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SYSTEMATIC REVIEW

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Implementing Namaste Care in nursing care homes for people with advanced dementia: a systematically constructed review with framework synthesis

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Abstract

Background Namaste Care is an intervention designed to improve the quality of life for people with advanced dementia by providing individualised stimulation and personalised activities in a group setting. Current evidence indicates there may be benefits from this intervention, but there is a need to explore the practical realities of its implementation, including potential barriers, enablers, and how it is delivered within the context of nursing care homes.

Objective To systematically assess the factors involved in implementing Namaste Care for people with advanced dementia in nursing care homes. To provide pragmatic suggestions on how Namaste Care can be delivered in the context of nursing care homes.

Design Systematically constructed review using framework synthesis.

Data sources Comprehensive searches were conducted in Medline, CINAHL, and PsycINFO databases for studies published between 2018 and 2024. Search concepts included "Namaste Care," "advanced dementia," and related terms.

Review methods Studies were included if they focused on the use of Namaste Care for people with advanced dementia in nursing care homes. Data extraction and quality assessment were performed by two independent researchers using standardised forms and critical appraisal tools. A framework synthesis of the results was conducted, which involves systematically combining qualitative and quantitative data within a structured analytical framework to identify overarching themes and insights.

Findings Twenty-five studies met the inclusion criteria. Key themes identified were: (1) Frequency and duration of Namaste sessions. (2) Namaste Care environment and personalisation of care. (3) Staff engagement and training needs. (4) Involvement of family members and volunteers.

Conclusions Implementing Namaste Care in nursing care homes presents various challenges but also significant opportunities for enhancing the quality of life for residents with advanced dementia. Addressing key themes such as the frequency and duration of sessions, the environment and personalisation of care, staff engagement and training needs, and the involvement of family members and volunteers is crucial. Specifically, providing tailored training programmes for staff, creating dedicated Namaste Care spaces, and encouraging active family and volunteer participation can facilitate effective integration. By incorporating these pragmatic recommendations, Namaste Care can be

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sustainably integrated into daily care routines, leading to improved resident well-being, reduced behavioural symptoms, and enhanced caregiver-resident interactions.

Keywords Namaste Care, Advanced dementia, Sensory stimulation, Nursing care homes, Quality of life, Systematic review, Framework synthesis

Background

Namaste Care is a holistic, person-centred intervention designed to enhance the quality of life for individuals with advanced dementia [1]. Named after the Hindu greeting "Namaste," which means "to honour the spirit within," the aim of this intervention is to create a soothing and respectful environment that acknowledges the humanity and individuality of each participant [2]. The approach emphasises sensory stimulation through touch, sight, sound, and smell, intending to connect with and calm residents, thereby improving their overall well-being [3, 4]. As dementia progresses, cognitive engagement with the world diminishes, leading to increased distress and decreased physical and emotional well-being [5]. Traditional care models often focus on the physical aspects of care, potentially overlooking the emotional and psychosocial needs of individuals with advanced dementia. Namaste Care addresses this gap by integrating sensory-based activities such as listening to music, gentle hand massages, and aromatherapy into daily routines. These activities aim to provide comfort, reduce agitation, and enhance the emotional connection between caregivers and residents [6].

Namaste Care delivery involves operationalising several components within the context of care delivery in nursing care homes to meaningfully engage people with dementia in targeted activities while accounting for their personal history and preferences. The original design of this intervention involves its delivery twice a day, seven days a week, preferably in a separate and dedicated space [7]. Participants are presented, during the session, with gentle sensory stimulation such as soothing music, hand massages, familiar objects and mementoes and with the availability of snacks and drinks to encourage hydration and positive taste moments. Apart from the intervention's material components and timing and place of delivery, Namaste Care encourages the participation of staff and volunteers, family members, and friends, fostering connection and meaningful moments of care.

Because of the nature and frequency of this intervention, its delivery needs to account for the care home routine and staff availability, in addition to the person's predisposition and well-being. Previous studies, including the comprehensive realist review by Bunn and colleagues [4], documented the apparent theoretical and practical benefits of Namaste Care. These benefits include indications of improved quality of life, reduced behavioural and psychological symptoms of dementia, and enhanced interactions between residents, their families, and care staff [8]. However, despite these promising findings, implementing Namaste Care in nursing homes presents several challenges [9]. These include staff shortages, rigid schedules, and varying levels of family involvement, which can hinder the consistent delivery of the intervention. This inconsistency is further evident in the delivery of Namaste Care sessions, including the frequency and duration per resident, across several studies investigating its outcomes. Many nursing care homes involved in these studies were unable to deliver the sessions as originally intended [i.e., two hours per session, twice a day, seven days a week; 4]. The aim of the review presented here is to provide a summary of how the elements included in the original design of the Namaste Care intervention (e.g., the number of sessions and their length, staff engagement and training, family involvement, and care home resource management) are managed in the context of care homes and how their design, conceptualisation and presence, might represent a barrier or an enabler for the implementation of and subsequent effectiveness of Namaste Care. Bunn and colleagues [4] emphasised that the success of Namaste Care and similar sensory-driven interventions can be evaluated by examining the key elements of their delivery: context, mechanisms, and outcomes. Their review adopts a theory-driven approach to explain the factors influencing achieving desirable outcomes when implementing these interventions in nursing homes. In contrast, this review aims to provide pragmatic suggestions and critical considerations on how the Namaste Care intervention can be planned and delivered before its implementation in the context of nursing care homes.

Objective and research question

The aim of this review is to provide a systematic synthesis of recent literature to explore the implementation of the Namaste Care intervention in the context of nursing care homes. Furthermore, we seek to provide up-to-date evidence and information on how the elements involved in the planning and delivery of Namaste Care are effectively and pragmatically implemented and how concrete recommendations for implementation can be derived from recent literature focused on this topic.

Review Question: How are the elements of the Namaste Care intervention delivered and implemented in nursing care homes for people with advanced dementia?

Methods

This review follows a framework synthesis approach, integrating existing theoretical frameworks into the systematic review process. Framework synthesis is particularly useful for reviews involving complex interventions, as it allows for the structured organisation and interpretation of diverse data types [10]. The decision to implement a framework synthesis approach was driven by its suitability for synthesising and interpreting contextual information while incorporating quantitative and qualitative findings from previously published literature on Namaste Care. More specifically, the aim of the paper is to explore current knowledge on the contextual elements of Namaste Care in nursing care homes, where interrelated factors such as staff engagement, training, and environmental adaptations significantly influence its feasibility and effectiveness. This approach offers a clear structure for analysis, aiding in the generation of useful insights and practical recommendations, which can support the examination of care interventions in complex settings such as nursing homes.

Search strategy

A comprehensive literature search was conducted across three major databases: Medline, CINAHL, and PsycINFO. The search was performed between February and March 2024, targeting studies published between 2018 and early 2024. The decision of the starting date for the systematic search of papers included in this article is linked to the decision to use the review by Bunn and colleagues [4] as the theoretical foundation of the review presented here. As described above in this paper, Bunn's review offers a solid theoretical basis for furthering theory-based considerations on the potential barriers and enablers of the planning and delivery of Namaste Care within the context of nursing care homes.

The search terms included "Namaste Care," "Namaste Program," "Namaste Intervention," and related terms for advanced dementia, such as "advanced dementia," "late-stage dementia," "end-stage dementia," and "palliative dementia" (Table 1). Additionally, we conducted citation searching to identify relevant studies by tracking citations of key articles included in our review.

Screening and selection process

Full-text assessments were conducted to ensure articles met the inclusion criteria (Table 2).

Two researchers independently conducted the selection process to ensure objectivity and consistency. Discrepancies were resolved through discussion or consultation with a third reviewer.

Quality assessment

The methodological quality of the included studies was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Checklists. The JBI Checklist for Qualitative Research was used for qualitative studies, the JBI Checklist for Quasi-Experimental Studies for non-randomised

Table 1 Search terms and filters used during systematic literature search

Search Terms Used	Namaste Care (Title) OR Namaste Program (Title) OR Namaste Intervention (Title) OR Namaste (Title) AND Dementia (Title/Abstract/Main Text) OR Advanced Dementia (Title/Abstract/Main Text) OR Late-Stage Dementia (Title/Abstract/Main Text) OR Palliative Dementia (Title/Abstract/Main Text).
Filters	Published between 2018 and March 2024. English Language.

Table 2 Inclusion and exclusion criteria adopted during the literature review search

Concept	Inclusion Criteria	Exclusion Criteria
Population	Individuals with advanced dementia living in long-term care institutions (i.e., nursing care homes).	Studies focusing on populations other than those with advanced dementia.
Temporal	Studies published between 2018 and early 2024.	Studies published outside the 2018 to early 2024 timeframe.
Methodology	Studies employing quantitative, qualitative, systematic reviews, and meta-analyses.	Articles not providing primary data (e.g., editorials, commentaries).
Intervention Criteria	Studies focusing on Namaste Care intervention delivered in nursing homes or care homes and providing information about intervention elements within the context of intervention delivery and assessment.	Studies not focusing on Namaste Care intervention or not providing detailed information about the intervention elements.
Language	English and full-text accessible.	Non-English studies or those without full-text accessibility.

quantitative studies, the JBI Mixed Methods Appraisal Tool (MMAT) for mixed-method studies, and the JBI Checklist for Economic Evaluations for cost analysis studies. Quality assessment was conducted for all the papers included in the final sample presented in this article to ensure the validity and robustness of the conclusions drawn by this review.

Data synthesis

The Framework Synthesis approach involves applying an existing framework or theory to organise and interpret the data. The review by Bunn and colleagues [4] provided a comprehensive understanding of the contextual, processual, and outcome aspects of Namaste Care intervention, which informed the adaptation of a suitable framework for this review. In this review, studies were categorised and analysed based on the main themes identified as part of our analysis: frequency and duration of Namaste Care sessions; Namaste Care environment and personalisation of care; staff engagement and training needs; Involvement of family members and volunteers. We extracted data relevant to the Namaste Care intervention from each study and then organised this data according to the identified themes. This approach allowed us to systematically examine how various factors influenced the delivery and effectiveness of Namaste Care in nursing care homes.

Data relevant to the Namaste Care intervention were extracted from each study and organised according to these themes. This systematic approach allowed us to examine how various factors influenced the delivery and effectiveness of Namaste Care in nursing homes. We integrated synthesised findings from previous reviews with primary data from other studies. The reviews focused on Namaste Care interventions within nursing care homes, ensuring relevance to our population of people with advanced dementia. We avoided redundancy by ensuring that review data were not merged with primary data; instead, synthesised findings complemented and enhanced our primary data analysis. Each review was considered independently and in conjunction with primary studies to provide a comprehensive understanding of current Namaste Care intervention findings.

For the theme of frequency and duration of Namaste Care sessions, we assessed session frequency, length, and any deviations from the planned schedule. The theme of Namaste Care environment and personalisation of care focused on the physical setting, sensory components used, and the customisation of care to individual residents' needs. Staff engagement and training needs were analysed by examining involvement levels, training programmes, and ongoing support for caregivers. Lastly, the involvement of family members and volunteers was explored in terms of participation extent, roles in the care process, and associated challenges or benefits.

Findings

The PRISMA flow diagram (Fig. 1) illustrates the studies' identification, screening, and inclusion processes. This diagram provides a transparent account of the number of records identified, screened, excluded, and included in the review, along with reasons for exclusions.

Twenty-five studies were identified that met the inclusion criteria. The studies were conducted in various countries, including Canada (6), the Netherlands (4), the UK (10), Australia (3), Iran (1), and the USA (1). The methodologies employed in these studies range from qualitative interviews to pre-post-test designs and content analysis, all aimed at evaluating the implementation and outcomes of the Namaste Care intervention for people with advanced dementia in the context of nursing care homes (Table 3).

Using the framework synthesis approach, four key themes were identified from the analysis of the included studies. The first theme is the frequency and duration of Namaste Care sessions within the context of care homes. Deviance from the original design relative to the delivery of Namaste Care sessions within the context of care homes is explored in this theme while considering pragmatic aspects unique to this context of care, which might hinder effective delivery. The second theme is relative to the Namaste Care environment and personalisation of care. The focus of this theme is on the barriers and enablers involved in the organisation and delivery of Namaste Care within specific spaces within the care home and the implementation of personalised care during the sessions. The third theme is represented by staff engagement and training needs. This theme highlights the need for an organisational approach to the delivery of Namaste Care and more standardised training opportunities for staff. Finally, the fourth theme is focused on the need for family and volunteer involvement in the Namaste Care sessions. This last theme examines the involvement of family caregivers and staff in the Namaste Care program, highlighting the benefits and challenges of their participation.

Frequency and duration of Namaste Care sessions

The original design of Namaste Care, which proposes twice-daily sessions of two hours each, seven days a week, presents significant delivery challenges in the context of care homes. Multiple studies identified considerable challenges in implementing Namaste Care against the planned session schedule. Namely, schedules were reduced in terms of the length of individual sessions [11–13], the number of sessions delivered per week [11, 14] and the

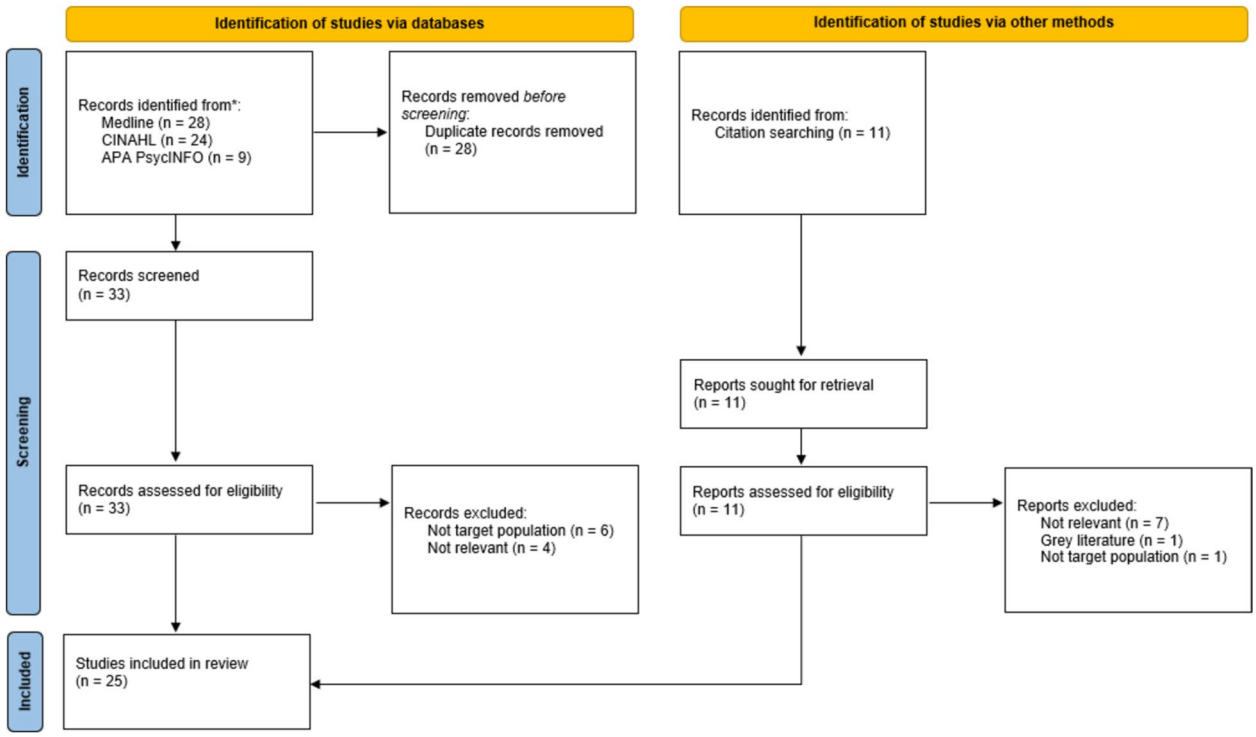

Fig. 1 PRISMA diagram including search through the database and snowballing search through citation searching

number of sessions each participant attended within the planned intervention against the original target [15–18]. Detailed information regarding the delivery of Namaste Care in these studies is reported in Table 4.

variability in the delivery of Namaste Care sessions and uneven participation from the residents was reported in additional studies, but without providing explicit information regarding sessions' average duration or attendance [20–25].

The reasons provided for this unevenness in delivery and overall shared difficulty in meeting an initial set target for the delivery of Namaste Care within care homes were generally attributed to staff availability and conflicting scheduling issues with the care home routine [11, 13, 16]. Active and continuous involvement of family members and volunteers was proposed in some of the studies as a possible solution to alleviate staff constraints and shortages [17, 23, 24], while others reported the necessity for flexibility in implementing Namaste Care to practical implementation [21, 25].

Namaste Care environment and personalisation of care

The Namaste Care sessions' design involved delivering person-centred care in a calming and welcoming environment. Within the context of care homes, this might translate into identifying a separate and dedicated room or space where the sessions are held or utilising shared spaces temporarily converted into Namaste Care spaces during the sessions. The decision to utilise a separate or shared space often comes from the care homes' availability of space, staff availability and residents' predispositions [11]. Nevertheless, papers included in this review highlight the benefits of delivering Namaste Care in separate spaces. The identification of a designated space was found beneficial in counteracting session cancellations due to conflicting schedules within the care home [4, 14] and enhancing relaxation and comfort due to the reduction of distractions and background noises external to the ones utilised during the session [11, 26, 27].

Similarly to the identification of unique and separate spaces for Namaste Care, the delivery of tailored and personalised care activities is essential in effectively delivering this intervention. In this context, personalisation of care might involve engaging the person with familiar objects like photographs and their favourite music and by considering their family history in the use of life-like dolls or animals. Difficulties in delivering personalised care according to the initial design of the Namaste Care sessions were reported, in part due to resource constraints and perceived difficulties in effectively communicating with the residents [25]. Different studies reported the need to allow flexibility and avoid too strict and repetitive activities [11, 16], to facilitate implementation, and enhance engagement from participants and staff while considering participants'

Table 3 Summary of included studies

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
Yous et al.	2024	Canada	To explore the experiences and acceptability of the Namaste Care intervention for persons with advanced dementia in long-term care (LTC) homes from the perspective of family carers, staff, volunteers, and administrators.	Family carers, LTC staff, administrators, and volunteers from 2 Canadian LTC homes	The intervention resulted in statistically significant improvements in residents' mood and engagement ($p < 0.05$), with increased smiling and laughing reported. Reduction in agitation and improvements in overall well-being were noted. Enhanced relationships within the LTC community and positive responses from families, volunteers, and staff were observed.
Yous et al.	2023	Canada	To evaluate the feasibility and effects of the Namaste Care intervention for persons with advanced dementia in long-term care (LTC) and their family carers.	53 residents with advanced dementia and 42 family carers from 2 Canadian LTC homes.	The study used a pre-post test design. Resident outcomes included quality of life, neuropsychiatric symptoms, and pain; family carer outcomes included role stress and quality of visits. Significant improvements were found in resident neuropsychiatric symptoms at the 3-month time point (95% CI −9.39, −0.39; $p = 0.033$) and in family carer role stress at both 3-month (95% CI −37.40, −1.80; $p = 0.031$) and 6-month (95% CI −48.90, −2.09; $p = 0.033$) time points. However, not all intervention targets were met, indicating mixed feasibility findings.
Yous, Boamah et al.	2023	Canada	To describe environmental, social, and sensory factors influencing meaningful engagement of persons with advanced dementia during Namaste Care implementation in LTC.	Families, volunteers, staff, and managers at two LTC homes.	Qualitative data were collected through focus groups and interviews. Key findings include the importance of a dedicated, quiet space and small group settings for engagement, individualised care, and activities that target multiple senses. Specific outcomes included improved resident mood and decreased agitation.

Intervention Details:
Environment:
Implemented in private rooms with subdued lighting, soothing music, and the scent of lavender to promote a calming environment.
Timing:
Planned to be offered 5 days/week, 4 h/day (9:30 – 11:30 am and 1:30 – 3:30 pm); on average, each resident attended 2 sessions/week with a mean length of 111.0 min.
Residents per Session:
Small groups of 6–8 residents positioned in comfortable reclining chairs with warm blankets.
Staff:
Each session led by a single Staff Carer (e.g., personal support worker, nurse, or activity aide) with the assistance of 1 volunteer.
Training:
Staff Carers provided with written resources and a 2-hour training session; ongoing coaching by research assistants through weekly outreach visits.
LCT Home Characteristics:
Implemented at 2 not-for-profit homes in a midsize metropolitan area; one large residential LTC home (approx. 300 beds) and one medium-sized LTC home (approx. 120 beds). Both homes predominantly serve residents with moderate to severe dementia.

Table 3 (continued)

Author	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
Karacsony et al.	2024	Australia	To evaluate education outcomes about the dementia illness trajectory and Namaste Care program on aged care staff's knowledge, attitudes, self-perceived skills, and competence.	35 nurses and aged care staff from a large non-profit residential aged care facility in Northern Tasmania, Australia.	Mixed methods study with quantitative pre- and post-intervention surveys and qualitative interviews. Quantitative findings showed significant improvements in knowledge of and attitudes towards palliative care for advanced dementia ($p < 0.01$) and in self-reported care skills ($p < 0.05$). Qualitative findings revealed three themes: dementia-related education and knowledge changes, recognising benefits of the Namaste Care program, and importance of changing practice.

Intervention Details:
Environment:
Home-like rooms with soft music, pleasant scents, and without external distractions.
Timing:
Not applicable. The paper focuses on staff training.
Residents per Session:
Not applicable. The paper focuses on staff training.
Staff:
35 staff members, including registered nurses, enrolled nurses, personal care assistants, and allied health workers.
Training:
Intensive 2-hour training sessions over 3 days focusing on dementia care, palliative care, and Namaste Care program principles.
LCT Home Characteristics:
A large non-profit residential aged care facility in Northern Tasmania, focusing on providing palliative care to residents with advanced dementia.

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
Smaling et al.	2023	Netherlands	To examine the perspectives of staff and family caregivers on the impact of the Namaste Care Family program on nursing home residents with dementia, staff, and family caregivers.	12 family caregivers and 31 staff members from 10 nursing homes.	Thematic analysis of qualitative data collected through interviews. Key findings include perceived improvements in residents' well-being, more engagement, enhanced interactions, changes in energy level, and weight gain. Family caregivers reported a more positive view of people with dementia and changes in family visits. Staff experienced diverse work experiences, a shift to more person-centred care, and developing relationships with residents and colleagues.

Intervention Details:
Environment:
Home-like rooms with soft music, pleasant scents, and without external distractions.
Timing:
Ideally, 2-hour sessions offered twice a day.
Residents per Session:
Not specified.
Staff:
Sessions led by staff members who received a 2-hour training, with the assistance of family caregivers.
Training:
Staff received a 2-hour training on the principles, purpose, and benefits of Namaste Care. Family caregivers received a leaflet and were invited to an information meeting.
LCT Home Characteristics:
Ten nursing homes participating in the study, with a focus on person-centred care and palliative care for residents with advanced dementia.

Table 3 (continued)

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
Li et al.	2023	Canada	To describe the perspectives of LTC home staff on the implementation facilitators and barriers of Namaste Care as a program to support the social inclusion of residents living with advanced dementia.	46 LTC staff from two LTC homes in Southern Ontario, Canada	Qualitative data collected through semi-structured interviews and focus groups. Key findings included the recognition of residents' unique needs, meaningful connections facilitated between families and residents, and fostered care partnerships between staff and families. Staff perceived numerous facilitators (e.g., dedicated staff time, volunteer and family participation) and barriers (e.g., need for extra staff, timing issues).

Intervention Details:
Environment:
Dedicated rooms with soft lighting, music, and lavender scent.
Timing:
Planned to run 5–7 days/week, 2–4 h/day in the morning and afternoon; actual attendance was lower than the target.
Residents per Session:
Small groups, with each resident attending an average of two sessions per week.
Staff:
Facilitated by a staff carer (e.g., personal support worker, nurse, or activity aide) with volunteer support.
Training:
Staff received written resources and a 2-hour training session.
LCT Home Characteristics:
Two non-profit LTC homes in urban areas of Southern Ontario; site one had 127 beds, and site two had 210 beds.

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
Karacsony et al.	2022	Australia	To evaluate the effects of education and training about the dementia trajectory, person-centred care, and the Namaste Care programme on staff's dementia knowledge, attitudes, perceived skills, and competence in end-of-life dementia care.	Staff ($n=35$) in one residential aged care facility (RACF) in Northern Tasmania.	Survey instruments (qPAD, PANA_Skills, SCIDS). Interviews and focus groups. Key findings include significant increases in knowledge, attitudes, and skills. Improved recognition of residents' needs and meaningful connections. Facilitators: dedicated staff time, volunteer and family participation. Barriers: need for extra staff, timing issues.

Intervention Details:
Environment:
Not specified in detail.
Timing:
Intensive four-hour workshop sessions conducted over three days.
Residents per Session:
Not specified.
Staff:
Residential aged care staff.
Training:
Education workshop on the dementia trajectory, person-centred care, and the Namaste Care program.
LCT Home Characteristics:
One residential aged care facility in Northern Tasmania.

Table 3 (continued)

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
Karacsony & Abela	2022	Australia	To examine the potential for involuntary sense memories to be activated by sensory stimulation, focusing on the effects of the Namaste Care programme.	People living with advanced dementia in care homes are observed and reported by nurses and family caregivers.	Primary focus: Effects of sensory stimulation on mood, pleasure, happiness, and comfort for people with advanced dementia. Results: Enhanced mood: Described as revitalised, relaxed, more engaged, cooperative, and content. Pleasure: Observed through smiles, enjoyment, and liking the activities. Happiness: Manifested as visible happiness and laughter. Comfort: Demonstrated through secure feelings, holding comforting items, and reduced pain and agitation.
Intervention Details: Environment: Calm, therapeutic environment designed to stimulate all six senses: tactile, olfactory, visual, gustatory, auditory, and kinesthetic. Timing: Not specified. Residents per Session: Group setting with individual attention. Staff: Nurses and caregivers. Training: Not specified. LCT Home Characteristics: Various care home environments in Australia.					
Article	**Year**	**Country**	**Aim/Objective**	**Population**	**Outcome Measures and Key Findings**
Tasseron-Dries et al.	2021	Netherlands	To examine the experiences of family caregivers, staff, and volunteers with family caregiver participation in the Namaste Care Family program for individuals with advanced dementia.	Ten family caregivers, 31 staff members, and two volunteers from 10 nursing homes.	Thematic analysis of qualitative interviews. Key findings include positive experiences of family caregivers with meaningful connections to their relatives, practical involvement challenges, and varying participation preferences. Three main themes were identified: activities, communication, and personal circumstances. Specific outcomes include enhanced interactions, increased confidence among family caregivers, and improved quality of life for residents.

Table 3 (continued)

Intervention Details:
Environment:
Quiet and homely rooms with pleasant smells, soft music, and no outside distractions.
Timing:
Two daily group sessions of two hours each.
Participants per Session:
Ideally, 8 to 10 residents per group.
Staff:
Sessions facilitated by staff with the involvement of family caregivers and volunteers.
Training:
Information meetings (30–60 min) held to inform family caregivers and volunteers about the program.
LCT Home Characteristics:
Ten nursing homes in the Netherlands participating in a cluster-randomized controlled trial.

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Outcomes
Bray et al.	2021	UK	To assess the quality of research evidence for the different activity components of the Namaste Care intervention for care home residents with advanced dementia.	Studies reporting on individuals with advanced dementia receiving Namaste Care.	Content analysis of 127 peer-reviewed articles, including 42 systematic reviews. Key findings include strong evidence supporting the use of various Namaste Care activities such as aromas, sensory stimulation, music, and touch, all showing positive impacts on mood, engagement, and reduction of agitation. For example, lavender aroma decreased agitation ($p < 0.05$), music therapy improved mood and social interaction ($p < 0.01$), and massage reduced anxiety ($p < 0.05$).

Intervention Details:
Environment:
Quiet, homely rooms with soft lighting, pleasant aromas, and soothing music.
Timing:
Structured two-hour sessions in the morning and afternoon every day.
Participants per Session:
Up to 8 residents per session.
Staff:
Trained Namaste Care workers.
Training:
Training includes the use of aromas, music, sensory items, touch, and engaging activities.
LCT Home Characteristics:
Nursing homes in the UK adopting Namaste Care with a focus on person-centred care for residents with advanced dementia.

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
Bray et al.	2021	UK	To populate a theoretical cost model with real-world data, calculating staffing, resource, and consumable costs of delivering Namaste Care Intervention UK (NCI-UK) sessions versus "usual care" for care home residents with advanced dementia.	Residents with advanced dementia in five care homes implementing NCI-UK sessions.	Quantitative analysis of session costs and outcomes. NCI-UK had a positive impact on residents' physical, social, and emotional well-being. An average NCI-UK group session cost £220.53, 22% more than usual care, with the cost per resident per session at £38.01. Staff costs were higher for NCI-UK due to higher staff-resident ratios.

Table 3 (continued)

Intervention Details:
Environment:
Implemented in dedicated rooms with appropriate sensory stimuli (e.g., soft music, pleasant scents).
Timing:
1.5–2 h per day for 4–9 residents per session.
Participants per Session:
4–9 residents per session.
Staff:
No additional staff employed, but higher staff-resident ratios during sessions.
Training:
Not specified in detail; assumed to involve initial and ongoing training for staff.
LCT Home Characteristics:
Five care homes with varying characteristics, but all providing care for residents with advanced dementia.

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
Amrollah et al.	2021	Iran	To investigate the effects of a Namaste Care program on the quality of life of women with late-stage Alzheimer's disease in an Iranian nursing facility.	25 women with late-stage Alzheimer's disease living in a nursing facility in Tehran, Iran.	The Quality of Life in Late-Stage Dementia (QUALID) scale was used. Significant improvement in quality of life was observed: mean QUALID score decreased from 24.67 ± 1.62 at baseline to 17.79 ± 1.10 at the end of the trial ($P = 0.01$), indicating improved quality of life.

Intervention Details:
Environment:
Large room with comfortable chairs, dim lighting, pleasant scents, and relaxing instrumental music.
Timing:
Two-hour sessions, four days per week, for six months.
Participants per Session:
All 25 women participated in each session.
Staff:
Sessions were led by a research team member with assistance from a geriatric nurse.
Training:
Not specified in detail, but the program was developed by a multidisciplinary team and validated by nursing experts.
LCT Home Characteristics:
Tohid nursing facility, Tehran, Iran, providing round-the-clock care, medical services, nursing, rehabilitation, speech therapy, occupational therapy, and physiotherapy.

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
Walshe et al.	2020	UK	To establish the feasibility and acceptability, to staff and informal carers, of carrying out a cluster randomised controlled trial of the Namaste Care intervention for people with advanced dementia in nursing homes.	Residents with advanced dementia (FAST score 6–7), their informal carers, and nursing home staff in 8 nursing homes (4 intervention and two control sites completed the study).	Primary outcomes: Quality of dying (CAD-EOLD) and quality of life (QUALID). Secondary outcomes: Sleep/activity (actigraphy), neuropsychiatric symptoms, agitation, pain, and satisfaction with care at the end of life. Recruitment was feasible; 32 residents (intervention $n = 18$; control $n = 14$), 12 informal carers (intervention $n = 5$; control $n = 7$) and 97 staff (intervention $n = 75$; control $n = 22$) were recruited. Primary outcome completion was high (100% at baseline; 96.8% at four weeks), with QUALID being more responsive to change over 24 weeks.

Table 3 (continued)

Froggatt et al.	2020	UK	To establish the feasibility and acceptability to staff and family of conducting a cluster randomised controlled trial of the Namaste Care intervention for people with advanced dementia in nursing homes.	Residents with advanced dementia (assessed as having a Functional Assessment Staging Test score of 6 or 7), their informal carers, and nursing home staff in 8 nursing homes in England.	Primary outcomes: Quality of dying (CAD-EOLD) and quality of life (QUALID). Secondary outcomes: Sleep/activity (actigraphy), neuropsychiatric symptoms, agitation, pain, and satisfaction with care at the end of life. Recruitment was feasible; 32 residents (intervention $n=18$; control $n=14$), 12 informal carers (intervention $n=5$; control $n=7$), and 97 staff (intervention $n=75$; control $n=22$) were recruited. High completion rates for primary outcome questionnaires at baseline (100%) and at 4 weeks (96.8%). Intervention was acceptable with increased social engagement and greater calmness reported for residents.

Intervention Details:
Environment:
Dedicated space focusing on sensory engagement, comfort management, and physical environment enhancements.
Timing:
Varied, reflecting the staffing and physical environment of each home.
Residents per Session:
Not specified.
Staff:
Nursing home staff.
Training:
Developed a user-friendly 16-page booklet with flow charts, graphics, and color-coded information; supplemented by infographics and a training package.
LCT Home Characteristics:
8 nursing homes in England (4 intervention and 2 control sites completed the study).

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
Latham et al.	2020	UK	To evaluate the implementation and impact of the Namaste Care Intervention UK (NCI-UK) on residents, staff, and families in UK care homes for people living with advanced dementia.	Residents with advanced dementia in six UK care homes.	The study used QUALID for quality of life and CMAI for agitation. Significant improvements were found in quality of life ($t=2.92$, $p=0.01$) and reduction in agitation ($t=3.31$, $p=0.002$). Staff reported positive impacts on their well-being and sense of purpose. Family members noted improved relationships and communication.

Intervention Details:
Environment:
Dedicated Namaste Care rooms with sensory stimuli like soft music and pleasant scents.
Timing:
1–2 h per day, with some homes attempting twice daily sessions.
Participants per Session:
Varies, usually around 7–9 residents per session.
Staff:
Regular care staff facilitated sessions.
Training:
Two days of training provided to all staff and visitors, plus a guidance manual.
LCT Home Characteristics:
Varied care homes in the UK, including large for-profit and small charity-run homes.

Table 3 (continued)

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
Kaasalainen et al.	2020	Canada	To evaluate the feasibility, acceptability, and effects of the Namaste Care program in long-term care settings in Canada.	31 residents with advanced dementia in two LTC homes in southern Ontario and Saskatchewan, Canada.	Feasibility: Participation rate was 88.6%, with residents attending 71.8% of sessions. 90.3% of residents completed at least 3 months of Namaste Care. Quality of Life: Mean QUALID score decreased from 26.4 ± 8.9 to 24.7 ± 10.3, not statistically significant ($p = 0.40$). Pain: Mean PACSLAC-II score decreased from 6.0 ± 5.0 to 5.3 ± 3.8, not statistically significant ($p = 0.42$). Medication Costs: Slight decrease in costs from baseline to post-intervention. Antidepressant Use: Statistically significant decrease in use ($p = 0.05$). Acceptability: Positive feedback from families and staff, improved mood and engagement of residents noted.

Intervention Details:
Environment:
Quiet, calming rooms with soft music, pleasant scents, and comfortable lighting.
Timing:
Two 2-hour sessions per day, 5 days per week, reduced to 1.5 h per session due to staffing constraints.
Participants per Session:
Varied, depending on the home.
Staff:
Personal support workers, recreation staff, housekeeping, and dietary staff were involved.
Training:
Comprehensive training, including initial training by Joyce Simard and ongoing support through coaching, posters, newsletters, and monthly site meetings.
LCT Home Characteristics:
Two not-for-profit LTC homes, one in southern Ontario with 127 beds and one in Saskatchewan with 60 beds.

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
El Alili et al.	2020	Netherlands	To assess the societal cost-effectiveness of the Namaste Care Family program in comparison with usual care in nursing home residents with advanced dementia.	231 residents with advanced dementia and their family caregivers in 19 nursing homes.	QUALID: Improvement in quality of life (QUALID mean difference: −0.062, 95% CI: −0.40 to 0.28) QALY: Small increase (QALY mean difference: 0.0017, 95% CI: −0.059 to 0.063) GAIN: Positive impact on family caregivers (GAIN mean difference: 0.075, 95% CI: −0.20 to 0.35) Cost: Total societal costs were lower for the Namaste Care Family program (−552 €, 95% CI: −2920 to 1903)

Table 3 (continued)

Intervention Details:
Environment:
Calm, home-like rooms with pleasant scents, nature sounds or soft music.
Timing:
Two 2-hour sessions per day, 7 days a week.
Participants per Session:
Not specified.
Staff:
Nursing home staff and volunteers.
Training:
Family caregivers were invited to training sessions and involved in Namaste Care.
LCT Home Characteristics:
19 Dutch nursing homes with psychogeriatric wards.

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
Bray et al.	2020	UK	To develop a representative full cost model for a UK version of the multi-component, non-pharmacological Namaste Care intervention for care home residents with advanced dementia.	Care home residents with advanced dementia in UK care homes.	Cost Model Development: Comprehensive list of all possible resources expended, divided into three key areas: staff, capital, and consumables. Cost Comparison: Namaste Care Intervention UK costs approximately £8-£10 more per resident per 2-hour session than usual care. Positive Impacts: Potential positive impacts on resident and staff well-being may offset the additional costs.

Intervention Details:
Environment:
Dedicated Namaste Care rooms with controlled ambiance, including soft music, pleasant scents, and comfortable seating.
Timing:
Two-hour sessions, twice daily, over a three-month period (182 sessions).
Participants per Sessions:
8 residents per session.
Staff:
Involves a mix of care staff, including Namaste Care workers, nursing directors, home managers, housekeeping, kitchen, maintenance, and administrative staff.
Training:
Training not specifically detailed in this paper but assumed to be part of the initial and ongoing implementation process.
LCT Home Characteristics:
UK care homes with varying characteristics, providing care for residents with advanced dementia.

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
Walshe et al.	2019	UK	To describe the development of an intervention description, guide, and training package to support the implementation of Namaste Care within a feasibility trial for people with advanced dementia.	Nursing care home staff, volunteers, family carers, and PPI panel members involved in the Namaste Care program.	Intervention Description: A 16-page A4 booklet with flow charts, graphics, and color-coded information to support the implementation of Namaste Care. Training Package: Infographics and training materials developed to ensure fidelity and ease of use. Comprehensibility and Utility: Tested with staff unfamiliar with Namaste Care, modified through nominal group techniques with experienced staff and carers, and refined with PPI panel input.

Table 3 (continued)

Intervention details are not specified in this paper.

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
Smaling et al.	2019	Netherlands	To examine the perceived impact of the Namaste Care Family program on nursing home residents with advanced dementia, nursing staff, and family caregivers.	Residents with advanced dementia, family caregivers, volunteers, and nursing staff in 19 nursing homes (10 implementing Namaste Care Family program and 9 providing usual care).	Nursing staff and family caregivers reported decreased behavioural symptoms of dementia, more active engagement in activities, and more verbal interaction with and between residents. Nursing staff experienced a positive effect on their work, giving more time and attention to residents, and providing more person-centred care. Family caregivers reported improved contact with their relatives, other residents, and nursing staff, as well as positive changes in their perception of people with dementia.

Intervention Details:
Environment:
Not specified in detail.
Timing:
Daily program.
Residents per Session:
Not specified.
Staff:
Nursing staff and family caregivers.
Training:
Not specified.
LCT Home Characteristics:
19 nursing homes, 10 implementing the Namaste Care Family program and 9 providing usual care.

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
Kaasalainen et al.	2019	Canada	To explore early experiences associated with the implementation of the Namaste Care programme in two Canadian long-term care homes.	44 LTC staff, 44 family members, and volunteers attended a 2-day training session or public lecture.	Survey: Evaluated the 2-day education program. Participants rated their understanding and the quality of training highly (average rating of 9.2/10). Interviews: Key themes included positive impacts on residents' mood, engagement, and quality of life, with specific outcomes such as residents becoming more interactive and showing improved mood.

Intervention Details:
Environment:
Quiet, homely rooms with soft lighting, pleasant scents, and calming music.
Timing:
Two 2-hour sessions per day, ideally 7 days a week.
Participants per Session:
6–12 residents per session.
Staff:
Nursing assistants, family members, other staff, and volunteers.
Training:
2-day training sessions and public lectures, supplemented with experiential learning sessions and additional resources.
LCT Home Characteristics:
Two Canadian long-term care homes, one in Ontario and one in Saskatchewan.

Table 3 (continued)

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
Kaasalainen et al.	2019	Canada	To evaluate the Namaste Care programme's feasibility, acceptability, and effects to improve end-of-life care for people with advanced dementia.	Residents with advanced dementia in two long-term care (LTC) homes in Canada, family members, and staff.	Primary outcomes: Pain, quality of life, and medication costs assessed before and six months after participating in Namaste Care. The participation rate was 88.6%, but only 71.8% of sessions were attended, and 77.4% stayed in the program for at least three months. Improvements in pain and quality of life and decreased medication costs, though differences were not statistically significant. Positive feedback from family members and staff, noting beneficial changes in residents.
Intervention Details: Environment: Calm, therapeutic environment in a small group setting. Timing: Two two-hour sessions per day, five days a week. Actual implementation not specified. Residents per Session: Not specified. Staff: Namaste Care staff. Training: Not specified. LCT Home Characteristics: 2 long-term care homes in Canada.					
Article	**Year**	**Country**	**Aim/Objective**	**Population**	**Outcome Measures and Key Findings**
Bray et al.	2019	UK	To explore current practice of Namaste Care for people living with dementia in UK care homes and to identify barriers and facilitators to its implementation.	100 survey respondents, including 43 with direct experience of Namaste Care. 13 participants in follow-up interviews.	Survey: 100 respondents, 43 with direct Namaste Care experience. Positive impact on emotional, physical, and social well-being reported. Interviews: Themes included training, support, environment, and session structure. Improved resident mood, reduced agitation, better skin condition, hydration, weight gain, swallowing, sleep, and pain reduction were reported. Roundtable Discussions: The importance of leadership, team approach, and a clear understanding of Namaste Care principles was emphasised.

Table 3 (continued)

Article	Year	Country	Aim/Objective	Participants	Outcome Measures and Key Findings
Intervention Details: Environment: Dedicated, protected spaces with low lighting, soft music, and comfortable seating. Timing: Typically less than the prescribed two 2-hour sessions per day. Often delivered once a day, not always 7 days a week. Participants per Session: Varied, but typically fewer than 12 residents. Staff: Ideally a team approach, with a mix of dedicated Namaste Care workers and other care staff. Training: Varied experiences; some received formal training, others learned through observation or reading. The importance of comprehensive training is emphasised. LCT Home Characteristics: Varied settings, including nursing homes, hospices, and NHS continuing care units.					
McNiel & Westphal	2018	USA	To explore the experiences of residents, staff, and family involved in the Namaste Care program at a long-term care facility.	14 staff members, including certified nursing assistants, registered nurses, clergy, and therapists.	Themes: Peaceful sanctuary, relating their way, transforming experiences, connections and community, positive moments, awakened to the possibilities. Findings: Positive impacts on residents' mood, engagement, and quality of life. Staff reported increased job satisfaction and emotional fulfilment. Family members noted improved interactions and relationships. Examples: Residents showed reduced agitation, increased calmness, and more meaningful interactions.
Intervention Details: Environment: Two dedicated Namaste Care rooms on separate floors, with dim lighting, soft music, aromatherapy, and comfortable seating. Timing: 7 days a week for at least 4 h daily. Participants per Session: Up to 8 residents per room. Staff: Certified nursing assistants, registered nurses, clergy, therapists, and volunteers. Training: Special training provided to all staff involved in Namaste Care rooms. LCT Home Characteristics: A long-term care facility with separate memory care unit and general care areas.					

Table 3 (continued)

Article	Year	Country	Aim/Objective	Population	Outcome Measures and Key Findings
Bunn et al.	2018	UK	To develop an explanatory account of how the Namaste Care intervention might work, what outcomes it achieves, and in what circumstances.	People with advanced dementia living in care homes, with a focus on the perspectives of 20 stakeholders, including user/patient representatives, dementia care providers, care home staff, and researchers.	Primary focus: Theoretical explanations of how Namaste Care might work. Identified three context-mechanism-outcome configurations for Namaste Care: structured access to social and physical stimulation, equipping staff to handle complex behaviours, and providing a framework for person-centred care. Key overarching theme: the importance of activities enabling moments of connection for people with advanced dementia. Improved quality of life and dying through structured, regular, and person-centred sensory activities.

Intervention Details:
Environment:
Delivered in a communal space dedicated to Namaste Care, emphasising sensory stimulation through touch, sound, and sight.
Timing:
Twice daily, seven days a week.
Residents per Session:
Group setting with individual attention.
Staff:
Care home staff trained to deliver the program.
Training:
Staff training to understand and deliver person-centred, multisensory interventions.
LCT Home Characteristics:
Not specified in detail but included various care home environments in the UK.

Table 4 Summary of Namaste Care Sessions frequency and duration

Study	Planned Frequency and Duration of Sessions	Actual Frequency of Sessions	Actual Duration of Sessions	Participants Attendance
Bray et al. [19]	Twice daily, seven days a week, 2 h per session	Five out of 13 care homes reported seven days a week, often one session per day	Less than 2 h per session in most cases	Not specified
Kaasalainen [15]	Twice daily, five days a week, 2 h per session	71.8% of sessions delivered; about 1.4 sessions/day, five days a week	Not specified	88.6% participation rate, 77.4% stayed for at least 3 months
Bray et al. [11]	Twice daily, seven days a week, 2 h per session	Less frequent; often one session per day in many settings	Less than 2 h per session in most cases	Not specified
Froggatt et al. [14]	Twice per day, 2 h per session, 7 days a week	30% of the intended sessions were delivered, averaging 7 out of 14 weekly sessions.	The mean length of sessions across all sites was 1.33 h (approximately 80 min), ranging from 52 min to 1 h and 55 min.	32–68.3% of days had at least one session; specific participant attendance not consistently reported
Kaasalainen et al. [16]	Twice daily, five days a week, 2 h per session	Not specified	The average length of sessions attended by residents was 1.95 h.	Residents attended 71.8% of the sessions per week, compared to the expected target of 80%.
Bray et al. [12]	Twice per day, 2 h per session, 7 days a week	Not specified.	The average session duration varied across the five participating homes, ranging from 67 to 118 min.	Not specified.
Tasseron-Dries et al. [13]	Twice per day, 2 h per session, 7 days a week	Not specified.	Less than two hours, recommended evening sessions for more participation	Family caregivers struggled with involvement due to unclear expectations and a lack of support from the staff
Li et al. [17]	5–7 days/week, 2–4 h/day in the morning and afternoon	Not specified.	Half an hour in the morning and half an hour in the evening or afternoon.	On average, each resident attended two Namaste Care sessions each week, which did not meet the target of at least 10/14 sessions (80%) per week
Yous et al. [18]	5 days/week, 4 h/day (9:30 – 11:30 AM and 1:30 – 3:30 PM).	Not specified.	The mean length of sessions was 111.0 min (SD = 46.61), which met the target of > 90 min.	On average, each resident attended 2 sessions per week, not meeting the target of 10/14 sessions (80%).

predispositions and needs [11, 28]. Conversely, an overfocus by the staff on a particular moment of care within the session (i.e., nutrition through snacks) resulted in residents gaining too much weight [23], emphasising again the need for planning sessions and diverse and balanced moments of care.

Finally, efficient resource management was identified as a crucial factor influencing the delivery of personalised care within the Namaste Care sessions. This was particularly challenging for care homes with limited budgets. The need for sensory materials such as aromatherapy oils, soft music, and tactile objects added to the program's overall cost, as these materials are essential for creating the multisensory environment integral to Namaste Care [11]. Despite these higher initial costs, several studies suggested potential long-term cost savings by improving resident well-being and reducing medication needs [16, 29].

Staff engagement

Staff involvement, availability, engagement and commitment to the delivery of Namaste Care are central to effectively implementing the intervention in care homes, as staff members oversee its organisation, delivery, quality assurance and upkeep. Across different studies, staff constraints due to shortages and lack of flexibility in care routine have been reported as one of the main barriers to the delivery of Namaste Care [13, 21, 28]. Additional challenges related to staff involvement related to negative attitudes towards Namaste Care, seen as a 'luxury' or additional activity instead of an integral part of care delivery [19] and staff burden due to additional responsibilities related to the delivery of sessions [16, 17, 30].

As a way to overcome these challenges and barriers, different studies reported a strong central leadership and organisation approach by the care home towards the implementation of Namaste Care as a fundamental support for the successful implementation of the intervention while supporting staff needs [11, 30].

Training and continuous involvement

Training and continuous involvement were also reported as important resources in facilitating staff delivery of Namaste Care. Across the studies included in this review, different training approaches were utilised. Namely, training focused on enhancing participants' awareness and understanding of dementia behaviours and symptoms while teaching participants new skills to connect with the residents through physical comfort and sensory stimulation were delivered [22]. Similarly, other training approaches before the implementation of Namaste Care focused on the need to train staff to provide high-sensory care in a therapeutic environment, ensuring they were well-prepared for the intervention [30].

In some cases, the training involved practical demonstrations and personal experiences, where the training program included eight sessions over four days with a combination of theory and live demonstrations [30]. Follow-up sessions and the provision of guidance manuals were also common to reinforce learning and support staff [2, 14]. Continuous coaching and support played a critical role in maintaining the quality of care. Kaasalainen and colleagues [16] emphasised the importance of ongoing coaching by research assistants to ensure proper implementation and adaptation of Namaste Care. Furthermore, practical resources, such as toolkits and manuals, were provided to assist staff in delivering the program effectively [15, 23]. Overall, a lack of a standardised training approach for Namaste Care was noted, with some studies highlighting disparity of training opportunities among staff, with some staff members attending formal training courses, while others were unaware of such training opportunities [19].

Finally, in some of the papers included in this review, informational lectures and training materials were provided to family members and volunteers [2, 29], with positive feedback from the attendees reporting sentiments of empowerment and higher levels of engagement towards the Namaste Care sessions [30]. The unique experience of family members of people with advanced dementia living in care homes was also utilised in the design of intervention implementing Namaste Care to gain deeper insights into the reality of lived experience [2, 14, 20].

Involvement of family members and volunteers

Family and volunteer involvement is a critical component influencing Namaste Care's successful implementation in the context of nursing care homes. Studies reported that family caregivers who participated in the programme noted improved interactions and relationships with their family members [4, 13], in addition to encouraging family members to visit more often following participation in Namaste Care sessions [31]. The design of the Namaste programme, emphasising the participation of family members and volunteers, has shown to be beneficial also in alleviating widespread barriers to its implementation, like staff shortage and burden [17]. Family involvement helped build trust between families and staff, fostering a sense of partnership in care, while volunteers were considered essential in the delivery of Namaste Care sessions, helping to ensure that sessions could be conducted regularly even when staff were limited [17].

Nevertheless, involving families in Namaste Care sessions has presented a few challenges [13]. Challenges are represented by feelings of uncertainty by family members

regarding their roles within the session and confusion surrounding the objective of Namaste Care [13, 32, 33]. Additionally, conflicting schedules between staff and family members, where, in some cases, the duration of the sessions was perceived as too short (i.e., half an hour) and did not justify the commute from the point of view of the family members, making it less feasible for families to attend [23]. In addition, the emotional burden related to seeing people in more advanced stages of dementia compared to their family members sometimes fostered feelings of anxiety, which discouraged future attendance [32]. Insecurities, difficulties in communicating expectations, and potential anxieties can be alleviated and managed through the promotion of adequate training and information sharing with families and volunteers prior to the commencement of the intervention [13].

Discussion

This review systematically synthesised recent literature to explore the implementation of the Namaste Care intervention in nursing care homes. Five main themes were identified: the frequency and duration of Namaste Care sessions, the care environment and personalisation of care, staff engagement, training needs and continuous involvement, and the involvement of family members and volunteers. While Namaste Care offers substantial benefits, including improved quality of life and reduced behavioural symptoms [18], its implementation frequently deviates from the original design due to various practical constraints. These constraints include staff shortages, rigid schedules, and limited resources, which often result in reduced session frequency and duration [11, 13, 14]. Personalised sensory experiences, a cornerstone of Namaste Care, were highly beneficial but difficult to maintain consistently due to resource limitations [11, 25]. Additionally, the importance of comprehensive staff training and continuous support to ensure effective delivery was emphasised [16, 22, 30]. Finally, the active involvement of family members and volunteers was identified as a crucial enabler, alleviating some of the burden on staff and enhancing the residents' engagement [17, 31].

The review revealed a common discrepancy between the actual implementation of Namaste Care sessions (i.e., the duration and frequency of scheduled sessions) and the original design, which intended for twice-daily sessions of two hours each, seven days a week [34]. This deviation from the original design reflects not only the nursing care homes' difficulties in adhering to such a schedule due to various organisational constraints but also a much broader issue relating how an intervention is initially developed. Namaste Care was developed based on experience and clinical practice in US settings, rather than following intervention development guidelines, such as those outlined by the Medical Research Council (MRC) guidance. These emphasise iterative testing and refinement based on empirical evidence [35]. For instance, the expanded FRAME framework emphasises the importance of documenting modifications to understand their impact on fidelity and outcomes [36]. Without detailed documentation of changes to scheduled practice and implementation challenges, it is difficult to ascertain the effectiveness of individual components and the necessary 'dose' for achieving the intended benefits. It is critical going forwards that the structures, processes and outcomes of Namaste Care are fully documented to feed effectively into evidence-based adaptations to the implementation of Namaste Care so that a programme of care is both realistic, and able to deliver the desired outcomes.

Although there is extensive evidence indicating positive outcomes of Namaste Care for residents [18], staff members [24], and families [13] in nursing care homes, the current lack of reproducible dose-specific data makes it difficult to compare results due to variability in the frequency and duration of the Namaste Care sessions. Furthermore, even when the studies were focusing on other aspects of the implementation of Namaste Care within nursing care homes, such as staff training and education, a lack of a standardised training approach resulting in diverse training formats, duration and sometimes even presence of training [19], highlights the need for a more consistent and unified protocol for the delivery of Namaste Care across different settings and contexts.

The dominance of certain components in descriptions of Namaste Care was highlighted in the review, with less attention given to broader issues such as family involvement and training. Family and volunteer engagement in the delivery of Namaste Care offers opportunities for involvement in care moments which have shown to have positive outcomes for family members in feeling empowered and positively engaged in the provision of care of their family member [4, 13]. Nevertheless, little focus is directed towards the provision of standardised training or knowledge exchange, and more on the assessment of attitudes towards the intervention [13, 23] or the outcomes from the attendance of the Namaste Care sessions [2]. Other tools and instruments designed with the aim to facilitate family members understanding and participation in the life and care of people with advanced dementia approaching the end of life, can represent potentially insightful resources into enhancing family engagement and potentially improving the overall effectiveness of the Namaste Care intervention. One example is the Family Carer Decision Support tool [37], designed to inform family carers about end-of-life care options for people with advanced dementia and enable them

to contribute to advance care planning. This provides a structured approach that includes an information booklet on end-of-life care and a family care conference facilitated by trained staff. This tool has shown high levels of acceptability and effectiveness in reducing family carer decision uncertainty and improving satisfaction with care quality. Integrating such tools into Namaste Care could standardise the family involvement component of the intervention, enhance communication between staff and family members, and potentially improve the intervention's outcomes.

Finally, the need for pragmatic trials that test interventions in real-world settings is paramount. There is significant variability in the implementation of Namaste Care due to practical constraints such as staff shortages, rigid schedules, and limited resources. Future research should deploy pragmatic designs that reflect the typical conditions of nursing care homes. These trials will assess the feasibility and effectiveness of Namaste Care within the actual operational and resource limitations of these settings. Additionally, incorporating Equity, Diversity, and Inclusion (EDI) principles into future research is crucial to addressing the needs of underrepresented groups and diverse populations [38]. This includes prioritising culturally sensitive methodologies and engaging with stakeholders from varied socioeconomic and cultural backgrounds. Pragmatic trials [39], offer a more adaptable research design for nursing home settings, addressing the limitations of traditional randomised controlled trials (RCTs). This approach ensures that interventions are not only effective in controlled environments but also adaptable and sustainable in everyday practice. By prioritising pragmatic trials, we can develop more realistic and implementable models of Namaste Care that can be seamlessly integrated into the daily routines of nursing care homes, ultimately enhancing the quality of life for residents with advanced dementia.

Strengths and limitations

This review has several strengths, including a comprehensive search strategy and a framework synthesis approach to integrate findings across diverse studies. However, there are also limitations to consider. The variability in study designs and outcomes assessed posed challenges for data synthesis. Additionally, relying on English-language studies may have excluded relevant research published in other languages, and most included studies were conducted in high-income Western countries. This might limit the generalisability of the findings to underrepresented groups or settings with different cultural, social or economic contexts. The lack of diversity in study populations highlights an important gap in the literature, particularly regarding the potential applicability and adaptations of Namaste Care in low and middle-income countries or among culturally diverse groups. Despite these limitations, the review provides valuable insights into the feasibility and impact of Namaste Care in nursing homes. The quality of the included papers was generally high, as assessed using the JBI Critical Appraisal Checklist and the Mixed Methods Appraisal Tool (MMAT). All studies demonstrated congruity between their research methodology and objectives, adequately represented participants' voices, and received ethical approval. The high quality of these studies adds robustness to the review's findings.

Conclusions

We systematically synthesised the current literature on the implementation of Namaste Care in nursing care homes, providing valuable insights into the practicalities and challenges associated with this intervention. Despite the likely benefits of Namaste Care in enhancing the quality of life for residents with advanced dementia, nursing care homes often deviate from the original design due to various organisational constraints. The review highlighted key themes such as the frequency and duration of sessions, personalised care environments, staff engagement, training needs, and family involvement as critical factors influencing successful implementation.

To enhance the implementation of Namaste Care, several practical recommendations emerge from this review. Establishing standardised training programmes is essential to ensure that all staff members are adequately prepared and confident in delivering Namaste Care. These programmes should be comprehensive and consistent, addressing the diverse needs of staff across different care homes. Involving family members and volunteers more systematically can alleviate some of the burden on staff and enhance the residents' engagement and well-being. Tools like the Family Carer Decision Support tool may facilitate better communication and participation from families in the daily and future care of residents with advanced dementia.

Furthermore, adopting flexible scheduling can accommodate the specific constraints of each care home, allowing for the adaptation of session frequency and duration while maintaining the core components of Namaste Care. Future research should focus on pragmatic trials that reflect the real-world conditions of nursing care homes, ensuring that Namaste Care can be adapted and sustained effectively in practice. By addressing these challenges and focusing on evidence-based implementation strategies, Namaste Care can continue to be a valuable intervention for improving the lives of individuals with advanced dementia in nursing care homes.

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Data availability
As this is a systematically constructed review, the data drawn in this paper are contained within empirical papers that are already in the public domain. The corresponding author can provide additional or more detailed information about the datasets used upon reasonable request.

Declarations

Ethics approval and consent to participate
Not applicable.

Consent for publication
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Competing interests
The authors declare no competing interests.

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