

Caregiver Attitudes, Motivations and Care Quality in Residential Memory Care: a Scoping Review Protocol



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ABSTRACT

Background

The motivations and attitudes of caregivers strongly influence the care they provide. Motivation is also a central component in staff retention and care consistency, whereas attitude shapes delivery and degree of person-centeredness in care. Although caregiver attitudes and motivations have been examined separately in dementia care research, these constructs have not been comprehensively mapped together within residential memory care settings or explicitly linked to care quality.

Objective

This review aims to assess literature pertaining to attitudes and motivations of formal caregivers in residential dementia care facilities and to examine how these constructs are associated with care quality. This review seeks to generate practical insights to inform workforce training and recruitment strategies to support high-quality, person-centered dementia care.

Inclusion Criteria

Literature focused on the attitudes and motivations of formally employed caregivers providing care to residents in a residential memory care setting. Studies published of any design, from any year, country, or language will be considered.

Method

This scoping review will follow the Joanna Briggs Institute (JBI) method. A comprehensive search will be conducted across major health, social science, and interdisciplinary databases, along with grey literature sources. Data will be extracted according to a JBI template informed by three theoretical frameworks: the Tripartite Model of Attitudes, the Empathy-Altruism Hypothesis, and Person-Centered Care. Results will be reported in accordance with the PRISMA-ScR guidelines.

Registration

Open Science Framework <https://osf.io/8yrge>

Key words: dementia, homes for the aged, nursing staff, quality of health care, health attitudes, work motivation, nurse's practice patterns, geriatrics

INTRODUCTION

In 2019, The World Health Organization estimated that 55.2 million individuals worldwide were living with dementia, with a projected increase to 139 million by 2050, largely as a result of global ageing.⁽¹⁻⁴⁾ The socioeconomic burden of dementia is disproportionately high relative to the general population.⁽⁵⁻⁹⁾ As dementia prevalence rises, health-care systems are under increasing strain, making the need for effective and efficient care more urgent.

People living with dementia (PLWD) have complex and evolving care needs, making them increasingly vulnerable to unmet needs or lapses in care.^(10,11) As their cognitive function declines, their ability to independently meet their basic self-care needs diminishes. To support these needs, many individuals reside in specialized memory care communities.⁽¹²⁾ Memory care programs—also referred to as special care units, secured units, or memory care facilities, communities, and units—generally provide 24-hour nursing care to residents and assist with activities of daily living.⁽¹³⁾ For the purpose of this review, we define memory care as any residential senior living program or unit designed to meet the needs of PLWD regardless of philosophical care model (e.g., Butterfly Model, Eden Alternative).

Compared to general long-term care (nursing home) and assisted living settings, memory care programs place greater emphasis on engagement and meaningful activity,⁽¹³⁾ though priorities and level of support may be variable depending

on the model of care adopted by each individual facility and the care needs of residents. The enhanced care objectives of memory care programs may lead to increased staffing demands in terms of both volume and responsibility.⁽¹⁴⁾ Formal caregivers, defined here as paid caregivers employed by the facility in which the PLWD resides, play a central role in the day-to-day lives of PLWD, and are vital to ensuring that resident needs are consistently met.^(15,16) As such, caregivers' performance significantly influences residents' quality of life.^(10,16) However, due to the extensive care requirements, caregivers in dementia care settings face a heightened risk of burnout and emotional exhaustion^(17,18) which, in turn, affects care quality.^(14,19)

The motivations and attitudes of care staff strongly influence the quality of care they provide.^(10,17,20) Motivation is often credited as being a central component in staff retention and care consistency among nurses,⁽²¹⁾ whereas attitude influences delivery and degree of person-centeredness in care.⁽¹⁰⁾ Intrinsic work motivation, whereby the drive to perform well in one's job prompts personal satisfaction or positive feelings,⁽²²⁾ is most associated with individuals in health-care professions, whereas extrinsic motivators appear to play only a minor role.⁽²³⁾ Numerous studies have examined strategies to enhance health-care staff motivation in the workplace,⁽²⁴⁻²⁵⁾ finding motivation to be a central component in staff retention and professional development,⁽¹⁷⁾ which benefits residents by fostering consistency and interpersonal relationships.⁽²⁶⁾ There is evidence of altruism being a strong motivator for individuals within the caregiving workforce.⁽²⁷⁻²⁹⁾ Intrinsic work motivation leads to increased productivity and decreased staff turnover, both of which positively influence resident care quality.^(17,30,31) Intrinsic motivation may also serve as a protective factor against caregiver burnout,^(32,33) where burnout can negatively affect quality of care,⁽³⁴⁾ collectively suggesting a multidimensional effect on quality of care.

On the other hand, attitude has a strong influence on the way in which care is delivered, and is founded on knowledge, experience,⁽³⁵⁾ beliefs, stigma and biases,⁽³⁶⁾ and job satisfaction.⁽³⁷⁾ Caregiver attitude shapes the delivery of care in many ways, but is largely associated with the ability to demonstrate empathy, compassion, and person-centeredness.⁽³⁸⁻³⁹⁾ Person-centered care (PCC) is an approach widely accepted as the gold standard of care⁽⁴⁰⁻⁴²⁾ with its foundational principles of interpersonal relationships and personhood.⁽⁴²⁻⁴⁴⁾ Fostering positive caregiver attitudes towards PLWD is essential to the delivery of PCC, as it requires a substantial amount of respect towards the individual and understanding the person as more than their dementia.^(38,45,46)

Conversely, when caregivers hold negative perceptions of PLWD, such as viewing them as incapable or beyond help, the sense of purpose and meaning that they feel from their job can diminish both care quality and caregiver well-being.^(10,35) Negative caregiver attitudes also increase the risk of caregiver stress and burnout,^(37,47-49) contributing to a cycle of diminished care quality and increased emotional exhaustion. Existing evidence suggests that caregiver

attitudes and intrinsic motivations influence care quality and resident outcomes through multiple pathways, including person-centered care practices, caregiver well-being, staff retention, and the consistency and quality of daily interactions with residents.

There are several published works investigating the attitudes and motivations of caregivers, although few address residential memory care. Attitudes and motivations are examined in isolation rather than as interrelated constructs. Available literature on the matter rarely integrates theoretical frameworks to organize and ground findings. By adopting a broadened scoping review approach, guided by established theoretical frameworks, this review addresses these gaps and provides a structured mapping of evidence relevant to workforce development, training, and policy.

This review focuses on psychosocial constructs (attitudes and intrinsic motivations), rather than professional obligations or disciplinary frameworks, which are typically examined within organizational or regulatory contexts.

This review will map the existing literature on caregiver attitudes and motivations and associations with care quality (e.g., resident satisfaction, resident behavioral responses, person centered care, resident quality of life) in residential dementia care. The findings may inform stakeholders in the development of training programs, recruitment strategies, and policies that will maximize quality of care by identifying caregiver characteristics that may be associated with care quality.

THEORETICAL FRAMEWORK

This review is guided by three theoretical frameworks: the Tripartite Model of Attitudes, the Empathy-Altruism Hypothesis, and Person-Centered Care.

The Tripartite Model of Attitudes, also sometimes referred to as the ABC model, is a widely used framework for understanding attitudes, frequently cited in psychological and health research.⁽⁵⁰⁾ Credit for this model is often given to Rosenberg *et al.*,⁽⁵¹⁾ although others before them have made similar observations.^(50,52) The model comprises three distinct components: affect (feelings and emotions), behavior (actions), and cognition (thoughts and beliefs),^(50,52) and has been successfully employed in health-care research^(53,54) including dementia research.^(55,56) The model conceptualizes attitudes as a multidimensional construct built upon the complex interplay of an individual's feelings, actions, and beliefs.^(50,52) The Dementia Attitudes Scale was created based on this model, and has since been demonstrated to be a reliable and valid measure of attitudes towards dementia across different contexts.⁽⁵⁵⁾

The Empathy-Altruism Hypothesis⁽⁵⁷⁾ challenges the egoistic (self-serving) assumption of motivation, dominant in Western society,⁽⁵⁷⁻⁵⁹⁾ by suggesting that empathy or empathetic concern drives altruistic motivation.⁽⁵⁷⁻⁵⁹⁾ Conversely, altruism in the Empathy-Altruism Hypothesis is motivation driven by an interest in increasing the welfare of others.⁽⁵⁷⁻⁶⁰⁾ Empathy

is described as the core of altruistic motivation.^(57-59,61) Numerous studies have investigated this, and the Empathy Altruism Hypothesis is largely supported.⁽⁵⁸⁻⁶⁰⁾ Available literature suggests that the motivation among health-care workers is significantly more altruistic than egoistic, making this framework most suitable for this study. Moreover, research has been conducted investigating the relevance of the Empathy-Altruism Hypothesis to caregivers and found it to be a valuable model in health-care settings.^(60,61)

PCC has been widely accepted as the gold standard of dementia care.⁽⁴⁰⁻⁴²⁾ It is a care philosophy that prioritizes the residents' autonomy and personhood while highlighting the importance of interpersonal relationships and connections between caregivers and their patients.⁽⁴²⁾ The degree of PCC in a care environment has been found to be associated with patient satisfaction and quality of life.⁽⁶²⁻⁶⁴⁾ Due to its connection to patient outcomes, PCC is often used to assess satisfaction with care and effectiveness of care practices.^(65,66)

Together, these models provide a synergistic framework for this review, with the Tripartite Model of Attitudes addressing the attitude component of this study, the Empathy-Altruism hypothesis addressing the motivation component, and person-centered care providing an estimation of resident outcomes and a measure to assess quality of care. These frameworks will inform each aspect of this review, guiding data extraction and synthesis.

REVIEW QUESTIONS

What is known about the attitudes and motivations of caregivers working in residential dementia care facilities?

What caregiver attitudes and motivations are associated with care quality in residential dementia care facilities?

METHODS

The Joanna Briggs Institute (JBI) scoping review protocol template was used to create this protocol (Joanna Briggs Institute, JBI Scoping Review Network Resources; Adelaide, Australia; <https://jbi.global/scoping-review-network>), and the JBI method will be followed in conducting the scoping review.⁽⁶⁷⁾ This review will adhere to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist and guidelines (PRISMA, 2020; <https://www.prisma-statement.org/>). No ethical approval was required for this study as it did not involve human or animal subjects.

Inclusion Criteria

Participants

Literature focused on caregiving staff who engage in daily interaction with residents in residential dementia care facilities will be considered, regardless of job title. Caregiving staff will include care aides (also known as care assistants and personal care workers), licensed practical nurses, registered nurses,

recreation aides, occupational therapists, and auxiliary staff (e.g., housekeeping staff, kitchen staff, administrative staff). Only literature pertaining to formally employed caregivers will be considered.

Concept

Attitudes, such as personal beliefs, stigma, personality, empathy, feelings and values, and intrinsic motivations such as altruism, desire to help others, job satisfaction, and commitment of caregivers and how they relate to, or affect, the quality of care provided to dementia care residents.

Context

Residential dementia care communities, as well as dementia-specific facilities or units within broader long-term care or nursing home facilities, will be included where data specific to residents with dementia are available. General care facilities without specialized dementia programs will be excluded. In cases where dementia-specific and non-dementia populations are combined, studies will be considered for inclusion if the data are stratified. Studies focused on acute care or day programs will be excluded.

Sources

This review will capture studies of any research method and incorporate both published and unpublished sources investigating the attitudes and motivations of formal caregivers in a residential memory care setting. Literature published from any country and in any language will be included to ensure that a variety of cultural settings are included. There will be no limitation placed on publication year. Review papers will be included, and to ensure that all relevant sources are encompassed in this review, reference lists will also be searched, inducing a snowballing effect.⁽⁶⁸⁾ The full journal article of any relevant conference abstracts published in a peer-reviewed journal will be included.

Search Strategy

To locate studies, a three-step search strategy will be conducted. A preliminary search of Ovid MEDLINE was conducted on 20 August 2025 by a health sciences librarian to retrieve relevant articles (see Table S1 in the supplementary material) and inform development of a full search strategy for Ovid MEDLINE in step two, which will be adapted for each information source. The search strategy was structured around dementia, residential memory care settings, formal caregivers, and caregiver attitudes and motivations. The complete MEDLINE search strategy, including MeSH terms and Boolean operators, is provided in Table S2 in the supplementary material. Once the search strategy is constructed, it will be reviewed by the research team and, if necessary, an additional research librarian. The search will utilize Medline, EMBASE, PsycINFO, CINAHL, HealthSource: Nursing/Academic Edition, SocINDEX, Scopus, Web of Science, and grey literature. To ensure that recently published literature is included, the search strategy will be updated six months following the initial search.

There will be no limitations on literature inclusion based on publishing date or language. For studies published in a language other than English, DeepL Translator and Google Translator (<https://www.deepl.com/en/translator> and <https://translate.google.com/>) will be used and compared. Native speakers of the language will be consulted for clarification, as needed.

To ensure that this review encompasses the breath of published literature relevant to our topic, grey literature will be considered. Grey literature will be systematically searched to identify relevant non-peer-reviewed evidence. Sources include Grey Matters (Canada's Drug Agency. <https://greymatters.cda-amc.ca/about>; Canada's Drug Agency. Grey Matters: A Tool for Searching Health-related Grey Literature (<https://greymatters.cda-amc.ca>), Government of Canada publications, Health Systems Evidence, and Google Scholar. Searches will be conducted using combinations of terms related to dementia, memory care, caregiving staff, attitudes, and motivation. For Google Scholar, the first 200 results will be screened in accordance with recommended practices for grey literature searching. All records identified through grey literature sources will be screened using the same inclusion criteria applied to peer-reviewed literature. The date of search, source, search terms, number of results retrieved, and number of included studies will be documented to ensure transparency and reproducibility. A reference list search of relevant reviews identified in the search will be conducted, ensuring detailed documentation and screening is conducted with consistent inclusion criteria.

Study/Source of Evidence Selection

All citations identified in the search will be uploaded into Covidence, a web-based software platform that streamlines the production of systematic and other literature reviews (Covidence. <https://www.covidence.org>). Duplicates are removed automatically. Two independent reviewers will manually conduct title and abstract screening, followed by full-text screening of results. Screening for study inclusion will be facilitated by Covidence. Disagreements between the reviewers at any stage of the selection procedure will be resolved via discussion or with the input of a third reviewer, as needed. The results process will be reported in

full, presented in a PRISMA flow diagram within the final scoping review.

Data Extraction

A data extraction chart (Table 1) was created in Microsoft Excel and guided by the JBI data extraction form template (Joanna Briggs Institute. JBI Data Extraction Form for Systematic Reviews and Research Syntheses. <https://jbi-global-wiki.refined.site/space/MANUAL/355830547>). The chart includes article details pertaining to bibliographic details of the article (e.g., date of publication, authors) as well as key findings relevant to caregiver attitudes, motivations, and indicators of care quality, organized by theoretical framework components. Studies that do not clearly fit any single framework component will be reported descriptively, with additional categories created as needed to capture concepts not adequately represented within the selected frameworks. This will allow the review to maintain systematic organization supported by established theoretical models while ensuring that the study's comprehensiveness is not compromised. When necessary, study authors will be contacted to obtain missing or additional data.

Data extraction will be conducted by two reviewers. The data charting form may be refined iteratively during the review process to capture additional relevant information as needed, consistent with scoping review method. To support consistency across reviewers during data extraction and synthesis, shared definitions and guidance will be used when applying the data charting form, and regular discussions will be held within the review team to resolve uncertainties and align interpretations.

Data Analysis and Presentation

The data obtained in the scoping review will be mapped as a tabular summary or with a qualitative format, as appropriate. Major themes and trends will be outlined. Consistent with scoping review methodology, a formal assessment of study quality will not be conducted. The results of the review will be published in a peer-reviewed open access journal with a focus on open-access publication. The results will be presented at university research days, academic and lay professional conferences, and workshops.

TABLE 1.
Draft data extraction chart

<i>Date</i>	<i>Country</i>	<i>Authors</i>	<i>Participants</i>	<i>Objective(s)</i>	<i>Affect</i>	<i>Behavior</i>	<i>Cognition</i>	<i>Empathy</i>	<i>Altruism</i>	<i>PCC</i>

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CONFLICT OF INTEREST DISCLOSURES

We have read and understood the *Canadian Geriatrics Journal's* policy on disclosing conflicts of interest and declare the following interests: SM has received funding from the Mitacs Accelerate program. AW has received matching funding for the student from Optima Living. MK and PC declare no conflicts of interest.

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SUPPLEMENTAL MATERIALS

Supplemental material linked to the online version of the paper (<https://doi.org/10.5770/cgj.29.901>):

- **Table S1:** First 100 results from preliminary search of Ovid MEDLINE conducted on 20 August 2025. ORN: Ovid result number, VN: Vendor, DB: database, TI: title, AU: Author(s), JN: Journal, YR: year
- **Table S2:** Full search strategy developed for Ovid MEDLINE

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