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Perspectives on residents with dementia who walked and supportive approaches provided: A Critical Ethnographic Study

P1-001

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Residents living with dementia who walk want to be seen as persons who want to live a normal life. Individuals, communities and government can best support them through creative methods, implementing strengths-based policies and using respectful language that prioritises dignity and wellbeing.

INTRODUCTION	METHODS AND RESULTS	RESULTS	CONCLUSIONS	REFERENCES
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Walking, a beneficial activity, has been seen as problematic and stigmatised in persons living with dementia who walk. Commonly referred to as wandering, walking is one of the increased symptoms as dementia progresses. Studies indicate 15% to 60% persons with dementia will walk during this syndrome trajectory. In New Zealand, the projection for 2026 was 78,000 and 170, 212 by 2050. The stigma associated with dementia and walking has resulted in social disregard as equal and social citizens, lack of respect for personhood and use of language that dehumanises the population, affecting their psychological health and wellbeing. International studies’ reported and questioned the use of antipsychotic medications in managing this symptom in rural and urban aged care settings worldwide as against best practice. The adverse effects include increased risks of falls, fractures, extended hospitalisation and mortality. This doctoral study was carried out in two aged residential care facilities in an urban city in New Zealand to explore the perspectives of all participants on walking, investigate interventions provided by Registered Nurses and Health Care Assistants to the residents, explore person-centred care in the interventions provided, examine the impact of built environment on walking and contribute to the de-stigmatisation of residents living with dementia who walk.	Study design: Qualitative using Social Constructionism theory (Burr, 2025) and Critical Ethnography (Carspecken, 1996) and thematically analysed (Braun & Clarke, 2006). Sampling technique: Purposive Size: 26 participants from two aged residential facilities in an urban city in New Zealand Size: 26 participants (7Residents with dementia who walked; 7 Enduring Powers of Attorney; 4 Registered Nurses and 8 Health Care Assistants). Data collection methods: Participant observation; In-depth interviews and unobtrusive methods such as each facility’s Guidelines on dementia care.	Three main themes were identified as findings from data analysed using Thematic Analysis. Theme one: Perspective on walking Theme Two: Supporting walking Theme Three: Environment and walking The overarching theme permeating through was that by walking, the residents were <i>carrying on normal life</i> (as in the flow chart)	The study argues for alternative and strength-based approaches to supporting the walking of residents with dementia. It reveals supportive interventions provided by residential care staff to support the walking of residents. The study highlights the need for a unique national policy for residents living with dementia who walk. The study, in addition, advocates for the use of language that humanises the residents and supports them optimally to live a normal life.	- Bartlett, R. & Brannelly, T. (2019). Life at home for people with a dementia. Routledge. https://doi.org/10.4324/9781315111650 - Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101. https://www.tandfonline.com/doi/abs/10.1191/1478088706QP0630A - Best Practice Advocacy Centre New Zealand. (2020c). Managing the behavioural and psychological symptoms of dementia. https://bpac.org.nz/2020/bpsd.aspx - Kitwood, T. & Bredin, K. (1992). A new approach to the evaluation of dementia care. Journal of Advances in Health and Nursing Care, 1(5), 41-50. https://cit.nli.ac.jp/crid/1573105975431326720 - Burr, V. (2015). Social constructionism (3rd ed.). Routledge. - Carspecken, P. H. (1996). Critical ethnography in educational research: A theoretical and practical guide. Routledge. - United Nations. (2022). Convention on the rights of persons with disabilities (CRPD). https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html
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Carrying on normal life

Perspectives of walking

- Carrying on normal life
 - Feeling good
 - Continuing previous daily role
 - Striving to be healthy
 - A basic need, freedom and independence
 - Connecting, bonding and communicating with others
 - Searching for someone or something valuable
 - Being lost and walking without purpose in an unfamiliar environment
 - Wanting to be meaningfully occupied or a hobby
 - Being safe and preventing complications
 - Constructing scientific reasons for walking

Supporting walking

Being proactive

- Gathering background history to develop individualised support
- Involving families in planning of care and spending time with residents
- Assessing and eliminating underlying factors
- Engaging, working with residents & facilitating independence to walk
- Ensuring safety by providing hip protectors and mobility aids
- Consulting authorities and specialists

Reinforcing positive behaviour

- Carrying out household chores
- Checking mailboxes
- Gardening

Non-pharmacological interventions

- Reminiscence
- Music
- Social engagement and group activities
- Offering comfort during activities
- Arts, crafts and exercise
- Themed customised games
- Keeping pets
- Diversion and therapeutic lying/auricular lying
- Acknowledging diversity and the use of resident's first language

Environment and Walking

- Desire to live at home
- Providing home-like environment and comfort
- EPAs learning about dementia
- Need for more space to walk
- Need for specific policy to support residents with dementia who walk

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