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Literature Review: Peran *Caregiver* Untuk Peningkatan Perawatan Kesehatan Pada Pasien Demensia

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ABSTRAK

Peran caregiver terhadap pasien demensia untuk meningkatkan perawatan kesehatan masih belum maksimal. Perawatan pasien demensia merupakan upaya berbasis pengalaman bagi pasien demensia yang kompleks yang dapat meningkatkan tekanan psikologis caregiver. Tujuan penelitian untuk mengetahui keefektifan peran caregiver terhadap pasien demensia untuk meningkatkan perawatan kesehatan. Strategi pencarian studi berbahasa Inggris yang relevan dengan topik dilakukan dengan menggunakan database ScienceDirect, SagePub, Springer dibatasi dari tahun 2014 sampai 2020. Kata kunci yang digunakan adalah "caregiver", "dementia", "health care", "role". Artikel fulltext direview untuk memilih studi yang sesuai dengan kriteria. Kriteria inklusi dalam review ini adalah: petugas kesehatan yaitu caregiver. Pencarian menggunakan kata kunci di atas dengan database ScienceDirect, SagePub, Springer yang sesuai dengan kriteria inklusi hanya 22 artikel. Penelitian yang ditelaah pada artikel ini menggunakan berbagai macam metode yaitu systematic literature review sebanyak 1 artikel, RCT sebanyak 4 artikel, interview sebanyak 1, qualitative study sebanyak 5 artikel, quasi-experimental study sebanyak 2 artikel, participatory research sebanyak 1 artikel, bootstrapping methods sebanyak 1 artikel, scoping review of published literature sebanyak 1 naskah, quantitative study sebanyak 1, cohort study path analysis sebanyak 1, a survey to clarify the evaluation sebanyak 1, SEM sebanyak 1, standardized protokol sebanyak 1. Penelitian dengan menggunakan tehnik random sebanyak 10 artikel, sedangkan yang menggunakan tehnik non-random sebanyak 12 artikel. Peran caregiver terhadap pasien demensia untuk meningkatkan perawatan kesehatan merupakan upaya berbasis pengalaman efektif dan merupakan kegiatan yang paling tepat untuk pasien lansia dengan demensia. Meningkatkan peran caregiver dengan cara mengubah persepsi caregiver terhadap pandangan yang lebih positif tentang perannya.

Kata kunci: *caregiver, dementia, health care, role*

ABSTRACT

The role of caregivers for dementia patients to improve health care is not yet optimal. Dementia patient care is an experience-based effort for complex dementia patients that can increase the psychological pressure of caregivers. The aim of the study was to determine the effectiveness of the caregiver's role in dementia patients to improve health care. Search strategies for English-language studies that are relevant to the topic are carried out using the ScienceDirect, SagePub, Springer databases limited from 2014 to 2020. The keywords used are "caregiver", "dementia", "health care", "role". Fulltext articles are reviewed to select studies that fit the criteria. The inclusion criteria in this review are health workers, caregivers. A search using the keywords above with the ScienceDirect, SagePub, Springer database that met the inclusion criteria was only 22 articles. Research examined in this article uses a variety of methods, namely systematic literature review by 1 articles, RCT by 4 articles, interview by 1 articles, qualitative study by 5 articles, quasi-experimental study 2 article, participatory research of 1 article, bootstrapping methods of 1 article, scoping review of published literature by 1 articles, quantitative study by 1 articles, cohort study path analysis by 1, a survey to clarify the evaluation by 1, SEM by 1, standardized protocol by 1. Research using random techniques as much as 10 articles, while those using non-random techniques as many as 12 articles. The role of caregivers for dementia patients to improve health care is an effective experience-based effort and is the most appropriate activity for elderly patients with dementia. Enhance the role of the caregiver by changing the caregiver's perception of a more positive view of his role.

Keywords: *caregiver, dementia, health care, role*

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I. PENDAHULUAN

Permasalahan pada beberapa hasil penelitian mengenai peran *caregiver* terhadap pasien demensia untuk meningkatkan perawatan kesehatan masih belum maksimal. Perawatan pasien demensia merupakan upaya berbasis pengalaman bagi pasien demensia yang kompleks yang dapat meningkatkan tekanan psikologis *caregiver*[1,2,3,4]. Perawatan yang diberikan oleh *caregiver* seperti perawatan fisik misalnya perawatan inkontinensia yang paling tepat untuk pasien demensia masih belum maksimal[5]. Perawatan pasien demensia tersebut berhubungan dengan berbagai masalah dan menjadi beban bagi *caregiver*[4,5]. Tingkat beban yang dialami oleh *caregiver* tergantung pada beberapa faktor seperti kesehatan psikologis atau emosional dan morbiditas fisik, kehidupan sosial, etnis dan ekonomi[6,7,5]. Beban merawat pasien dengan demensia dihubungkan dengan gangguan perilaku[4], dan dihubungkan dengan keputusan oleh penerima perawatan[8].

Di Swedia prevalensi atau jumlah *caregiver* yang berperan terhadap perawatan kesehatan pasien demensia sebanyak 60% masih bekerja dan 40% sudah pensiun dari total *caregiver* yaitu 50[1].

Factor penyebab peran *caregiver* dalam memberikan perawatan kesehatan pada pasien demensia belum maksimal antara lain mayoritas pasien demensia dirawat di rumah oleh anggota keluarga dan tingkat kepedulian dalam komunitas perawatan demensia yang seringkali menjadi beban utama bagi *caregiver*[6,9]. Dampak peran *caregiver* dalam memberikan perawatan kesehatan pada pasien demensia yang belum maksimal antara lain penurunan kualitas kesehatan pasien demensia dan perencanaan asuhan pelayanan kesehatan. Beban *caregiver* yang tinggi dan status kesehatan yang buruk serta perilaku sehat yang rendah[8]. Dampak lainnya yaitu terjadi permasalahan gejala fisik yang buruk, risiko kematian yang tinggi[8,10].

Salah satu solusi terhadap peran *caregiver* pada pasien demensia untuk meningkatkan perawatan kesehatan antara lain dengan memberikan dukungan ilmu pengetahuan dan teknologi yang dapat meningkatkan kualitas perawatan kesehatan sehingga pasien demensia terjaga kesehatannya. Di samping itu juga dapat mengurangi tekanan psikologis *caregiver* dalam memberikan perawatan kesehatan[11].

II. METODOLOGI

Jenis studi literature yaitu literature review. Strategi pencarian studi berbahasa Inggris yang relevan dengan topik dilakukan dengan menggunakan database ScienceDirect, SagePub, Springer dibatasi dari tahun 2014 sampai 2020. Kata kunci yang digunakan adalah "*caregiver*", "*dementia", "health care", "role"*. Artikel *fulltext* direview untuk memilih studi yang sesuai dengan kriteria. Kriteria inklusi dalam review ini adalah: petugas kesehatan yaitu *caregiver*. Pencarian menggunakan kata kunci di atas dengan database ScienceDirect, SagePub, Springer yang sesuai dengan kriteria inklusi hanya 22 artikel. Artikel yang digunakan sebagai sampel selanjutnya diidentifikasi dan disajikan dalam tabel 1.

III. HASIL DAN PEMBAHASAN

Penelitian yang ditelaah pada artikel ini menggunakan berbagai macam metode yaitu Interviews and well-evaluated scales sebanyak 1 artikel, systematic literature review sebanyak 9 artikel, RCT sebanyak 4 artikel, cross sectional study sebanyak 1 artikel, qualitative study sebanyak 2 artikel, a survey to clarify the evaluation sebanyak 1 artikel, descriptive statistics sebanyak 1 artikel, dan Studi analisis sebanyak 1 artikel. Penelitian dengan menggunakan tehnik random sebanyak 3 artikel, sedangkan yang menggunakan tehnik non-random sebanyak 16 artikel.

Peran *Caregiver* Untuk Peningkatan Perawatan Kesehatan

Caregiver dengan status kesehatan yang rendah dapat meningkatkan beban atau tekanan *caregiver* dalam memberikan perawatan kesehatan[1]. Peran *caregiver* yaitu memberikan bantuan perawatan pribadi, menangani permasalahan perilaku dan mengurangi beban gejala fisik dan kesehatan yang buruk[8,12], dan mengatasi risiko kematian[13]. Keluarga yang berperan sebagai *caregiver* menggunakan resep pengobatan dan layanan kesehatan[14,15].

Penelitian terhadap *caregiver* yang merawat lansia disabilitas bahwa *caregiver* menggunakan coping ketika mengalami peristiwa yang membuat stres[16]. Keluarga yang berperan sebagai *caregiver* lebih sering mempraktikkan bentuk-bentuk koping praktis yang meningkatkan kesehatan fisik yang lebih baik, lebih sedikit beban dan tingkat kesejahteraan yang lebih tinggi[17].

Keluarga yang berperan sebagai *caregiver* berperan penting dalam merawat pasien dengan demensia[16].

Peran *caregiver* pada perawatan formal yaitu sebagai fasilitator dengan pemerintah untuk menyediakan dan membiayai serta membentuk sistem penjaminan pensiun yang membuat lansia tidak bergantung pada tunjangan jaminan sosial[1].

Pelayanan sosial yang disediakan untuk lansia seperti tinggal di lingkungan rumah, memberikan perumahan (panti jompo) dengan dilengkapi pelayanan dan fasilitas perawatan yang memadai. Sehingga lansia dengan berbagai jenis demensia dapat tinggal sampai akhir hayat. Hal tersebut merupakan peran *caregiver* dalam merawat lansia pada tahap terakhir demensia[18].

Salah satu peran *caregiver* adalah mengidentifikasi berbagai alternatif perawatan yang lebih disukai lansia demensia dan pengaturan perawatan formal yang didasarkan pada konsep lingkungan dan pemeliharaan kehidupan sehari-hari yang normal [18,19], dan jenis akomodasi yang berkembang. *Caregiver* harus berada di pelayanan selama 24 jam sehari untuk memberikan dukungan, bimbingan, dan bantuan[18].

Peran *cargiver* antara lain memberi penilaian dasar yang mencakup komponen-komponen berikut: riwayat medis (seperti latar belakang medis dan obat-obatan saat ini); riwayat gejala; konsekuensi psikososial, sikap terhadap penyakit, efek pada kehidupan sehari-hari dan kualitas hidup pasien, pengalaman kerabat, mobilitas (transfer, berjalan, tingkat keterampilan, bantuan yang dibutuhkan, kesesuaian pakaian, penglihatan, kebersihan pribadi, *toilet*, fasilitas), keparahan gangguan kognitif, atau gangguan perilaku yang dapat mempengaruhi fisiologi tubuh dan kerja sama dengan bantuan *toileting*; pemeriksaan fisik dan hasil tes laboratorium[20,21].

Peran *caregiver* melalui teknologi berupa berbagai produk atau layanan yang dirancang untuk memungkinkan kemandirian bagi pasien disabilitas dan lansia[22].

Beberapa bukti peran perawat bahwa pengawasan klinis dapat menyebabkan perawat menjadi sukses[23]. Perawat yang merawat pasien demensia akut bahwa intervensi ini secara signifikan dan positif mengubah persepsi perawat dan *caregiver* terhadap pandangan yang lebih positif tentang perannya, merasa lebih terkontrol dan perasaan dihargai oleh manajer. Pengalaman positif ini penting dalam memutuskan untuk tetap bekerja di bangsal perawatan demensia[24].

Melakukan diskusi secara intensif dengan para manajer dan mengikuti program persepsi peningkatan kontrol situasional dan keterampilan koping, dengan pemikiran kritis yang lebih baik dan perspektif yang lebih luas yang mengembangkan kompetensi yang lebih diarahkan pada masa depan. Kompetensi ini merupakan faktor motivasi untuk tetap bekerja dalam manajemen keperawatan[25].

Pentingnya peran perawat-mentor dalam mempertahankan perubahan budaya kerja yang positif yang ditujukan untuk perawat[26]. Mengidentifikasi peningkatan kepuasan kerja dan sikap terhadap dimensi kerja. Ukuran komitmen karier mengungkapkan tingkat niat yang tinggi[27].

Implikasi Terhadap Praktik

Peran *caregiver* dalam melaksanakan intervensi berorientasi pada kesehatan pasien demensia dengan berbagai faktor risiko, kesehatan yang rendah[1].

Intervensi keperawatan berbasis bukti seperti perawatan fisik terhadap lansia dengan demensia. Perawatan fisik tersebut berbasis pengalaman efektif dan merupakan kegiatan yang paling tepat untuk pasien lansia dengan demensia. Praktik keperawatan yang efektif hanya akan diwujudkan dengan menggunakan beberapa sumber bukti yaitu penelitian, pengalaman klinis, dan pengalaman pasien[2].

Lingkungan pembelajaran yang ramah keluarga, yang menghargai dan menghormati perawatnya, dengan cara yang sama seperti perawat diharapkan untuk menghargai dan merawat pasien, sangat penting dalam memastikan peran perawat atau *caregiver* dalam perawatan pasien lansia dengan demensia[23].

IV. SIMPULAN DAN SARAN

Peran *caregiver* terhadap pasien demensia untuk meningkatkan perawatan kesehatan merupakan upaya berbasis pengalaman efektif dan merupakan kegiatan yang paling tepat untuk pasien lansia dengan demensia.

Meningkatkan peran *caregiver* dengan cara mengubah persepsi *caregiver* terhadap pandangan yang lebih positif tentang perannya.

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Table 1. Artikel yang digunakan sebagai sampel

No	Penulis, tahun, judul	Sampel	Metode	Random	Hasil
1	Terracciano, A., Artese, A., Yeh, J., LaVonEdgerton.,Granville, L., Aschwanden, D., Luchetti, M., Glueckauf, RL., Stephan, Y., Sutin, AR., Katz, P. (2019). Effectiveness of Powerful Tools for Caregivers on Caregiver Burden and on Care Recipient Behavioral and Psychological Symptoms of Dementia: A Randomized Controlled Trial.	44	RCT	random	Intent-to-treat analyses found PTC reduced caregiver burden ($d = -0.48$) and depressive symptoms ($d = -0.53$), and increased self-confidence ($d = 0.68$), but found no significant benefit for behavioral and psychological symptoms of dementia in care recipients. PTC was rated highly by participants and program attrition was low, with 94% of caregivers completing at least 4 of the 6 classes.
2	Sittironnarit, G., Emprasertsuk, W., Wannasewok, K. (2020). Quality of life and subjective burden of primary *dementiacaregivers* in Bangkok, Thailand	155	Interview	Tidak	Forty percent of the participants assessed themselves as having burden. Positive predictive factors of the caregivers' quality of life included high education, income, satisfaction towards psychiatric care and having jobs. Female gender, having financial problems, sickness, long caregiving hours per day, burden from taking care of other dependents, and subjective burden ($p < 0.05$) were negative predictive factors of dementia caregivers' quality of life.
3	Couture, M.,Ducharme, F.,Sasseville, M.,Bradette, C., Gaudet, K. (2019). A qualitative systematic review of factors affecting *caregivers*' decision-making for *care* setting placements for individuals with *dementia*	31	Qualitative systematic review	random	Choosing a new living environment for a person with dementia includes two main concerns for caregivers: (1) evaluating the current living environment and caregiving arrangements; and (2) evaluating potential living environments. The key factor, that is acceptability, reflects the extent to which a change of living environment is personally and socially perceived as desirable, suitable, as well as decent for all stakeholders.
4	Rong, X.,Wu, F.,Tang, D.,Zhao, Y., Zhang, S. (2019). Development of a self-management support program for *caregivers* of relatives with *dementia* in Shanghai	32	qualitative descriptiv	Tidak	Content analysis revealed that the main challenges caregivers faced were a lack of reliable and accessible information about dementia care, frustrations related to communication with the care recipient, disturbances in daily routines, and unfamiliarity with and/or difficulty in balancing the caregiver's own health needs. Access to individualized and reliable instruction and/or group support were the major types of support the participants expected for their self-management. Based on the findings and relevant literature, an illustrated caregiver-education booklet was developed and the intervention strategies were also discussed for the program.
5	Zhang, SY.,Wu, F.,Tang, DL.,Rong, XS., Zhao, YX. (2019). Pilot testing the *caregiver* self-management intervention for *caregivers* of relatives with *dementia*	41	quasi-experimental study	random	The results demonstrated a stronger sense of self-efficacy regarding the gathering of information about dementia care in both study groups compared to the baseline data. Caregivers participating in the group sessions reported better health-related quality of life, improved responses to behavioral disturbances, and efficacy in the management of stress than those who received telephone instructions. This study provided some preliminary information regarding ways to improve self-management for the target population in mainland China.
6	Kor, PPK., Liu, JYW., Chien, WT. (2019). Effects of a modified mindfulness-based cognitive	36	RCT	random	Intervention feasibility was established with a high completion rate of 83% (completing ≥ 5 out of the 7 sessions) and a low attrition rate of 11.1%. The duration of the average weekly home-based mindfulness practice of the caregivers was 180 minutes (S.D. = 283.8). The intervention group experienced a

No	Penulis, tahun, judul	Sampel	Metode	Random	Hasil
	therapy for family *caregivers* of people with *dementia*: A pilot randomized controlled trial				statistically significant decrease in stress levels (Z = -1.98, p = 0.05, Cohen's d = 0.7) and depressive symptoms (Z = -2.25, p = 0.02, Cohen's d = 0.8) at the post-test; and a decrease in stress (Z = -2.58, p = 0.01, Cohen's d = 0.9), depressive symptoms (Z = -2.20, p = 0.03, Cohen's d = 0.7), and burden (Z = - 2.74, p = 0.006, Cohen's d = 1.0), and improved quality of life (physical) (Z = -1.68, p = 0.09, Cohen's d = 0.6) at the 3-month follow-up compared to the controls. A focus group conducted immediately after the intervention revealed three major themes: Impacts on the family caregivers, Impacts on the people with dementia, and Difficulty in practicing mindfulness.
7	Frank, L.,Shubeck, E.,Schicker, M.,Webb, T., Epstein-Lubow, G. (2019). Contributions of Persons Living With *Dementia* to Scientific Research Meetings. Results From the National Research Summit on *Care*, Services, and Supports for Persons With *Dementia* and Their *Caregivers*	28	participatory research	Tidak	The PLWD Group influenced the content of the Summit agenda and some Group members were invited to contribute through Summit presentations. The Group influenced Summit outcomes: of the 58 research recommendations that emerged, 30 express ideas contributed by the PLWD.
8	Chung-Ying Lin, Pei-Yu Shih, Li-Jung Elizabeth Ku. (2019). Activities of daily living function and neuropsychiatric symptoms of people with *dementia* and *caregiver* burden: The mediating *role* of caregiving hours	186	Bootstrapping methods	Tidak	Caregiving hours in BADL mediated the relationship of PWDs' BADL function and caregiver burden (effect = −0.0137, 95% bootstrap CI = −0.0379, −0.0003). However, such mediating effects were not found in the relationship of PWDs' neuropsychiatric behaviors and caregiver burden.
9	Lee, K.,Puga, F.,Pickering, CEZ.,Masoud, SS., White, CL. (2019). Transitioning into the *caregiverrole* following a diagnosis of Alzheimer's disease or related *dementia*: A scoping review	29	Scoping review of published literature	random	Twenty-nine studies were organized around three major categories: i) family caregiver experiences on receiving the diagnosis (n = 23), ii) needs during this time of transition (n = 18), and iii) interventions and outcomes to support their transition into the caregiver role (n = 5). While studies may have addressed more than one topic, 16 studies intersected categories of both caregiver experience and needs, and one study intersected categories of needs and interventions. There were several studies that focused more specifically on the caregiver's initial reactions to a diagnosis of Alzheimer's disease or related dementia (n = 9), the emotional responses to the diagnosis (n = 14), changes in personal relationships and responsibilities with a new role (n = 16). Caregiver needs following the diagnosis included knowledge and information (n = 14), emotional and psychological support (n = 11), and assistance with care planning (n = 7). Five papers examined interventions specifically tailored to caregiver needs at this juncture, which support the transition into the caregiver role..
10	Chaouni, SB., An-Sofie Smetcoren, Donder, LD. (2020). *Caring* for migrant older Moroccans with *dementia* in Belgium as a complex and dynamic transnational network of	31	qualitative study	Tidak	Analyses of the collected data reveal that current dementia care is a challenging, complex and dynamic search process. This process is shaped by (1) multiple factors reflecting the changing care needs of the care recipient during the course of the dementia, (2) the individual (transnational) recourses of the informal caregivers and the (3) current (lack of) accessibility of professional dementia care (driven by the absence of an accessible migration-, culture- and religion-sensitive professional care). The limited professional service-use is predominantly compensated through the search for transnational external

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	informal and professional *care*: A qualitative study				helpers. The limited migration, cultural and religious sensitivity of current dementia care is often overlooked by professional caregivers.
11	Smagula, SF., Stahl, ST., Santini, T., Banihashemi, L., Zhan, L. (2019). White Matter Integrity Underlying Depressive Symptoms in *Dementia Caregivers*	21	Quantitative study	Tidak	Caregivers reporting depression symptoms had lower FA in tracts connecting to the posterior cingulate cortex (Cohen's $d = -0.9$) and connecting dorsolateral prefrontal with rostral cingulate regions (Cohen's $d = -1.2$).
12	Nwakasi, CC., Hayes, C., Fulton, J., Roberts, AR. (2019). A pilot qualitative study of *dementia* perceptions of Nigerian migrant *caregivers*	6	Qualitative descriptive	Tidak	Cultural specificity, dementia awareness, and empathic witnessing were identified as the three major themes in the findings. The findings suggest that meanings given to dementia symptoms are influenced by sociocultural factors and they may ultimately affect the way people with dementia are cared for.
13	Liew, TM., Tai, BC., Yap, P., Choon-Huat Koh, G. (2019). Comparing the Effects of Grief and Burden on *Caregiver* Depression in *Dementia* Caregiving: A Longitudinal Path Analysis over 2.5 Years	183	cohort study path analysis	Tidak	At baseline, grief and burden had synergistic relationships with each other ($P = .012$), where the high levels of grief amplified the effect of burden on caregiver depression. Both grief and burden had longitudinal effects on caregiver depression at 2.5 years ($P <.001$ and $P = .047$, respectively), albeit with some differences in mechanism; both had effects which were indirectly mediated through baseline depression ($P < .001$ and $P = .002$, respectively), but only grief had a direct path toward depression at 2.5 years ($P = .030$), which was distinct from baseline depression
14	Kanamori, M., Suzuki, M., Yamamoto, K., Kanda, M., Matsui, Y., Kojima, E., Fukawa, H., Sugita, T., & Oshiro, H. (2014). A day care program and evaluation of animal-assisted therapy (AAT) for the elderly with senile dementia	20	a survey to clarify the evaluation	Tidak	In the control group, the averagebaseline score was 5.45(± 3.27) and three months later itwas 5.63(± 3.59). The evaluation of salivary CgA, as amental stress index, showed a decreasing tendency in theAAT group. Our findings demonstrate the usefulness ofusing several methods for evaluation of the changes inpatients given AAT.
15	Laakkonen, ML., Raivio, MM., Eloniemi-Sulkava, U., Saarenheimo, M., Pietila, M., Tilvis, RS., Pitkala, KH. (2015). How do elderly spouse care givers of people with Alzheimer disease experience the disclosure of dementia diagnosis and subsequent care?	63	RCT	random	Of the care givers, 71% felt they had received sufficient information about dementia. However, only 50% estimated that their spouses' follow-up care had been well organised. The responses in the qualitative study indicated that many care givers felt grief and anxiety. They also expressed feelings of loneliness and uncertainty about how to deal with follow-up care for dementia.
17	Chan, EY., Phang, KN., Glass Jr, GF., Wee-Shiong Lim. (2019). Crossing, Trudging and Settling: A phenomenological inquiry into lived experience of Asian family	16	Qualitative	Tidak	Analysis revealed the essential structure of a caregiver's journey with three major transitions, namely: (1) Crossing the threshold from ordinary world into caregiving world, (2) Trudging on the road of trials and obstacles, and (3) Settling into a new normalcy. Understanding the lived experience of Asian caregivers can help clinicians in targeting relevant support and information, and prepare new caregivers for the demands of their role.

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	caregivers of older persons with *dementia*				
18	Wang, YN.,Hsu, WC.,Yang, PS.,Yao, G., Shyu, YIL. (2018). Caregiving demands, job demands, and *health* outcomes for employed family *caregivers* of older adults with *dementia*: Structural equation modeling	214	SEM	random	Structural equation modeling analyses showed that job demands partially mediated the relationship between caregiving demands and caregiver health outcomes. The indirect effect of caregiving demands on caregiver health outcomes through job demands was 0.208 (95% confidence interval: 0.053 - 0.335). Nurses should evaluate job demands when screening for high-risk caregiver groups vulnerable to high caregiving demand. Interventions aimed at lessening both caregiving demands and job demands may improve caregiver health outcomes for family caregivers of older adults with dementia.
19	Tatangelo, G., McCabe, M., Macleod, A., You A. (2018). "I just don't focus on my needs." The unmet *health* needs of partner and offspring *caregivers* of people with *dementia*: A qualitative study	24	Qualitative study	Tidak	The first theme represents caregivers' overall assessment and perception of their health needs. The remaining four themes represent the most important aspects of caregivers' health needs; mental health, emotional support and social relationships, healthy diet and exercise, and personal time. While these themes were similar for offspring and partner caregivers, the specific needs and barriers within these areas were different. A prominent barrier for partner caregivers was that they had difficulty in acknowledging their needs. Despite this, partner caregivers demonstrated unmet emotional support needs, as they no longer had emotional support from their partner with dementia. They also had an unmet need for time away from the care-giving role, yet they were reluctant to leave the person with dementia.
20	Kunik, ME., Stanley, MA., Shrestha, S., Ramsey, D., Amspoker, AB. (2020). Aggression Prevention Training for Individuals with *Dementia* and their *Caregivers*: A Randomized Controlled Trial	228	RCT	random	Aggression incidence and secondary outcomes did not differ between groups. However, in those screening positive for IWD depression or caregiver-IWD relationship problems, those receiving EU-PC had significant increases in depression and significant decreases in quality of the caregiver-IWD relationship, whereas those receiving APT showed no changes in these outcomes over time.
21	Tak, Y., Song, J., Woo, H., An, J. (2019). Realist Review: Understanding Effectiveness of Intervention Programs for *Dementia Caregivers*	1225	quasi-experimental	random	None of the studies included all the derived contexts while explaining in detail the mechanism of the intervention effectiveness. Among contexts, the variable of other family members requiring care was not included in all studies. Among the analyzed studies, no studies have applied repeated intervention. Most studies included only some variables of context and mechanism, and these variables did not directly explain the effectiveness of intervention.
22	Ruisoto, P., Contador, I., Fernández-Calvo, B., Serra, L., Rivera-Navarro, J. (2020). Mediating effect of social support on the relationship between resilience and burden in *caregivers* of people with *dementia*	283	Standardized protokol	random	The role of caregiver of PWD was more common in women, reporting significantly higher levels of burden than men. Resilience and social support accounted for most of the variance in burden. Furthermore, social support partially mediated the relationship between resilience and burden in caregivers.