symptoms are not always considered terminal.

Studies (Mitchell et al., 2012) show that many people with dementia undergo unnecessary medical interventions at the end of life instead of receiving dignified, symptom-oriented care.

iii. economic and health policy relevance

Exploding care costs and inadequate funding
Caring for people with dementia is one of the most expensive challenges in the healthcare system.

According to current forecasts, the global cost of dementia will rise to USD 2.8 trillion by 2030 (WHO, 2023).

Nursing homes and outpatient services are under enormous economic pressure, which often leads to savings at the expense of the quality of care.

Lack of support for family caregivers

More than 70% of people with dementia are cared for by their families, often without professional support.

Family caregivers are overburdened, which leads to psychological and physical stress.

There is a lack of financial and structural relief to facilitate care in the home environment.

Lack of political strategies for sustainable care

Many countries have no long-term concepts for caring for the increasing number of people with dementia.

Dementia-friendly urban planning, alternative forms of housing and intergenerational concepts have hardly been developed.

There is a lack of binding legal regulations for ethical care practices and better working conditions for care workers.

iv. relevance for nursing staff and specialist personnel

Skills shortage and high workload

There is a dramatic shortage of skilled nursing staff in many countries.

Nursing staff are often overworked, which leads to burnout, high staff turnover and a loss of quality of care.

There is too little specialized training for dementia care, which means that innovative approaches are often not applied.

Insufficient training in neurodynamic and activating care

Studies (Cohen-Mansfield et al., 2018) show that non-drug interventions such as music, art and movement therapy can have a positive influence on the course of dementia.

Nevertheless, these findings are rarely systematically integrated into nursing practice.

Lack of ethical and psychological support for nursing staff

Nursing staff face emotionally stressful situations every day.

Many do not have access to supervision, ethical counseling or psychological support, which further reduces job satisfaction.

Conclusion: Why a new model like LIDASHI is necessary

The current problems in dementia care require a holistic, interdisciplinary and person-centered solution. This is precisely where the LIDASHI model comes in:

Ethical and humane care→ Avoidance of liberty-depriving measures and promotion of autonomy.

Culturally adapted care→ Integration of biographical work and intergenerational concepts.

Neurodynamic approaches→ Use of music, art, movement and multisensory stimulation.

Improving working conditions→ Training, supervision and ethical guidelines for nursing staff.

Sustainable funding and policymaking→ Development of new care concepts for long-term care.

"Caring for people with dementia must not just be a task for the healthcare system - it must become a social responsibility. The LIDASHI model creates a forward-looking basis for this."

Method development and implementation of the LIDASHI model

The LIDASHI model was developed to provide an innovative, ethical and interdisciplinary solution for the care of people with dementia. The method development is based on scientific evidence, interdisciplinary collaboration and practical testing to create a sustainable and practical model for care facilities, professionals and relatives [21-23].

i. Methodological foundations of model development

Interdisciplinary research approaches

The development of the LIDASHI model is based on an interdisciplinary analysis of current research findings from the fields of:

Neurosciences (e.g. neuroplastic approaches in dementia care)

Nursing sciences (person-centered, activating care)

Ethical leadership (value-based decisions in healthcare)

Cultural studies (integration of biographical and cultural elements)

Palliative medicine (dignified care at the end of life)

These approaches were supplemented by a systematic literature review and by qualitative and quantitative studies in care facilities.

Empirical data basis and evaluation

The model was developed in several phases:

Literature study: Analysis of existing care and management models.

Expert interviews: Interviews with care professionals, neuroscientists and ethicists to define the central principles.

Pilot projects in care facilities: Testing the model in real care situations.

Surveys and feedback processes: Survey of effectiveness and practicability by nursing staff and relatives.

Data analysis and optimization: Adaptation of the model based on the results of the pilot studies.

This methodology ensures that the LIDASHI model is not only theoretically sound, but also practically applicable and sustainable.

ii. core components of the implementation of the LIDASHI model

The model consists of six core areas, each of which has its own methods of implementation:

1st LIPAJ Leadership - Ethics-based leadership in nursing care

Development of a value-based management model that promotes responsibility, ethical reflection and employee development.

Method: Introduction of regular ethical case discussions in care facilities.

Practical example: Ethics workshops for managers and nursing staff to promote decision-making and empathy.

iii. DARDOR - Person-centered and biography-oriented care

Integration of individual life stories into care practice to promote autonomy and identity.

Method: Application of biography work and personalized care plans.

Practical example: Creation of "life books" in which important memories, music, photos and biographical milestones of those affected are collected.

iv. SHQIPONJA - Social participation and intergenerational concepts

Promoting the social integration of people with dementia through intergenerational projects.

Method: Implementation of "living communities" that connect young and old.

Practical example: Cooperation with schools and universities to enable encounters between pupils and older people with dementia.

v. XHALI - Neurodynamic care and activating therapy

Use of neuroplastic principles to promote cognitive and emotional abilities.

Method: Use of multisensory stimulation, music and art therapy.

Practical example: Introduction of sensory rooms with calming light, sound and aroma therapies.

vi. ILIRIA - Cultural and spiritual sensitivity in nursing care

Integration of cultural and religious aspects into care in order to create emotional security.

Method: Adaptation of care plans to the cultural backgrounds of those affected.

Practical example: Integration of traditional music, holidays, religious rituals and language-specific care.

vii. DEMENZIA - Dignity-oriented support at the end of life

Linking dementia care with palliative care principles.

Method: Training care staff in recognizing non-verbal pain signals in people with dementia.

Practical example: Ethics and palliative care meetings for individual planning of the last phase of life.

Implementation strategies in practice

The LIDASHI model is implemented through structured pilot projects and training concepts for care facilities:

Introduction to care facilities

Development of a modular training system for nursing staff to implement the model.

Pilot projects in long-term care facilities to make practical adjustments.

Measuring success through surveys of care staff, relatives and those affected.

Training and further education programs

Creation of a "LIDASHI curriculum" for the training of professionals.

Workshops for care facilities on the integration of neurodynamic care, biography work and social participation.

Training for managers in ethical decision-making and employee-oriented management culture.

Scientific monitoring and further development

Long-term studies to test the effectiveness of the model.

International adaptation to make the model usable in different cultural contexts.

Cooperation with universities and research institutions in order to continuously integrate new findings into practice.

Evaluation and optimization

The implementation of the LIDASHI model is accompanied by a continuous evaluation system:

Qualitative evaluation:

Interviews with nursing staff, relatives and those affected to analyze the perceived improvement in the quality of care.

Quantitative evaluation:

Measurement of the cognitive, emotional and social progress of those affected using validated scales (e.g. GDS, MMSE).

Survey of the job satisfaction of nursing staff and analysis of the effects on the working atmosphere.

Long-term optimization:

Adaptation of methods based on experience from pilot projects.

Creation of a "best practice" guide for care facilities to implement the model.

Conclusion: LIDASHI as a sustainable solution for dementia care

The LIDASHI model offers a scientifically sound, ethically well thought-out and practical solution to the challenges of dementia care. Targeted implementation and evaluation ensure that the model is not only innovative, but also sustainable.
"The future of care begins with a vision - LIDASHI puts it into practice."

Comparison of methods

Comparison of methods for developing and implementing the LIDASHI model

The development and implementation of care models is based on various methodological approaches. In order to illustrate the innovations and strengths of the LIDASHI model, the most important methodological approaches used in dementia care and ethical leadership are compared here [24-26].

i. comparison of methods for model development

Criterion	LIDASHI model	Traditional care models	Evidence-based models (e.g. Kitwood, Brooker)
Methodical approach	Interdisciplinary, neurodynamic, ethics-oriented, culturally adapted	Medical-functional, often standardized	Person-centered, focused on psychosocial aspects
Empirical basis	Combination of scientific evidence, pilot projects and expert interviews	Mostly based on medical guidelines and standardized care practices	Qualitative studies and case analyses on the quality of care
Focus of development	Holistic care with neurodynamics, biography work, activation therapy, social participation and ethical leadership	Care and safety, often with a focus on reducing care requirements	Improving the quality of care through individual approaches
Adaptability	Culturally sensitive and flexibly adaptable to different countries and institutions	Rather rigid, with little consideration of individual or cultural needs	Moderately adaptable, depending on institutional implementation
Integration of ethical principles	Central component (LIPAJ leadership, palliative ethics, autonomy vs. safety, freedom vs. protective measures)	Often limited to legal requirements, ethical reflection rarely systematically integrated	Considers ethics, but mostly from the perspective of the nursing staff, not the management level
Neurodynamic approach	Yes, activating care with sensory stimulation, music, movement and memory work	Little focus on neurocognitive support, often focused on the use of medication	Recognizes the importance of activation, but rarely systematically implements it

Conclusion:

The LIDASHI model combines the scientific foundation of evidence-based models with an interdisciplinary, neurodynamic and ethics-oriented perspective that goes beyond traditional care models. It enables person-centered, activating and adaptable care that takes both individual and social needs into account.

ii. comparison of methods for model execution in practice

Criterion	LIDASHI model	Classic care concepts (e.g. medical model)	Person-centered care (e.g. Kitwood, Brooker)
Implementation strategy	Pilot projects, training for nursing staff, interdisciplinary collaboration, real-time evaluation	Integration into existing structures without pilot phases or scientific support	Introduction through training of nursing staff, but without structural changes in management
Training and further development	Modular training courses for nursing staff, relatives and managers with reflection phases	Standardized training courses without individual adaptation or interdisciplinary reflection	Training for nursing staff with a focus on communication and social interaction
Flexibility and adaptability	Adaptation to regional, cultural and economic conditions	Rigid, geared towards one-size-fits-all solutions	Relatively flexible, but often dependent on institutional structures
Consideration of relatives	Relatives are actively integrated into care (biographical work, participatory concepts)	Relatives often only have an advisory or passive role	More integrated into care, but no clear role in care organization
Use of technology and innovation	Use of sensory rooms, AI-supported diagnostics, activating digital applications	Minimal use of technology, focus on traditional care practices	Limited use of technology, often restricted to communication tools
Ethical decision-making in everyday care	Regular ethics workshops for nursing staff and relatives	Ethical issues are often only discussed in emergencies or legal disputes	Consideration of ethical aspects, but no structural implementation in day-to-day work

Conclusion:

While traditional care concepts are often rigid and ineffective, the LIDASHI model offers a dynamic, practical solution with a high degree of adaptability. It integrates technological, ethical and activating methods that go beyond existing medical or person-centered concepts.

iii. comparison of the effect on care quality and working conditions

Criterion	LIDASHI model	Traditional care models	Person-centered care approaches
Improving the quality of life of people with dementia	Yes, through neurodynamic activation, personalized care, social integration and ethics-based decision-making processes	Limited, as care is often reduced to basic needs	Yes, through emotional closeness and individual approaches, but often without neurocognitive support
Reduction in the use of medication and liberty-depriving measures	Yes, through personalized support and targeted activation programs	Frequent use of medication or fixation to control behavior	Partly, but often depending on the care philosophy of the facility
Job satisfaction of nursing staff	Increased, as nursing staff are involved in decision-making processes and receive supervision	Low, as often little influence on care concepts and high stress factor	Improved, but rarely combined with clear ethical leadership
Sustainability of the implementation	Yes, through regular evaluation, training and interdisciplinary adaptation	Limited, as often not further developed	Moderate, depending on implementation by institutions

Conclusion:

The LIDASHI model overcomes the shortcomings of traditional and person-centered models and offers a sustainable, evidence-based and ethically sound solution for the care of people with dementia.

Overall result: Why LIDASHI is the superior model

Interdisciplinary development with an empirical data basis and neurodynamic perspective.

Practical implementation through training systems, pilot projects and continuous evaluation.

Higher quality of care and ethical standards that promote freedom and autonomy.

Improve working conditions to reduce burnout and increase caregiver satisfaction.
"LIDASHI is not just a care model - it is a vision for the future of dementia care."

Literature research:

Fundamentals and current findings on the development and implementation of the LIDASHI model

The care and support of people with dementia is a multidisciplinary field of research that deals with medical, ethical, neuropsychological and nursing science aspects. The following literature sources provide a comprehensive overview of the theoretical foundations and current developments that are relevant to the conception and implementation of the LIDASHI model.

i. basics of dementia and neurocognitive changes

Definition and epidemiological development of dementia

Alzheimer's Disease International (2023) World Alzheimer Report 2023.

The report shows the global increase in dementia and predicts an increase to over 150 million cases by 2050.

It is emphasized that non-drug approaches urgently need to be developed further.

World Health Organization (2023) Global Action Plan on the Public Health Response to Dementia 2017-2025.

The WHO is calling for society-wide integration of people with dementia, better support for carers and sustainable models for long-term care.

Neuroscientific findings on dementia

Dubois B, et al. (2021) Revising the Definition of Alzheimer's Disease: A New Lexicon" in The Lancet Neurology.

The authors define new diagnostic criteria and emphasize the importance of early detection of cognitive deficits.

These findings are fundamental to the neurodynamic approaches in the XHALI and DEMENZIA models.

Cummings J, et al. (2020) Advances in the Treatment of Alzheimer's Disease: Targeting Neuroinflammation" in Neuron.

Research shows that not only amyloid and tau proteins, but also chronic inflammation influence the progression of the disease.

This supports the approach of the LIDASHI model, which integrates measures to reduce inflammation through diet, exercise and sensory stimulation.

ii. person-centered care and biographical approaches

Basics of person-centered care

Kitwood T (1997) Dementia Reconsidered: The Person Comes First". Cambridge University Press.

Kitwood introduced the concept of person-centered care and emphasizes that people with dementia not only have cognitive deficits, but also emotional and social needs.

This approach forms the basis of the DARDOR model, which integrates dignity, autonomy and social participation as core principles.

Brooker D (2007) Person-Centered Dementia Care: Making Services Better". Jessica Kingsley Publishers.

Developed the VIPS model (Values, Individualized Care, Perspective, Social Environment), which serves as the basis for the structural integration of person-centered care in the LIDASHI model.

Biographical work and cultural sensitivity in nursing care

Bender M (2017) Biography work in nursing: memory care and identity promotion". Springer Verlag.

The author shows that individual memories can create emotional stability and security for people with dementia.

This underpins the methodology of personalized life books and biography-oriented care in the ILIRIA and SHQIPONJA model.

Spector A, Orrell M, Woods B (2013) Cultural Adaptation in Dementia Care: A Systematic Review" in Aging & Mental Health.

This meta-analysis shows that cultural identity plays a central role in the well-being of people with dementia.

Basis for the integration of rituals, language and culturally influenced habits in the LIDASHI model.

iii. neurodynamic and multisensory approaches to activating people with dementia

Music, art and movement therapy in dementia care

Cohen-Mansfield J (2018) Nonpharmacological Interventions for Behavioral Symptoms in Dementia: A Systematic Review" in Journal of the American Geriatrics Society.

The study shows that music, art therapy and multisensory stimulation are effective alternatives to drug treatment for behavioral disorders.

This supports the neurodynamic approach of the XHALI and DEMENZIA model.

Lawton MP, Nahemow L (1973) Person-Environment Fit Theory" in Journal of Gerontology.

The model describes how a stimulating environment can improve the well-being of older people with cognitive impairments.

Basis for the design of dementia-friendly living and care environments in the LIDASHI model.

iv. ethics, leadership and organizational development in nursing care

Ethical principles in nursing care

Beauchamp TL, Childress JF (2019) Principles of Biomedical Ethics". Oxford University Press.

The four ethical principles of autonomy, beneficence, non-harm and justice are central guidelines for the LIPAJ leadership model.

Mitchell SL, et al. (2012) The Clinical Course of Advanced Dementia" in New England Journal of Medicine.

This study shows that people with dementia often undergo unnecessary medical interventions at the end of life instead of receiving palliative care.

Basis for the integration of palliative care concepts into the LIDASHI model.

Leadership and organizational development in the healthcare sector

Senge P (1990) The Fifth Discipline: The Art and Practice of the Learning Organization". Doubleday.

Introduction of the concept of the learning organization, which was integrated into the LIPAJ leadership model.

Care facilities must react flexibly to new scientific findings and promote employee development.

Brown B (2018) Dare to Lead: Brave Work. Tough Conversations. Whole Hearts." Random House.

Emphasis on authentic leadership, vulnerability and emotional intelligence - key principles in the LIPAJ leadership model.

Conclusion of the literature research: Scientific foundation of the LIDASHI model

This research shows that a traditional, purely medical approach to dementia care is no longer sufficient. The LIDASHI model therefore combines:

Neuroscientific findings - XHALI & DEMENZIA

Person-centered care - DARDOR & ILIRIA

Social participation & intergenerational concepts - SHQIPONJAEthics and leadership in healthcare - LIPAJ Leadership

The LIDASHI model translates these scientific findings into a practical, sustainable form.

Contributions of the LIDASHI model to practice

Contributions of the LIDASHI model to practice in the care of people with dementia

The LIDASHI model provides an innovative and interdisciplinary approach to overcoming the challenges of caring for people with dementia. It combines neurodynamic, ethical, person-centered, cultural and leadership principles and offers practical solutions to improve the quality of care, working conditions and social integration.

i. improving the quality of care and quality of life for people with dementia

Person-centered care through the DARDOR model

Introduction of individual care plans based on biography work, life stories and cultural values.

Involving family members in the organization of care in order to offer those affected more security and emotional stability.

Promoting the self-determination of people with dementia through individually adapted daily routines and decision-making options.

Neurodynamic activation through XHALI and DEMENZIA approaches

Use of music, art and movement therapy to stimulate cognitive and emotional abilities.

Introduction of multisensory therapies, such as light, sound and aromatherapy, to promote perception and orientation.

Application of neuroplastic methods to activate the remaining cognitive resources and slow down the progression of the disease.

Improving palliative care and end-of-life care

Integration of palliative care concepts to reduce unnecessary medical interventions in the terminal phase of dementia.

Training care staff to recognize non-linguistic pain signals to enable dignified end-of-life care.

Promoting a gentle transition to palliative care in order to better support relatives and caregivers.

ii. improvement of working conditions for nursing staff

LIPAJ Leadership: Ethical and sustainable leadership

Promotion of an appreciative leadership culture that relieves the burden on nursing staff and strengthens their personal responsibility.

Introduction of regular ethics workshops to provide guidance to nursing staff in challenging decision-making situations.

Development of mentoring and supervision programs to reduce burnout and emotional exhaustion in the nursing profession.

Training and further education through practical programs

Introduction of a LIDASHI curriculum to train nursing staff in neurodynamic, ethical and person-centered approaches.

Interactive training formats with simulations, case studies and practical workshops to strengthen professional competence.

Regular supervision and psychological support for nursing staff to minimize emotional stress.

Better work organization and use of resources

Use of team-based decision-making processes to achieve a better distribution of work.

Introduction of dementia-friendly working environments that reduce stress and improve communication between care staff and residents

Implementation of technological aids (e.g. sensor systems, AI-supported care planning) to automate routine tasks and create more time for direct care [27].

iii. promoting the social participation of people with dementia

SHQIPONJA model: Social integration through intergenerational concepts

Establishment of meeting centers for young and old where people with dementia can actively participate in social life.

Cooperation with schools, universities and cultural institutions to promote intergenerational programs.

Development of "dementia-friendly communities" in which stores, public facilities and transportation services are better adapted to the needs of people with dementia.

ILIRIA model: Cultural and spiritual sensitivity in nursing care

Consideration of cultural differences through individually adapted care services.

Integration of religious and spiritual practices to strengthen identity and emotional security.

Promotion of multilingual care services to break down barriers for people with a migration background.

Awareness campaigns and changing social attitudes

Development of educational programs to reduce stigma about dementia and create more understanding in society.

Workshops and information events for relatives and carers to provide better support and raise awareness.

Use of media campaigns to promote a positive perception of people with dementia and to strengthen their participation in society.

iv. innovation and the use of technology in care

Technological support for a better quality of care

Introduction of AI-supported care planning programs that respond to individual needs and support caregivers.

Use of sensor systems and smart home technologies to improve the safety of people with dementia

Use of virtual reality therapies to stimulate memories and create emotional experiences.

Data-based care optimization

Collecting and analyzing care data to monitor the progress and effectiveness of interventions.

Development of evidence-based decision support tools to better tailor care plans.

Introduction of digital training tools for nursing staff that use interactive learning methods.

v. sustainable financing and policymaking

Economic benefits of a sustainable model

Reduction in unnecessary medical interventions and hospital stays, which reduces costs in the healthcare system in the long term.

Higher job satisfaction among nursing staff, which reduces staff turnover and secures long-term personnel capacities.

Better integration of outpatient and inpatient care to create a continuous supply chain.

Political initiatives to improve care

Development of a legal framework for dementia-friendly care concepts.

Promotion of research and innovation in the field of neurodynamic care.

Introduction of support programs for relatives in order to relieve the financial burden of home care.

Conclusion: The LIDASHI model as a practical and sustainable solution

Higher quality of care through person-centered, activating and culturally sensitive care.

Improving working conditions for care staff through ethical leadership, training and supervision.

Social integration of people with dementia through intergenerational programs and awareness campaigns.

Technological innovations to support care practice and improve safety.

Sustainable funding and political framework conditions to future-proof long-term care.

"The LIDASHI model not only makes care more effective - it makes it more human."

Theoretical contribution

Theoretical contribution of the LIDASHI model to nursing science and leadership ethics

The LIDASHI model makes a significant theoretical contribution to nursing science, neurodynamics, intercultural care, ethics and leadership in healthcare. It combines scientific theories with practical concepts to provide a new perspective on the care of people with dementia and ethical leadership in the care sector [28].

i. further development of nursing science theories

Redefining dementia care: integrating neurodynamics and activation therapy

Traditional care concepts often focus on the medical and symptomatic treatment of dementia.

The LIDASHI model is based on findings from neuroscience, activation therapy and person-centered care.

It extends existing models by combining neurodynamic principles with multisensory stimuli to activate cognitive and emotional functions.

Synthesis of person-centered and biography-oriented care

Kitwood's model of person-centered care (1997) emphasizes the importance of identity and social interaction.

The LIDASHI model extends this concept by systematically linking it with biography work and cultural identities (DARDOR and ILIRIA approach).

It enables individual, culturally adapted care that goes beyond general person-centeredness.

Dementia-friendly environments: Applying the theory of person-environment fit

The theory of person-environment fit (Lawton & Nahemow, 1973) shows that the environment can influence cognitive performance.

The LIDASHI model integrates these findings into the design of care facilities by using calming sensory elements and adaptable living spaces.

This creates an environment that promotes orientation and well-being for people with dementia.

Linking dementia care with palliative medicine

Palliative concepts for people with dementia have not yet been integrated into care facilities in a structured way.

The LIDASHI model adopts principles from palliative care (Mitchell et al., 2012) to ensure dignified end-of-life care.

It places particular emphasis on non-verbal pain communication and the avoidance of unnecessary medical interventions.

ii. ethical contribution: development of a new leadership ethic in the care sector

LIPAJ Leadership: An ethics-oriented leadership model for nursing care

Most leadership theories in nursing are based on classic management models that emphasize efficiency and control.

With LIPAJ Leadership, the LIDASHI model develops a new leadership concept that focuses on ethical reflection, value orientation and employee development.

It is based on the principles of ethical decision-making (Beauchamp & Childress, 2019) and integrates these into practice.

Overcoming the tension between autonomy and safety

One of the central challenges in dementia care is the balance between protective measures and personal freedom.

While traditional concepts often use restraints or drug sedation as a safety strategy, the LIDASHI model offers an ethical alternative through activating, participatory care.

It shows how caregivers can use ethical reflection and interdisciplinary case discussions to make decisions that take both safety and autonomy into account.

iii. Interdisciplinary ethics in nursing: combining neuroethics and nursing ethics

Traditional care ethics often focuses on legal frameworks and patient rights.

The LIDASHI model integrates findings from neuroethics in order to better understand the decision-making behavior of people with dementia.

This leads to a differentiated approach to ethical dilemmas, e.g. the question of how long a person with dementia can make self-determined decisions.

iv. cultural and social contribution: care as a social responsibility

Cultural adaptation of care: the ILIRIA and SHQIPONJA model

Most existing care concepts are westernized and have little focus on cultural diversity.

The LIDASHI model expands the cultural approach by considering cultural identity as a central dimension of care.

Through ILIRIA, religious rituals, traditional music, language and family structures are integrated into care to provide emotional security for people with dementia.

Social integration of people with dementia

The LIDASHI model shows that care should not take place in isolation in homes, but must be a social process.

Intergenerational concepts (SHQIPONJA) create a new understanding of social participation.

These approaches are based on research into social networks in old age (Chen et al., 2017), which shows that people with dementia remain active for longer when they are integrated into communities.

Influence on care policy: sustainability and cost optimization

The model provides policy makers with a scientifically sound basis for sustainable care policy.

It shows that non-pharmacological interventions are not only more effective, but also less expensive, as they reduce hospital stays and drug treatments.

In this way, the LIDASHI model contributes to the development of financing concepts that focus on preventive and activating care [29].

v. scientific innovation: integrating modern technology into care

Technological support for a better quality of care

Traditional care concepts have so far integrated few technological innovations.

The LIDASHI model uses modern AI-supported diagnostics and sensor systems to promote the safety and autonomy of people with dementia.

Virtual reality and digital forms of therapy are used to stimulate memory and regulate emotions.

Data-based care optimization

Big data analyses can be used to develop personalized care plans that are tailored to the individual course of the disease.

Digital training platforms help nursing staff to continuously develop their skills and put new knowledge directly into practice.

Conclusion: The theoretical contribution of the LIDASHI model

The LIDASHI model represents a fundamental advancement of existing theories in nursing science. It combines ethical leadership, neurodynamic care, cultural sensitivity and social integration in a new framework that:

Person-centered and neurodynamic care approaches expanded.

Ethical and cultural dimensions integrated into dementia care.

Redefining social participation as a care principle.

Combining technological innovations with human care.

"The LIDASHI model creates a new bridge between science, ethics and practice - for care with a future."

Contributions of the LIDASHI model to care policy and political decision-making

The LIDASHI model not only makes a significant contribution to care practice, but also has far-reaching implications for care policy, social justice and sustainable financing of long-term care. It offers evidence-based, ethically sound and economically sustainable solutions that can serve as a basis for policy strategies in the care of people with dementia [30].

i. promotion of a sustainable and future-proof care policy

Demographic change and political responsibility

The number of people with dementia is rising rapidly - the WHO (2023) predicts that the number of cases will double by 2050.

Many countries have no long-term political strategies for financing and organizing care for older people.

The LIDASHI model calls for a systematic reorientation of care policy with a focus on prevention, activation and social participation in order to overcome the increasing challenges in the long term.

Political fields of action for better care

Introduction of a national strategy for dementia-friendly communities to actively include people with dementia in society.

Legal anchoring of person-centered and activating care as a standard in care facilities.

Promote research-based care approaches based on neurodynamic activation and ethical decision-making.

Long-term financing models for care

Development of new solidarity-based financing models for long-term care in order to reduce care costs for relatives.

Introduction of long-term care insurance reforms that focus on non-pharmacological, preventive measures.

Promotion of public-private partnerships to support innovative care projects at local level.

ii. improvement of working conditions for nursing staff through political reforms

LIPAJ Leadership: Political impetus for ethical leadership in the healthcare sector

Political framework conditions should ensure that managers in the care sector receive ethical, values-based training.

Introduce mandatory ethics training for care managers to promote fair working conditions.

Develop a legal standard for staff development in care facilities to improve staff retention.

Measures to combat the shortage of skilled workers

Political promotion of modular training paths that enable flexible entry into the nursing professions.

International recruitment strategies for nurses, combined with cultural awareness and professional integration programs.

Introduction of tax incentives for nursing staff to make the profession more attractive.

Statutory regulations to relieve the burden on nursing staff

Binding minimum staffing quotas in care facilities to avoid overwork.

Promotion of automated documentation systems to reduce bureaucratic hurdles for nursing staff.

Right to regular supervision and psychological support for nursing staff.

iii. promotion of dementia-friendly communities and intergenerational concepts

SHQIPONJA model as a basis for social policy reforms

Political promotion of intergenerational meeting spaces in which older people and younger generations learn from each other.

Promotion of intergenerational living concepts in which people with dementia remain integrated into society.

Urban dementia concepts that adapt public spaces and infrastructure to the needs of people with cognitive impairments.

Political measures to reduce social isolation

Introduction of statutory care programs for people with dementia that enable social participation.

Promotion of cultural and sporting activities for people with dementia to reduce social stigmatization.

Legislation to integrate people with dementia into local decision-making processes.

iv. financing and sustainable care policy: economic benefits of the LIDASHI model

Reducing healthcare costs through preventive and activating care

Non-pharmacological care approaches have been shown to have the potential to reduce hospital admissions and medication costs.

Preventive measures such as exercise programs, sensory stimulation and social participation can preserve cognitive functions for longer.

The LIDASHI model shows that early investment in activating care leads to long-term savings in the healthcare system.

New financing models for care facilities

Introduction of a care budget for activating and non-drug therapies, supported by health insurance companies.

Promotion of dementia-friendly neighborhoods that financially support community-based care structures.

Tax incentives for companies that support dementia care initiatives.

Long-term economic stability through integrated care concepts

Avoidance of costs through better dovetailing of outpatient and inpatient care.

Reduction of the burden on social insurance systems through long-term stabilization of care systems.

Promotion of research projects that transfer new nursing science findings into practice.

vi. promotion of ethics and human dignity in care policy

Legal anchoring of ethical care principles

Introduction of a statutory code of ethics for the care of people with dementia.

Obligation to engage in ethical reflection when making difficult decisions, e.g. on restrictions of freedom or palliative measures.

Statutory definition of ethics committees in care facilities in order to make decisions participatory.

Palliative care for people with dementia

Promotion of legislation to improve the integration of palliative care into dementia care.

Right to palliative care as a fundamental right enshrined in law for people with advanced dementia.

Reduction of overmedicalization at the end of life to enable people with dementia to receive dignified end-of-life care.

Conclusion: LIDASHI as a political model for a future-proof care policy

The LIDASHI model makes a significant contribution to the political shaping of long-term care. It combines scientific findings with social responsibility and offers concrete recommendations for action for political decision-makers.

Sustainable financing of prevention and activating care as an economically viable strategy.

Improving working conditions through legal standards and ethical management.

Social integration of people with dementia through intergenerational concepts.

Anchoring ethics and human dignity in care policy.

"Politics must not only finance care - it must shape care. The LIDASHI model provides the blueprint for this."

Key questions and reflection: LIDASHI model as a guide for the future of dementia care

The development and implementation of the LIDASHI model is based on a holistic, interdisciplinary and ethical approach that combines nursing science, leadership ethics and social responsibility. This results in central core questions that require a deeper reflection on the future of care for people with dementia and the role of society in this area.

i. key questions on the quality of care and the concept of the human being in dementia care

How can the LIDASHI model sustainably improve the quality of life of people with dementia?

Traditional care approaches often focus on medical and functional care.

The LIDASHI model goes beyond this and asks:

Which methods of neurodynamics can preserve cognitive abilities for longer?

How can sensory stimuli, music and movement therapy help to promote emotional stability?

What role does personal biography work play in individual, dignified care?

Which ethical principles should take priority in dementia care?

In practice, ethical conflicts often arise between:

Freedom vs. safety: How much autonomy can be granted without jeopardizing the patient's well-being?

Drug sedation vs. activating care: when is medication justified, when are there alternatives?

Palliative care vs. aggressive medical measures: How can dignified end-of-life care be organized?

With its LIPAJ leadership approach, the LIDASHI model offers an ethical decision-making structure for such dilemmas.

How can a dementia-friendly environment be designed?

Cognitive abilities depend heavily on the environment (person-environment fit).

What factors contribute to a safe, activating and orientation-promoting care facility?

How can the architecture of care facilities be adapted to optimize sensory stimuli and reduce confusion?

ii. key questions on care policy and social responsibility

What political measures are needed to make care affordable in the long term?

Many care systems are facing a funding crisis due to the increasing number of people with dementia.

Should politicians invest more in preventative and activating care in order to reduce hospital stays and medication costs in the long term?

What form could solidarity-based financing of care between the state, insurance companies and society take?

How can the LIDASHI model reduce social stigmatization of people with dementia?

People with dementia are often seen as "care cases" rather than as part of society.

What measures (e.g. intergenerational programs, public relations work) can help to understand dementia as a social challenge rather than an individual fate?

How can relatives be better supported to play their role as co-creators of care?

What role will technology play in the future of dementia care?

Digital solutions such as AI-supported diagnostics, smart living concepts and virtual reality therapies could revolutionize care.

Which technologies are really helpful, and where is there a risk of dehumanizing care?

How can we ensure that technological innovations remain accessible and ethically justifiable?

iii. reflection: What challenges remain?

The LIDASHI model offers a comprehensive solution to many of the existing problems in dementia care, but some challenges remain:

Social change and acceptance of the model

Nursing innovations often fail due to structural resistance in existing healthcare systems.

How can the LIDASHI model be successfully implemented in conservative care institutions?

What steps are necessary to convince nursing staff, relatives and decision-makers of the effectiveness of the model?

Financial and political feasibility

Preventive and activating care concepts initially cost more than traditional models.

How can political decision-makers be persuaded to make long-term investments instead of prioritizing short-term savings?

How can funding be secured in a fair and sustainable way?

Ethical boundaries of care innovation

What ethical boundaries need to be considered when integrating artificial intelligence and robotics in care?

How can the balancing act between human closeness and technological support be mastered?

International adaptability of the LIDASHI model

Every country has its own cultural, economic and health policy framework.

How can the model be adapted so that it remains internationally applicable while taking cultural differences into account?

Conclusion: LIDASHI as a reflection tool for the future of nursing care
The LIDASHI model is not only a practical solution for the care of people with dementia, but also a tool for reflecting on the basic principles of care and social responsibility.

Important findings from the reflection:

Care must not just be care, but must enable social participation.

Ethical decisions must be anchored in care practice, not just in theory.

Long-term investment in activating care saves costs in the long term and improves quality of life.

Technological innovations are valuable, but must not replace the humanity of care.

Social education is necessary to overcome the stigma of dementia.

"Care is not just a question of organization - it is a question of values. The LIDASHI model creates a framework for making care ethical, sustainable and humane."

Next steps and open questions for the future

How can the LIDASHI model be integrated into national and international care concepts?

What new scientific findings can further develop the model?

How can politicians be made more aware of ethical and sustainable care?

What pilot projects can be launched to test and further develop the model in practice?

"The future of care starts today - with the right questions, the right reflection and a vision that goes beyond the here and now."

Conclusion:

The LIDASHI model as a pioneer for a new care culture

The increasing number of people with dementia represents one of the greatest challenges for health and social systems worldwide. Traditional approaches to care, which focus purely on medical or nursing measures, are no longer sufficient to meet the complex needs of those affected. The LIDASHI model offers an innovative, interdisciplinary and ethical solution that is scientifically sound and practically applicable.

i. the central importance of the LIDASHI model
Holistic care as a guiding principle

The model combines person-centered, neurodynamic, ethical and culturally sensitive approaches to care.

It takes into account not only the medical, but also the emotional, social and cognitive aspects of care.

The activation of cognitive and emotional resources through multisensory stimulation and biography work increases the quality of life of people with dementia.

Ethically sound care and leadership

In nursing, ethical conflicts often arise between autonomy, safety and medical necessity.

The LIPAJ Leadership Model provides a structured ethical decision-making framework for nurses and managers.

Leadership in nursing must be based on empathy, value reflection and staff development.

Sustainable and future-proof care policy

Demographic developments require new political concepts in order to make long-term care sustainable.

The LIDASHI model provides a basis for a preventive, activating and integrative care policy.

Better financial framework conditions, innovative care models and social education can secure the long-term care of people with dementia.

ii. challenges and necessary changes

Implementation in care facilities and society

The model offers a scientifically sound yet practical solution.

The greatest challenge remains the implementation in existing care concepts, as many institutions cling to traditional structures.

Care staff, relatives and political decision-makers must be more closely involved in the reform process.

Financing and long-term sustainability

Long-term investment in preventative and activating care leads to a reduction in hospitalizations and drug treatments.

Governments and insurers need to recognize that an early focus on person-centered care is more cost-saving in the long term than symptomatic treatments.

Further development and research

The combination of neurodynamics, digital innovation and ethical leadership opens up new fields of research.

Long-term studies on the effectiveness of the LIDASHI model are necessary in order to further optimize it and make it internationally adaptable.

The future of care must be more closely linked to technological and social developments without losing sight of humanity.

iii. conclusion: LIDASHI as a model for the future

The LIDASHI model is more than just a care model - it is a vision for the future of dementia care. It calls for a revolution in the understanding of care, focusing on activation instead of passivity, participation instead of isolation and ethics instead of efficiency.

"Dementia care must not just be care - it must mean encounter, dignity and development."

It combines scientific findings with ethical and cultural values.

It offers innovative solutions for nursing practice, management and politics.

It shows that sustainable, ethical and activating care is not only possible, but necessary.

The next steps must be aimed at anchoring the principles of the LIDASHI model in care facilities, political strategies and society. Only through a holistic, ethical and interdisciplinary approach can the dementia care of tomorrow be made more humane, sustainable and effective.

"The future of care begins today - with a new vision, a new ethic and a new responsibility."

Next steps: Recommendations for action

Integrate the LIDASHI model into care facilities through pilot projects and training programs.

Introduce political measures to promote activating and ethically sound care.

Create financial incentives for innovative care concepts.

Further development of the model through scientific studies and interdisciplinary research.

Raise social awareness of dementia and the importance of dignified care.

"Care is not just a task for the healthcare system - it is a task for society as a whole."

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