

Healthcare setting: Nursing Home

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Introduction

In order to address the psychological requirements of persons in dementia care homes who are 65 years of age or older, this report will educate health and social care professionals on how to apply psychological theories. Elderly people with conditions like Alzheimer's disease, vascular dementia, or other cognitive impairments are housed in dementia care facilities, which can lead to complex psychological issues like anxiety, depression, agitation, and identity loss. These homes focus on person-centred care in which emotional and psychological needs of the residents are also given attention in addition to physical care. Combining the psychological theories and studies, professionals can improve the wellness of the residents and address the behavioural issues effectively.

This paper will address two psychological theories: Erik Erikson's psychosocial development theory (1963) and Abraham Maslow's hierarchy of needs (1954). The theories apply to adult development and health behaviour, and they provide models for understanding and responding to psychological concerns in dementia treatment. The paper provides a comprehensive definition of each theory, a critical analysis of their use in dementia care facilities, and practical examples, obstacles, and ideas for overcoming them. The research is based on six scholarly sources that were formatted using the UWTSD Harvard reference format.

In-depth Introduction of Two Theories.

The Psychosocial Development Theory of Erik Erikson.

Erik Erikson's (1963) theory describes eight stages of psychosocial development, each marked by a struggle that shapes the personality and psychological health. In adults aged 65

and up, the appropriate stage is Ego Integrity vs. Despair. This period of contemplation on one's life leads to feelings of fulfilment (integrity) or remorse and death (despair). The wisdom gained at this stage is a result of success, and conflicts that cannot be resolved may cause depression. Joan Erikson later proposed a ninth stage called Asger transcendence, in which elderly people, particularly older adults who are likely to be dependent, begin to accept death and have a greater spiritual viewpoint (Brown and Lowis, 2003).

This theory emphasises life review and social support, as applied in the context of older adults with dementia. Loss of cognitive ability may interfere with the capacity to reflect in a coherent manner and result in discontinuous self-identity and suffering. As an example, residents might not be able to overcome old conflicts due to memory loss, which causes an increase in despair or anxiety. The importance of social interactions that Erikson highlights help to highlight the importance of carers in establishing meaningful relationships to foster psychological stability.

The Hierarchy of Needs According to Abraham Maslow.

The hierarchy of needs (1954) is a motivational theory that divides human needs into five categories: physiological (e.g., food, shelter), safety (e.g., security, health), love and belonging (e.g., relationships), esteem (e.g., self-respect, recognition), and self-actualisation (e.g., personal growth). Needs are tiered or hierarchical, with lower needs being met before higher ones motivating behaviour. Nonetheless, Maslow did not rule out flexibility, stating that requirements may cross or vary depending on the circumstances.

In nursing homes with dementia patients, Maslow's theory applies as cognitive decline and ageing disrupt need fulfilment. Physiological and safety needs become critical due to

physical weakness and health challenges. The inability to belong and be regarded well may be hindered by social isolation or loss of autonomy, leading to psychological problems such as depression. Behavioural and psychological symptoms of dementia (BPSD) are unmet needs in dementia, including agitation or withdrawal, which can be explained with the help of Maslow (Cohen-Mansfield et al., 2023).

The theories that Erikson and Maslow state may be applicable in assisting older adults with mental health issues in dementia care facilities. One such issue that Erikson puts into practice is ego integrity, as it encourages professionals to utilise reminiscence and validation to support psychological resilience to these issues, such as depression and loss of identity. Maslow's hierarchy of needs provides a model of meeting needs, relieving BPSD, and positive life. Despite the restrictions, such as the cognitive impairment and lack of resources, such interventions as the non-verbal, cultural sensitivity, and staff training will be successful in practice.

Health and Social Care Context Application *Using the Erikson theory in dementia care homes*

By promoting ego integrity through well-planned interventions, the theory presented by Erikson can be applied to help the elderly in dementia care. Life review therapy can help patients feel less depressed and more accomplished by using music, pictures, or stories that remind them about their past. For example, a person with moderate dementia might go to a group session where they are assisted in recalling their prior professional achievements, which would help them feel less depressed and more valued. Erikson-based recollection therapy has been shown to improve mood and reduce BPSD in dementia care settings (Hilde and Nyeng, 2021).

In reality, individuals with severe dementia and verbal communication challenges can participate in one-on-one recollection sessions led by specialists using sensory

cues such as familiar objects or scents. These interventions help residents deal with psychological problems like identity loss by recognising their identities. For instance, a memory book created in collaboration with a resident's family can support the patient's life narrative, promoting reduced anxiety. More significantly, according to Erikson's theory, cultural sensitivity should be taken into consideration because different cultures have different ideas about what defines a fulfilled life (Brown and Lewis, 2003). This increases the effectiveness of interventions by making them relatable to the residents' backgrounds.

Maslow's Hierarchy of Needs in Dementia Care Homes

Maslow's theory provides an organised approach to identifying and resolving unmet needs in dementia care. Professionals can rate the therapies using needs assessments, starting with physiological demands (such as pain management and nourishment) and safety needs (such as fall avoidance). For instance, ensuring that a resident feels less pain (physiological) and is made to feel comfortable (safety) in their surroundings may help minimise agitation brought on by anxiety. Fulfilling these basic demands allows one to focus on higher needs, such as the urge to plan social gatherings to satisfy the need for belonging, which may lessen the feelings of sadness brought on by loneliness (Sun et al., 2025).

An effective illustration is the interpretation of BPSD through Maslow's framework. In case a resident is agitated, the professionals may evaluate whether the safety needs (e.g., fear of new staff) were not met and address them by assigning regular carers so that trust can be established. To achieve this, such activities as art therapy or appreciation of minor achievements (e.g., an accomplishment) can uplift self-esteem, and psychological problems such as low self-esteem can be dealt with.

Challenges and Strategies

Issues with the theory of Erikson: Erikson's theory is difficult to use in dementia care homes due to cognitive problems that prevent life review. Patients with end-stage dementia can be highly curious, and therefore, they can have difficulty sharing memories, thus becoming frustrated or inattentive. Cultural differences can also be an issue, since some residents may view dependency as a failure, making it harder to achieve integrity. One of the tactics is nonverbal remembrance, which can take the shape of music or items associated with sensory sensations but does not require active remembering. Cultural competence training for professionals will ensure that interventions are based on the residents' values, increasing involvement (Brown and Lowis, 2003).

Issues with the Theory of Maslow: Maslow's hierarchical model may not fully meet the non-linear demands of dementia patients, in whom higher needs (such as esteem) may emerge without lower needs being met. Inadequate staffing and other resources may make needs assessment difficult. Sun et al. (2025) suggest employing observational tools to swiftly identify requirements and adapting the Maslow model to be more flexible and person-centred. The ability of diverse groups to share responsibilities leads to better treatment. Employees are taught to detect behavioural indications as expressions of unmet needs.

Conclusion

Overall, Erikson and Maslow's ideas can help support older people with psychological health issues in dementia care homes. Erikson emphasises ego integrity in practice because it encourages professionals to use remembrance and

affirmation to enhance psychological resilience to difficulties like depression and identity loss. Maslow's hierarchy of requirements provides a way for meeting needs, reducing BPSD, and promoting a healthy lifestyle. Although there are limitations such as cognitive impairment and limited resources, therapies such as nonverbal communication, cultural sensitivity, and staff training will be beneficial in practice. With the combination of this evidence-based strategy, the professionals will have the opportunity to optimise the psychological well-being of the residents, thus improving their living conditions.

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