

Horticultural therapy in dementia care: a literature review

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Abstract

Aim To present a narrative review of the empirical literature on the use of horticultural therapy in dementia care.

Method A comprehensive literature search, conducted in December 2014, resulted in the selection of 15 primary research articles for review. Of these, three used qualitative methods, five used quantitative methods and seven used mixed methodology. The articles were critically appraised, and the narrative synthesis used a thematic approach whereby prominent themes from the articles were grouped to form representative themes.

Findings Three main themes emerged from the narrative synthesis: the emotional health of people living with dementia, their perceived self-identity and their levels of engagement.

Conclusion Horticultural therapy can be beneficial. At a macro-level, it is an inexpensive therapy that does not require specialist training to deliver. At a micro-level, it enhances the wellbeing of people living with dementia. Recommendations are made to promote access to appropriate horticultural therapy for people living with dementia, and for further research in this area.

Authors

Marianne Blake Health and social care student, School of Nursing and Midwifery, University of Dundee, Scotland.
Gary Mitchell Dementia care advisor, Four Seasons Health Care, Irish Regional Office, Belfast, Northern Ireland.
Correspondence to: mblake@dundee.ac.uk

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Review

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PEOPLE LIVING WITH dementia often experience reduced wellbeing or exhibit signs of distress during their disease trajectory (Downs and Bowers 2008). Historically, healthcare professionals focused on managing distress in people living with dementia by prescribing antipsychotic or sedative medication. However, distress has been managed differently over the past two decades: healthcare professionals are encouraged to actively promote the wellbeing of people living with dementia, rather than reactively manage their distress (Brooker 2007). Best practice clinical guidelines advocate the use of non-pharmacological approaches in the first-line management of distress (Department of Health (DH) 2001, 2005, 2006, 2009, 2010, National Collaborating Centre for Mental Health 2007). Horticultural, or garden, therapy is one such approach that may be cost effective for service providers.

Personalisation is an important indicator of success in non-pharmacological approaches to care (Mitchell and Agnelli 2015a). Healthcare professionals should seek to personalise the care they provide to support people living with dementia. Person-centred care may be implemented in various forms, but essentially involves treating the individual living with dementia as a person and not as a patient (Kitwood 1993, 1995, 1997). Person-centred care has been demonstrated to be beneficial to the person living with dementia, their care partners and the healthcare professionals providing their care (Baker 2015). The benefits result from enhanced wellbeing and a reduction in the number of episodes of distress in people living with dementia (Dewing 2008, Mitchell and Agnelli 2015b).

Establishing the life history of a person living with dementia is a prerequisite to personalised care (Baker 2015). A life history can provide details about a person's likes and dislikes in relation to their daily routines. This might include how they like to be addressed, who they like to visit, what they like to watch on television, what music they prefer and what activities they enjoy (Mitchell and Agnelli 2015a). Knowledge of a person's life