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Part A: Annotated Bibliography

For Maslow's theory I have looked into "The relationship between the level of satisfaction of Maslow's hierarchy of needs and loneliness, happiness and life satisfaction in elderly individuals", *Journal of Clinical Nursing*. This study looks at how meeting adult's needs using Maslow's theory affects things like loneliness, happiness and all life stages in adulthood. It found that when older people have more of their needs met older adults feel less lonely and more satisfied in their lives. This supports Maslow's theory, showing that not meeting important needs can have a negative effect on mental wellbeing in later life.

This article is important because it uses real data to show how meeting needs can improve wellbeing, which is important in care. It shows that care workers could use assessments to check if people's needs are being met and improve their quality of life. However, Maslow's theory has been criticised for not always being based on strong evidence and for being culturally, meaning that it might not help or apply to certain people. Because of this care workers may also use other theories to help them.

Another study I have looked at for Maslow's theory is "A qualitative study exploring growth needs on Maslow's hierarchy of older adults at nursing homes", *BMC Geriatrics*. Which looks into Maslow's hierarchy of needs in older adults living in nursing homes. It found that care usually focus more on basic need like safety, physical health and food and personal growth. The study done shows that meeting these more improve level for the adults' needs is important for overall wellbeing and quality of life. It also mentions how care has to be more person-centred, meaning it should focus on emotional and psychological needs as well as physical needs for better care.

This article is important for health and social care because it points a common problem where care focuses too much on physical needs and not enough on mental and emotional wellbeing. It keeps up with the idea of using a more person-centred care. But because it's a qualitative study meaning the results might not apply to all care settings.

I am now looking into Erikson's theory of psychosocial development especially the stage of ego integrity versus despair and how it can affect people later in life their mental and emotional health. "Midlife Erikson psychosocial development: Setting the stage for late-life cognitive and emotional health". This study shows that people who stay involved in things like relationships, work and their community during their adulthood are more likely to have a better mental and emotional health as they get older. The results shows that people who develop well their psychosocial development tend to have a decreased risk of depression, which helps them with their thinking and memory as they get older. Overall, the study shows that doing well in these life stages will help to better the persons' wellbeing.

This article is important in health and social care because it key points how important is encouraging adults to stay socially active and maintain a sense of purpose on their everyday lives. However, the study has a more focused on midlife, so there may not fully apply to people who are older. It also does not consider other issues like poverty or access to healthcare.

Another good source is "The final stage of human development? Erikson's view of integrity and old age". This journal explains that older adults who are able to accept their life and feel a sense of integrity are more likely to experience successful ageing. It also shows how Erikson's theory gives a more positive view in getting older, rather than just focusing on decline. However, the journal also questions how accurate the theory is, especially whether these stages can really be measured or apply to everyone.

This source is useful in health and social care because it supports practices like life review and reminiscence, which help older adults reflect on their lives and feel valued. However, it also shows that Erikson's theory can be simple, as people experience getting older differently depending on their background and culture. Because of this, care workers should use the theory more flexible rather than strictly following.

Part B: Short Report

Erikson's theory in older adults in residential care.

This report explains how Erikson's theory can be used by health care professionals in residential care for older adults. It mainly focuses on the final stage, ego integrity vs despair and how to help improve psychological well-being and talks about challenges health care professionals may face and how to overcome it. Also, the report include a real-life example.

Erikson (1950) believed that people go through different stages of development across their life and each stage has a conflict that needs to be resolved. In Erikson's theory in older age, happens from around age 65 onwards, the main conflict is ego integrity vs despair. Ego integrity is when the individual has a flashback on their life and feels proud and accepting of what they experienced. However, despair is when the individual feels regret or disappointment, believing they have wasted their life.

This theory is important because a lot of older people spend a lot of time reflecting on their lives. If they feel happy with their life, they are more likely to have a better mental health and be happier. However, if they experience despair, individuals may feel bad about their past life, depressed or isolated. For that reason, health care professionals can use Erikson's theory to improve their residents to improve their emotional well-being.

One key way Erikson's theory can be applied is through reminiscence activities. These activities encourage residents to talk about their past using things like photos, music or familiar objects. By sharing their life experiences helps residents reflect on their positive memories and reduce feeling alone. It can also help relationships between residents and care workers, as they will be having positive interactions and conversations.

Another way care professionals can apply Erikson's theory is by encouraging residents to have a sense of purpose even if they live in a residential home, it's important that older adults feel and not like they have nothing to do, to avoid low mood. Health care professionals can give their residents small responsibilities around the home like watering plants or asking for opinions on things like live events or what meals they would like to eat. Also, health care professionals can encourage residents to keep doing hobbies they have/had. For example, someone can like gardening or another can like playing instruments. This will help making older adults feel respected and included.

A real-life example of this could be a resident called Mrs Smith, who is 69 years old and lives in a residential home. She often feels low and says she regrets not spending enough time with her children when they were younger. Staff notice that she will isolate herself and doesn't join group activities. With Erikson's theory, care workers understand that she may be experiencing despair.

To support her, a care worker starts doing one-to-one reminiscence sessions with Mrs Smith. They look at old family photos and talk about her experiences as a mother. Over time, the care worker helps her focus on the positive things she has done, for example, providing for her family and supporting her children. Care workers also encourage her to join a small group where residents share their life stories. Bit by bit Mrs Smith starts to be more positive about her past and starts interacting more. This shows how applying Erikson's theory can improve emotional well-being.

However, there are some challenges when using this theory in a care home. Not everyone wants to talk about their past and others might have gone through difficult experiences like loss that they don't wish to remember. This can make reminiscence activities upsetting for some. Also, some residents may have conditions like dementia, which can affect their memory and make it difficult for them to communicate. To deal with this, care workers should use a person-centred approach, meaning they treat each resident as an individual and respect what they are comfortable with. Care workers should never force anyone to talk about their past, but they can use activities like music, looking at a familiar object or watching old photos that remind them of good times, which can help bring positive feelings without having to remember everything in detail.

In conclusion, Erikson's theory of ego integrity versus despair is useful for care workers supporting older adults in care homes. It helps residents understand how important it's for residents to feel valued and see their past in a positive way. Activities like reminiscence and giving residents a sense of purpose can improve their well-being and reduce feelings of sadness. Even if there are challenges, it can be managed by using a person-centred approach. Overall, Erikson's theory can help improve quality of life for older adults.

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