

## **Home Based Women Carer's Of Persons With Dementia: Wellbeing Through Skillware - Capacity Building A Practice In Social Work.**

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**ABSTRACT:** The objective of this paper is to portray the skill set required in care labour at home based care. Home based care is evolving in urban and rural India, prominently in Kerala. This article is drafted in the light of Global action plan draft on the public health response to dementia (2016) Action area five mentions about action for "supporting the carers". Home based care is emerging in India like West. Educating informal carer's to inculcate skill based practice in care process is the supportive education among dementia informal carer's which has to be promoted all over India. Skill acquisition and sustainability in the effective caring process are needed for well-being of carers of person's with Dementia. The care industry is upcoming in present scenario in India with some expectation on skilful being in the care process of non-communicable disease like dementia. The motivated carers are obligatory because the longevity of ageing population is growing rapidly with mounting up of noncommunicable disease. This fading health situation is evitable in the greying population where remedies must be sought through elderly friendly policies. The incidence of dementia is drastically increasing in developing countries like India. Mostly the women are vulnerable to be the carer in the family system which can be traced specifically in an Indian setting. So it is evitable that the home based women informal carers must put on skill ware to render continuous and optimum care for their care recipients (persons with dementia). Skill-ware is putting on skills. Some of the skills-ware for informal/family caregivers are problem-solving, decision making, creative thinking, critical thinking, effective communication, interpersonal relationship, empathy, self-awareness, coping with stress, managing emotions. Each skill answers what, who, why, when, where, How. The adoption these skills will help the caregivers to grow effective with care industry. Skills assist carers of a person with dementia to effectively present themselves in care practice/ labour.

**Key words:** Wellbeing skills, vulnerable women carer's, home based care- HBC, skill-ware, persons with dementia-PWD.

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### **I. INTRODUCTION**

Ageing is a healthy continues process where there is no prescribed age in general. Old age is a stage where the functionality starts to decline in some, yet in some experience, expertise and wisdom proliferate. In some ageing individuals, cognitive efficiency declines where they are prone to cognitive disorders like dementia. Everybody experience unique experience in the last stage of life. Dementia is a syndrome (Cluster of disease) which has its prevalence predominantly in older adults it is known as late on-set dementia. It causes brain death where by death of the individual is eventual. Dementia is declared as Late on set dementia/cognitive disability in Kerala where multi-disciplinary team mediation is needed along with well-established informal carers who can cater to dementia needs, closed supervised care and protection. The family is the basic and ancient institution in the society which provides caregiving to the elderly individual. In many any situations family being the oldest institution in the society takes responsibility and renders care provision. In this context, family carers are known as Informal carers of people with dementia. The family carers play a vital role in maintaining the well-being of carers and care recipient. Pre-dominantly care giving role and responsibility is laid on women. It is the responsibility of the profession to rescue from the vulnerability of tedious labour from home. This care challenges will be erased through empowering themselves and others through skill-ware. A woman caring other women with dementia is called multiple vulnerability prone carer which has to be our prime focus. In single family house the older person will be dementing without any one's assistance where neighborhood assistance programme has to be initiated. According to the Indian culture home, the family are

given esteem importance. Most of the individuals want to die in own fascinates, so home based care has to be promoted. Home based carer's needs capacity building programmes and literature in vernacular language for enhancing their skill-ware with enhancing knowledge through capacity building programmes.

Dementia is neuropsychiatry disability which is chronic, progressive and irreversible. Dementia means "out of mind". World Alzheimer report (2015) estimated that 46.8 million people are living with dementia worldwide. The estimated numbers will double reaching 74.7 in 2030 and 131.5million in 2030. Draft global action plan on the public health response to dementia (23 December 2016), Report of the Director General projects, 9.9 million develops every year. Every new case (person with dementia) in every 3 seconds. 60 million people are from low middle-income group countries [LMIGC].

Rachel Dough (2012) points out the challenges related to the definitions of well-being. Many authors define well-being in vivid context and give description not a definition. The well- being can be defined and measured objectively includes sufficient resources to meet basic needs, opportunities for education, lack of environmental pollutants or subjectively which focuses on terms such as "happiness", "subjective well-being", "thriving", and "flourishing" which are interchangeably used. Finally, Rachel Dough (2012) defines Wellbeing after many argument and decisions proposed a definition of well-being. "The balance point between balance between an individual resources pool and the challenges faced". The well-being can be regained, if lost by exercising, maintaining safety, eating healthy, balancing healthy posture, watching the video, sleeping well, maintain healthy relationships, enjoying nature, prayer and meditation, dropping stress etc.

Home based care is rendered by a team of professionals in pain and palliative care and care rendered through family members are said to be home based informal carers. They are otherwise called as family carers. They extend their care all the time in their home. In every home families, carers/informal carers divide as primary and secondary carer's, partnership carer's and carer's in teams. This differs among the families. Home based care in families are made effective through professional teams which at different levels like primary, secondary and tertiary levels

The WHO (2008) defines home based care "the provision of health services by formal and informal (family) caregivers in the home. Such care includes physical, psychosocial, palliative and spiritual activities.

Capacity building is an intervention that strengthens an informal carer's ability to fulfill its mission by promoting sound management, strong governance, and persistent rededication to achieving results in informal care industry.

According to, The Appalachian Regional Comprehensive Center (ARCC) (2015): states type of capacity enhancement are humanitarian capacity, organizational, structural and material. Levels of capacity are information, skills, structures processes. Stage of capacity of building are exploration, emerging implementation, full implementation sustainability and outcome of capacity building are developmental, transitional and transformational

The informal careers go astray and entrapped themselves in vivid risky and hopeless circumstances of life during the caring situation, sometimes even end up their own life due sufferings and agony of their loved ones. Skill based approach will enhance the wellbeing of informal careers. Skill full being is said to be well-being of dementia informal careers. Skills sets enables the careers adaptive and positive behavior enabling informal careers to deal effectively with demands and challenges of everyday caring process in life - adopted WHO Life skills definition

**Home based informal careers can obtain skills from life skills education.**

Sam's Penta W and Single H conceptual Model in skill based education for home based Dementia (informal) carers Wellbeing
<b>WHAT SKILLS ARE NEEDED FOR CARERS OF DEMENTIA?</b>
The skills needed for careers are problem-solving skills, decision-making skills, creative thinking, critical thinking, coping with emotions, coping with stress, effective communication, interpersonal relationship, Empathy, self-awareness. [Source: WHO-Life Skills]
<b>WHO NEEDS SKILLS?</b>
Especially careers of dementia who are unable to take a decision in times of crises and tackle problems have low emotional regulation and stressful situation, who are in trauma situations and Careers who are unaware to stabilise their psychosocial competence.
<b>WHY CARERS OF DEMENTIA NEED SKILLS?</b>
Enhances knowledge, attitude and values concerning care, Improves positive behaviour in caring, Meet day to day changes, Accelerates socialisation, Promotes socialisation process, Understanding their capacity, Tackling conflicts and challenges of caring, Improves competencies and capacities, to enhance assertiveness, caring insights and for holistic well-being
<b>WHEN SKILLS ARE NEEDED FOR CARER'S OF DEMENTIA</b>
Holistic growth and development are lagging, Enhancing the poor quality of life, For enhancing living

standards, For enhancing social and psychological functioning, To promote ability, To promote self-regulation or management, To quicken effective performance, When obstacles are hindering healthy relationships, To avoid and manage conflicts in the journey of caregiving.
<b>WHERE ARE SKILLS APPLIED?</b>
Daily life situations, in care rendering practices and in all walks of life
<b>HOW SKILLS INFLUENCES CARER'S OF DEMENTIA</b>
Skill is determined by heredity, health, locality or environment. Skills increase resilience, Increases instillation of hope, Promotes emancipatory approach, Helps in peace-making, Acts as Motivating Agent, Prevents from negatively risk taking behaviour, Educates and empower individual career, Helps the career to Prevents and tackle risky behaviours, Gives positive behaviour, Strength healthy relationships.

Note: Adopted from (Stewart 1992).

## 1.1 SELF AWARENESS

Self-awareness: It is a probing into one's own life. According to G.B.Young [2014] states, awareness is a complex element of consciousness which needs the manifestation of alertness. Awareness constitutes sensation, memory, attention, perception, judgment, motivation, emotional content and planned the response. So the women carer must possess above-mentioned components in an integrated manner. According to Jamie P. Monat [2007] projects, the humans have high self-awareness than other animals and small creatures don't have self-awareness. A heightened state of self-awareness is self- conscience which is very much essential in home based care.

Self-awareness can be sensed in the birth yet, it is developed in eighteen years of age. The biological basis of self-awareness is due to the presence of neurons. If a person doesn't have insight, the person has frontal lobe region is damaged. According to Chantal Chavo ix & Richardo insists [July 2017] projects that changes in medial temporal lobe structures are responsible for evaluating self –awareness. The absence of self-awareness leads to Anosognosia and Dissociative Identity Disorder. Impaired self- awareness is seen in Neuro-degenerative diseases

Careers who are privately self-conscious have a higher level of private self-awareness, which can be both a good and bad thing. These people tend to be more aware of their feelings and beliefs, and are therefore more likely to stick to their personal values. However, careers are also more likely to suffer from negative health consequences such as increased stress and anxiety. Carers who are publicly self-conscious have a higher level of public self-awareness. Careers tend to think more about how care respondents view them and are often concerned that other people might be judging them based on their looks or their actions. As a result, these individuals tend to stick to group norms and try to avoid situations in which they might look bad or feel embarrassed

SWOT Analysis can be self-administered for the development of coping strategies. S predicts Strength, w denotes the weakness of the individuals and O denotes Opportunities of the individuals. T represents the threat of the individuals. According to Adel C. Najdowski [2017] clearly, says that SW analysis is to set goals to improve the behaviour of the individuals. The home based carer must decrease undesired behaviours and desired behaviours in care environment for self-management. Moreover, SWOT Analysis is a strategy of knowing self. S-O Strategy – utilisation to make strength strong, W-O Strategy – to win weakness, S-T Strategy – utilisation of strength to diminish threat, W-T Strategy – to reject vulnerability of our weakness from the external threats. There is no self-development without self-awareness

Self-development of home based carers pertains to becoming conscious of one's own body and mental state of mind including thoughts, actions, ideas, feelings and interactions with others. "Self-awareness does not occur suddenly through one particular behaviour: it develops gradually through a succession of different behaviours all of which is centred to the self." The monitoring of one's mental states is called metacognition and it is considered to be an indicator that there is some concept of the self. It is developed through an early sense of non-self-components using sensory and memory sources. In developing self–awareness through self-exploration and social experiences carers can broaden his social world and become more familiar with the self.

The carers who do not gain understanding concerning themselves need self-awareness. In other words, the carers who lacks conscious knowledge. According to Kendra Cherry (2016). It is accepting of knowing or awareness of the self [women, home based carers] and care recipient. There must awareness and attentiveness about the care labour [what, when, how you accomplish]. Self-awareness about career and care recipients' personality, behaviour and feelings are to be known for successful care rendering. Self-awareness helps us to differentiate from other as unique entity, Self-awareness help the career to make modification in the negative to positive thoughts and make presentable interpretation in the mind, Self-awareness helps the career to have mastery over their care rendering procedures, Through strengthening the self-awareness emotional intelligence can be developed in home based women careers, Better interpersonal relationship can be maintained by dementia home based carers. It helps the home based women career to be mindful of the assigned assignment

and it helps in regulating emotions in appropriate venues. Self-awareness will help us to set goals as a first step for self-development.

The self-awareness will not be seen in children below 2 years approximately. The self-awareness develops at the age of 18. An experiment was conducted by Lewis and Brooks-Gun (1979) explains on how visual Self-awareness develops. The researchers had applied a red dot on the nose of the child and the child was held near the mirror. The child instant of identifying the red mark. Emotional self-awareness starts developing earlier. Lewis Selvin Stanger and Weiss (1989) reveals that the self-awareness involves the expression of emotion and even involves ability about self in relation to other individuals.

The self-awareness can be applied in showing thoughtfulness in what you think, speak, act, feel, eat, react, decision making, responding to the body, attracting. The home based carers can apply in dementia caregiving tasks more specifically like assisting in ADL/IAD (Activities of daily living/ instrumental activities of daily living), Communicating, managing behavioural and emotional manifestations of care respondents. The care activities must do through the application of self-awareness. The understanding of self and adopting to care recipient is mandatory. Research fraternity confirms that the anterior cingulate, a region in frontal lobe plays a vital role in self-awareness development. The fast growth of spindle cells in the anterior cingulate. The maximum self-awareness happens in adult age.

According to Emory University's Philippe Rochat, there are five levels of self-awareness which unfold in early development and six potential prospects ranging from "Level 0" (having no self-awareness) advancing complexity to "Level 5" (explicit self-awareness).

**Level 0: Confusion.** At this level, no self-awareness.

**Level 1: Differentiation** At this stage differentiates between carers own movement in the mirror and the other surrounding moments.

**Level 2: Situation.** At this level, an individual self-exploration in carers

**Level 3: Identification.** This level is identification self occurs in carers

**Level 4: Permanence.** Once an individual reaches this level they can identify the self beyond. A "permanent self" is now experienced.

**Level 5: "meta" self-awareness.** At this level not only the self is seen from a first person view but realized that it's also seen from a third person's view. They visualise things from the mind of others.

## 1.2 EMPATHY

Empathy is transportation of an individual's thinking, feeling placing oneself in others position. It is an ability to understand and accept various kinds of people who are around and distinct from others. Inducing positive behaviour towards individuals who need care and patronage. Stephanie D. Preston and Frans B. M. de Waal (2000) prescribes that the original German word is *Einfühlung* which means in English tongue is empathy (feeling in to). Empathy is putting the legs in other's shoes. It is the core element to all home based carers to embrace one in distress. According to Roman Krznaric (2012). Portrays that empathy is the extension of a moral boundary. Laurie Carr (2003). reveals that the concept of empathy was introduced by Theodore Lipps and states that empathy is fundamental to social life more appropriate to care labour. Empathy includes sharing of goals, experiences and needs across individuals. Empathy is activated through the neural mechanism. Empathy is inner mimicry of the action of other (imitation/modelling). Marco Lacoboni (2005). Highlights that imitation is an ability linked with high form of intelligence, in particular to culture, language and ability to comprehend others

According to Daniel Batsman (2007) are knowing another person's internal state which includes recipients thoughts and feelings, Adoption of the posture coming to feel as another person feels, intuiting or projecting oneself into another's situation, Imagining how another is thinking and feeling, imagining how one they would think and feel in the other's place, feeling at witnessing another person's suffering is quality of empathetic home based carers.

The types of empathy manifested in vivid circumstances are: - Cognitive empathy is understanding someone's thoughts and emotions, in a very rational, rather than emotional sense. Emotional empathy is also known as emotional contagion and is 'catching' someone else's feelings so that you literally feel for them too. Compassionate empathy is understanding an individual's feelings and taking appropriate action to assistance.

Daniel Goleman(1995) identified five key elements of empathy which home based carers of dementia must imbibe and practice in their care labour. They are understand others, developing others, having a Service orientation, leveraging Diversity, political awareness

We can empathise with all the different notions, sensations and feelings that someone may have; joy, sadness, caring, fear, loneliness, creativity, connection, grief, excitement, boredom, pain, suffering, etc. Compassion is the name applied to what happens when we empathise with pain and suffering. This can also be called empathic concern by some. It follows the same process as empathy. So compassion is a subset of the empathic process and feels of compassion is a must for home based carers.

According to Roman Krznaric (2012). Indicates six indicators to pinpoint individuals with empathy. They will be curious about strangers, they challenge predispositions and invent cohesion, they aid others in their life, they listen patiently to others and makes others ventilate, they inspire mass action and they are for social change.

It is important that home based carer's must manifest the indicators in action for progress of care labour

The elderly with chronic diseases who are helpless, needy and hopeless in the verge of suffering need prominent empathy. Some people in contrary show empathy to an individual who doesn't need. Dementia carers who are chaotic and uncivilised without empathy must inculcate empathy as they exist in the world. Without empathy, the effective care goals cannot be achieved. The mechanical care vague.

Dementia Careers are brought together and connected to care recipient through family links, Sharpen carer's acumen and informs the decisions, Dementia carers to spread humanity in their caring practice, Develop healthy relationship, Creates a bond of trust among dementia carers and their recipient feel or intended to think, Empathy is essential for promoting health and well-being, Empathy promotes safety.

The empathy does not spread when the individual feels less fortunate than others. The consequence of un shown empathy are seen an individual, familial and societal levels. Feeling homeless, hopelessness, neglected ness, prone to bullying, Castes clashes, Calamities due Racism, terrible torture, mercy less rape, cruel murder, genocide, dictatorship and other forms of atrocities curbs empathy. The carers must not be entrapped by negative consequences of empathy and also trap others without empathy.

The home based carers must be aware when to whom empathy must be expressed. A person with dementia can be shown empathy provided empathy must be shown to the appropriate person in an appropriate situation. Over empathy beyond the limit must be controlled because it must not mislead negatively in a caring environment. The caring situation is an apt situation for expressing empathy.

The sources of developing empathy are: - Educational and work sports and media. Media (influence what the media reports, show examples of healthy conflict resolution through entertainment), Individuals familiarizing themselves with empathy and compassion on a daily basis, Workplace (the feeling in the company depends on a lot of the leader, talks or courses a working with anger). Education in schools (how to identify emotions, how to work with them inside, how to express them, how to empathise, non-violent communication). These insights are gained from three sources stated

The mediums of expressing empathy are: - keen active listening, opening up all emotions and feelings from depth of the heart (empathy two way process), render physical affection, mindful of surrounding, expressing empathetic verbalism, withhold judgmental gestures and statements, extend your helping hand, volunteer, do not discriminate as strangers, consider all as your own people and consider all as equals not exhibiting any discriminations with others. We feeling has to be retained

### **1.3 INTERPERSONAL RELATIONS**

Interpersonal skills are often called "people skills" .It is a person's ability to interact with other people in a positive and cooperative manner. John. C. Karremans et al., (2003) prescribe interpersonal relationships promotes psychological well-being. In other fashion it creates psychological turmoil, it means the desires/preferences of others are neglected. Forgiveness is the good medium of interpersonal relationships. The pertinent and persistence component of special social life where life interactions and interdependence coexists. Man cannot live in this world independently. Interactions are influenced by perception, motivation and self-concept. This helps us to initiate and maintain healthy relationships and delink unconstructive relationships. The interpersonal response, Karen Hendry quotes that people moving towards people, people moving against people and people moving away from people. By knowing the importance of the relationships, the home based carers must good interpersonal skills in their environment. Victimisation in care relationships is highly discouraged.

Will Gemma (2014). States some of the ingredients of interpersonal skills which have to be promoted in home based carers are - Verbal and non-verbal communication, listening skills, negotiating skills, problem-solving skills, questioning, decision-making skills, assertiveness and manners. The interpersonal skills depend on foundations like the collection of personality, personal habits, social style, confidence, verbal communication and sociability which the home based carers have to inculcate for effective interpersonal skills.

The stages of interpersonal relationship development according to George Levinger, a psychologist is an acquaintance, built up, continuation and deterioration. The inter relationship are Friendship, family relationship, romantic relationship, professional relationship, caring relationship. Healthy interaction is the vital medium to build up the good interpersonal relationship in caring relationships.

The relationship is formed and deformed in different stages coming together and coming apart. Coming together includes initiating, experimenting, intensifying, integrating and bonding. Coming apart includes differentiating, circumscribing, stagnating, avoiding and terminating.

The home based carer who lacks the ability to confront, express empathy, unfocused behavior, no leadership skills, no negotiation skills, no motivation skills, not emphasizing on first person, not using

descriptive statements, not explore substituting behavior, and not setting appropriate hour and privacy, finally no nonverbal strategies for constructive and positive confrontation behaviours.

Interpersonal skills are needed for carers to understand them and others in the environment (caring environment/relationship) and reacting/behave/present themselves. To be a successful carer's interpersonal skills are needed. The carer's alone cannot perform care activities without any assistance; she has to depend on other family members, formal carers and community members. The carers have to go for a consultation, collaborate, receive help from collaterals in this juncture keep the lines of communication open, manage your emotions, be positive and be open to feedback. In this circumstances, carer's need interpersonal skills.

The carers deal with vivid people in a social situation who are directly and indirectly involved so interpersonal skills will promote good care for the care recipient. Carers need interpersonal skills in the care environment. The interpersonal skills can be applied in daily walks of life and especially in practice of care labour at home with respect to care recipients.

Inter personal Relationship are developed by developing mutual impressions, forming the first impression, respecting psychological contracts, inculcating mutual expressions. The interpersonal attraction using socio-metric analysis. Interpersonal risk and conflict must be avoided in the home based care environment and cooperative relationship which comprises of shareable goal, perceived power of all parties and trust has to be maintained by home based carers.

According to keyton (2011), Communication is the process of transmitting information and common understanding from one person to another. Carers must be cautious in passing information one to another. The term Communication is extracted from Latin word "communis" meaning common, Communication is an exchange of information, ideas, facts, feelings and thoughts. Communication is the process of generating meaning by sending meaning by sending and receiving verbal and nonverbal symbols and signs that are influenced by multiple contexts. Effective communication is a tool for socialization.

The different forms of communication are intrapersonal, interpersonal, group, public and mass communication. The styles of communication with individual differences are in forecasting, associating, systematising and energising. This skill has to be noticeable in home based carers. Verbal and nonverbal communications important are important in home care. Social communication/ civic engagement will promote social support for home based carers. Expressing feeling by communicating through verbal and nonverbal communication will ease the carers from suffering. In effective communication assertive communication is needed, it is staunch no to the things which have to be paid for. Donna schilder (2017). Assertiveness helps an Individuals to become an enhanced leader, decrease conflict, lessen frustration, discharges stress, intensified quality of relationships.

The carers need effective communication because she has to communicate with various levels within the caring environment. The carer must know where to speak, when to speak and how to speak because utterances are counted valuable. The home based care has to be cautious in disclosing or breaking the bad news to other family members. For breaking based news assistance of the professionals can be sought. Health care communication is valuable where it must be handled with care.

The effective communication is curbed due overloaded information, scarce upward and downward communication, filtering information, defensiveness, misleading language-words which lead to misunderstanding. According to Fred C Lunenburg break downs in effective communication occurs frequently like without sincerity-honesty, straight forwardness and authenticity-communication fails, the absence of empathy, no realistic self and role perception; picture and images in careers. The communication abstains due to lack communication competence. The communication competence refers to the knowledge of effective and communication patterns and the ability to use adaptive knowledge in various contexts. Crowe (2000). Pinpoints caring does not involve specific task contrary it comprises formation of an unremitting relationship with others.

The elements of the sender, the encoding, the message, the medium, the decoding, the receiver and the feedback. If the "noise" Due major barriers in carers communication like process, physical semantic barriers and psychosocial barriers (Eisenberg, 2010)

During career's communication process effective and good communication are blocked due to various reasons sender's barrier, encoding behaviour, medium barrier, decoding barrier, receiver barrier, and feedback barrier. Physical barriers like a telephone call, drop-in visitors, distances between people, walls, distance barrier, technological barriers etc. Semantic barrier like choosing of words, usage, the meanings attach to them are common in dementia careers communication

According to Fred C. Lunenburg mention about psychosocial barriers. This paper will discuss on how dementia careers can avoid psychosocial barriers like Sincerity- Honesty, Straight forwardness, Authenticity must be found in careers, Communicating empathy, Healthy and realistic perceptions are mandatory, Significance of their role imparting information, Avoid distortion of message, consciously or unconsciously, Misconception of other images/personalities must be avoided, Must be conscious about the vehicle in which we send, Listening ability must be adequate and Environmental influence must be avoided.

The effective communication can be applied in day to day for well-being and especially it is crucially utilised in care environment to interact with the professional. Communication with professionals is important in terms of care consultation, in comforting others and with care recipient because it must not aggravate the behaviour problems of the care recipients. The effective communication can be applied there no language barriers, emotional barrier, environmental barrier, perceptual barriers, timing constraint, filtering is not found. More efficiently clear and audible speaking, increased understanding, questioning, constructive feedbacks and active listening barriers has to be eliminated.

The effective communication depends on the clarity of careers expression, listening skills, idea and objectivity of concepts, disclosure-expression. Tips for communicating effectively are confirmed you and your care recipient healthy mood for effective communication, gently grab the attention of the care recipient. See that you communicate in less distractive places and maintain eye contact, do not complicate message in a complicated manner, make the message into fragmented parts, and communicate in a soothing manner. Do not raise your voice but convey the message in low voice. Rephrase you message till it is simple and clear to the care recipient, ask an answerable and simple question for an appropriate response, listen clearly and reply. Wait patiently for the response, responding with verbal and non-verbal communication, maintain a sense of humour in conversations. The function in effective care communication is Control behaviour, enhance motivation, expression of feelings and information-content.

### **1.5 CRITICAL THINKING**

Critical thinking is a significant feature of home based care. The word critical is derived etymologically from two Greek “kriticos” meaning judgment and “kriterion” meaning standards known as “discerning judgments based on standards” must be the motto of careers. It is an evaluative thinking and helps in the acquisition of knowledge. A.S. Mahmont (2017). Critical thinking is a process which incorporates intellectual abilities and attitudinal dispositions. The critical thinking is gained through problem-based learning. The career's notion must be through an acquisition of knowledge and discern between positive and negative thinking in terms of dementia care. Critical thinking is that mode of thinking, Gyongyi Fabian (2015) indicates Critical thinking is the perfection of thought. Nadia Mirela Florea (2015). The emphasis that the first person Roger Bacon had systematically studied empirically in the world on critical thinking in “Advancement on learning”. Based on any subject, content, or problem, the thinker improves the quality of his or her thinking by skillfully analysing, assessing, and reconstructing it. Critical thinking is self-directed, self-disciplined, self-monitored, and self-corrective thinking. It presupposes assent to rigorous standards of excellence and mindful command of self (home based carers).The critical thinking is a Meta skill.

R.W.Paul (1992).emphasis on the qualities for critical thinking when applied on carers it gives results in caring labour. They are the careers who has no confidence in reasoning ability, no contextual perception, no creativity, no flexibility to adapt, accommodate, modify or change behaviors thoughts and ideas, the careers who do not having ability to question their thoughts and observation exploring possibilities and alternatives, when the career do not views the truth with honesty, when the career is insightful knowing something of knowing without consciousness, career without open-mindedness, a career who has no determination in overcoming obstacles in caring, cares who have no self-evaluation. The standards of critical thinking are to adhere due to accuracy, precision, relevance, depth, breath, logic, significance and fairness. To minimise the blenders, distortions and errors of thought accompanied by action in the care process. It gives clarity a person's perception which enables herself to re-appraise her own core values, opinions and calculations. Critical thinking will help an individual to reach heights of self –improvement and self –actualization.

Home based carers must need critical thinking to make their caregiving more enabled in their environments. Career Skills in critical thinking look at problem or situation into fragment parts, career's application standards must be according to professional, personal and social limits, career's ability in recognizing and distinguishing discriminating among category or rank must be facilitated in terms of discipline, careers must drive inferences by drawing evidence in the care situation. It is the power of prediction, which is to be justified, career foreseeing a care plan and analysing its demerits (appropriateness), transforming knowledge into action fitting to appropriateness. The critical thinking can be can be applied in every day walks of life and exclusively to dementia care practice.The critical thinking can be sustained through mind mapping, maintenance of check list, lateral thinking, picture association etc. can be done. Ann Coughlan (2007-2008) highlights that the critical thinking strategies are reflection, rationality, self-awareness, honesty, open mindedness, discipline and judgment have to be inculcated to sustain critical thinking in carers.

Scheffer and Rubinfeld (2001) portrays about the habits and skills of critical thinking which been modified to assist the informal carers/ home based carers:-

Analyzing	Splitting or dividing the whole into small fragments to invent
Application of standards	Application of care standards
Discerning	Ranking through recognising and distinguishing pro and cons, strength and weakness. Differences and similarities.
Information seeking	Searching for evidence, facts or knowledge
Logical Reasoning	Inferences and conclusion are justified by evidence
Predicting	Foreseeing a plan and its consequences
Knowledge transfer	Transformation of nature, form, condition of concepts among contexts

The critical thinker can be identified through following indicators as follows: she raises vigorous questions and problems, formulates clearly and specifically, she collects pertinent abstract ideas to interpret it effectively it effectively comes to well-reasoned conclusions and solutions, testing them against relevant criteria standards, she thinks open-minded within alternative system of thought, recognizing and assessing, as need be, their assumptions, implications and practical consequences and she communicates efficiently with others in presuming out result to multifaceted problems. Christistina von colln et al (2017). The critical thinking incorporated through imitating exercises

### 1.6 CREATIVE THINKING

Creativity in home based carers are the ability to discovery invent good practices in care labour, an attitude to accept anything and improve practices in care. It is a process of practice through refinement. Creative thinking is about an application of imagination to find a solution, the carers have to possess spontaneous imagination of rendering quality care which is otherwise known as newness. Newness in caring labour is imperative. Robert Harris (2012).The term creative thinking includes procreative, divergent, horizontal, chance, suspended judgment, diffuse, subjective, a solution, right brain, visual, associative, richness.

David Tanner (1992). Five techniques in stimulating creativity are lateral thinking, metaphoric thinking, positive thinking, association trigger and capturing and interpreting dreams.The carers who have less knowledge and exposure to caring. The carers who have less imaginary skills and lacks creative thinking skills will be less creative. We must equip ourselves to think smarter and act wiser in care practice. Halizah Awang et al., (thinking is not in a framework of the application, susceptible to mental blocks or lock, inability to handle with a flexible approach, no focus, no structured and systematic creative thought and no evaluation and implementation of creative thinking.

The approaches to developing creative thinking skills are reflection about caring process must be focused on improving care practice, carers must have multiple possibilities in care practice for emphasizing, ask crazy and sensible questions within and without your care practice, accumulate ideas which enhances your potentiality for implementing in care practice and carers can play with theory or suggest to extract knowledge and implement effective newness in the practice. The critical thinking can be applied in every day walks of life and especially in dementia care practice. For example, if gauze piece is not found use piece of cotton cloth if sterilisation machine is not there take a big vessel and boil the water and insert the material for sterilization

According to Lorenzo Del Marmol (2015), Creative thinking is a skill that can be learnt. It escalates people's standard along with the abilities found naturally. It produces productivity, profit-oriented and gains profits. Instilling inspirational thought process and stimulation your innovative cognitions on care practice, Work in your principal area and invent at least one new way of approaching a person with dementia every day, Be dedicated to the innovative work. Do not work constantly on your care practice but take Respite/breaks. Visit to recreation and lively spot where your thoughts are proved and help you to distress, Record innovative thoughts and built your focus area and innovation thoughts because every care recipient is unique and discuss in support groups, Ask various question in innumerable angles such as what, when, how, why and answer by yourself reply to the risen question, Discuss with your care practices and findings with your peers and colleagues which will further generate new ideas, Build your own carers network discuss information pertaining to care, Focus on innovative care practice in active environment like cabin with music surroundings, greenish environment, Involve in risk taking in the process of creative caring environment and Focus on the innovative care process each day rather than your talents.



### **1.7 DECISION MAKING**

According to Hussien Ahamad Al-Tarawneh (2012) remarks as follows: -It is a conclusion which has been taken after carefully contemplating in the care process. It is the transfer of internal motives to action. The dementia carers take decisions are made formally and informally. It is a conscious choice to behave or to think in a particular way pertaining to the caring environment. Decision making is a course of action where an appropriate selection is made from surplus alternatives by evaluating it in a goal specific nature. According to Maryam Temitayo Ahmed (2012). In decision making uncertainty is reduced. The carers can be decision maker provided he/she must have good strategies. The strategies which a carer can adopt are optimising, satisficing, maximax and maximin.

The various causes for bad making decisions by carers are: Least number of alternatives, lack of information, time constraints, over confidence, not focusing on action very much explicitly, discussion with many misleads, lack of knowledge about the problematic environment, lack of concentration. According to Maryam Temitayo Ahmed (2012). States that the main obstacle for making the good decision by carers is fear of making more serious decisions. It is known as Decidophobia. The individual carers can take a Good decision through a maximum number of alternatives, the richness of information, focused action/impacts, with concentration, enough time, Knowledge about the topic, consultation, past experiences, simulation and Converting good decisions to actions.

Decision making can be practised in the everyday course of life more specifically the carers can adhere in care labour where cautiousness must also be accompanied with good rationale. According to Baker et al., (2001). The steps for cares decision making are: - Define the problem, Confirm requirement, Set goals. Identify the alternative possibilities, brainstorm them based on a set of criteria which is predetermined by self, set decision-making tool, Evaluate alternatives based on criteria, and validate the outcomes with the problem set.

### **1.8 PROBLEM SOLVING**

According to Rob Foshay et al., (2003) Problem solving is a mental complex activity which needs high order thinking skills like logical thinking such as visualization, association, abstraction, comprehension, manipulation, reasoning, analysis, generalization-each has to coordinate and manage. According to Edwin M. Bartee (1973) states that the conversion of problem state to solution state and it is transportation individual from present situation to the desired goal. The systematic classification of problem-solving of family carers includes Conceptual problems, empirical problem, behavioural problem, societal problem. The carers undergo through different direction. It can be solved in vivid modes like personalised mode, group mode, organisation mode and societal mode. The carers must not keep problems secret.

The carer who is amidst the multiplicity of Challenges/Problems with the desire to attain goal/solution in the caring process. Carers need problem-solving skills to be empowered in caring labour, to inculcate competencies in care rendering, to create a peaceful atmosphere in caring, to remove the obstacles of daily living during caring. The problem solving can be executed as following steps during caring labour: - identifying the problem, define the problem, explore the problem in vivid dimensions, bring into action and evaluate the outcomes of it. Problems are found in work. Home based carers are facing problems in every sphere of their life. Problem-solving skills applied in care of dementing persons, manage family management, connecting with health professions, following the person with dementia and taking up final decisions.

According to Edwin M. Bartee (1973). The carers can manage problems/challenges through adopting systematic process as follows:

- 1] Genesis: The carer must identify the problem, gather information, gathering history of the problem
- 2] Synthesis: The carer must able define, describe and understanding of the problem from the origin.
- 3] Analysis: This is the main part of the problem-solving. Breaking the problem into smaller elements and differentiating into small fragments
- 4] Synthesis: Analyzing identified piece of ideas are integrated.

### **1.9 COPING WITH STRESS**

According to M.D Selye (1956) redefines it as Stress is wear and tear of the body. According to the medical dictionary, stress is defined as an organism's total response to ecological demands. Stress tolerance is the ability to be relaxed and composed when faced with difficulties. Having positive stress tolerance is being able to stay calm without getting rejected by strong emotions of hopelessness and helplessness.

Many things can cause stress in ways like survival stress, internal stress, environmental stress and fatigue and overwork. Stress can be positive, negative, short term and long term. There is healthy stress regulation which includes a conversation with networks, aerobics, writing a journal, meditation, psychotherapy, getting adequate sleep, paying attention to negative thoughts before and after emotions and taking respite. The unhealthy emotional regulation is abusing alcohol or other substances, self-inquiry, avoiding or retreating from difficult situations, physical or verbal antagonism, extreme usage social media.

The home based carers become stressful due to the multiplicity of role, the desire of unrealistic goals on care recipient's recovery and over a load of tension. The factors which make home based carers stressful are negative adoption are - Smoking, using medications to relax, consumption of alcohol too much, moving back from friends, family, and activities, depending on junk or comfort food, postponing and accumulation of task, zoning out for hours looking at your phone. Satisfying up every minute of the day to avoid facing problems, slumber too much, taking out your stress on others.

The home based carers who have the ability to withstand the problem with high resilience can deal stress by reframing the problem in an appositive way, avoid to be over perfectionist but adjust with standards. Four A's to adhere are Avoid, Alter, Adopt and Accept by which stress can be dealt. The home based carers identified to be stressful by hectic care labour, insomnia, tension, no adequate nutritious food, no support system among family, friends and relatives.

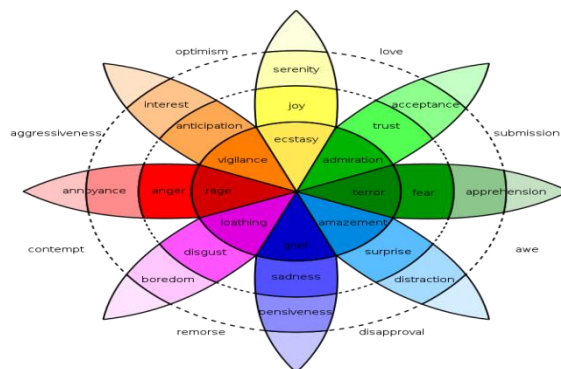
According to Prakash raja ram et al (2015). The body responses to stress are:

System	Disease
Nervous System	A migraine, headaches, tingling sensation in fingers, toes, sleep disturbance, aching jaw, tight jaw, tight forehead, sweaty palms, anxiety, anger, concentration, depression, learning and memory problems, PTSD, Parkinson's and Alzheimer's diseases.
Digestive system	Problems retaining food, change in appetite patterns and ulcer.
Immune System	Constant low-grade fever, viral infections, HIV infection.
Cardiovascular System	Heart palpitation, increased blood pressure, myocardial infection
Respiratory System	The tightness of chest, back, shoulders, shortness of breath, dizziness, cold or a sore throat and asthma.
Others	Diabetes, breast cancer, cervical cancer

Stress can be managed through good and adequate exercise, balanced diet, breathing exercise, practice yoga, adequate rest and sleep, visiting relatives and friends, family outing with harmony and peace are some of the basics to live a harmonious life, having adequate entertainment, listening music, organizing healthy tours, visiting religious places like churches, ensuring performance of meditation, attending special worship gatherings and healing crusades, reading holy books like bible.

**1.10 COPING WITH EMOTIONS**

According to emotion is a state of being aroused and experienced by the individual, sometimes emotional arousal is conscious and unconscious Hong Chen "an emotion is a complex psychological state that involves three different components: a subjective strong feeling which is derived from one's mood or relationships with others.



Source: <https://upload.wikimedia.org/wikipedia/commons/c/ce/Plutchik-wheel.svg>

The carers who are devoid of emotional intelligence, self-awareness, unable to modify their emotional expressions and self-control are noticed as unable to cope up with emotions. Emotions are the fundamental traits which all experience. Emotions are also said to be an enhancer of motivation which leads to the formation of the personality of carers. Emotions are related to creativity and expression which gives colour to the process of care labour.

The home based carer's emotions can be healthy through the practice of emotional regulation. According to Abigail, Emotional regulation is a term generally used to describe a person's ability to effectively to manage and respond to an emotional experience.

Jeetendra Dhawan (2015). Reveals adrenaline, even known as called epinephrine, is a hormone, or chemical messenger, that is released in response to fear, anger, panic, and other emotions. It readies the body to respond to the threat by increasing heart rate, breathing rate, and blood flow to the arms and legs. These and other effects prepare the body to run away or fight. The involvement of emotional manifestation of emotions are through nerves along with the pathways is tracked through the motor cortex, the limbic system and brain.

Schacter and singer proved that cortex is responsible for emotions. Amygdala is a structure of the brain which affects emotions. Good emotions are linked to the prefrontal cortex. Negative emotions are linked to the amygdala. Scientists have developed several theories about how emotions are generated based on subjective feelings, physiological responses, and expressive behaviour

Cares must go for exercise according to the physical state, illuminate grace and kind to others, be frank and accept the happenings in your environment mindfully, speak-out transparently, challenge negative thoughts, spend time with nature, recall pleasant things, get adequate sleep. Carers must keep in mind that in healthy ways of managing emotions must be evaded like alcohol and substance abuse, sidestepping from situations instead to face them, media addiction, illegal relationships, physical or verbal agitation's, self-harm.

## II. CONCLUSION

Skilled home based dementia informal/family carers gives essence to the care labour and empowerment of care recipients with dementia. Above mention, skillset is essentials to promote family carers focus and empower them to have positive motivation towards caring and ability to perform caring task effectively. Carers with persons with dementia must have these skills for not withdrawing from care labour but to prolonged long term care.

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