

# The XHALI Model for the Dementia Care of Tomorrow

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## Abstract

The XHALI model is an innovative, holistic approach to care based on the principles of hospitality (xenophilia), humanity, authenticity, love and integrity. This approach places particular emphasis on an ethical and human-centered care environment that prioritizes the individual dignity, well-being and emotional needs of those in need of care. To highlight the uniqueness of the XHALI model, it was systematically compared with other established care models, including Kitwood's person-centered care, Feil's validation therapy, the Gentle Care model, the Senses Framework, Nicole Richard's Integrative Validation (IVA), Orem's self-care model and Virginia Henderson's care model.

The comparison shows that the XHALI model stands out due to its comprehensive consideration of ethical standards and emotional connections in care. While other models focus on aspects such as empathy, individual needs and the physical environment, the XHALI model expands care practice by adding an extra dimension of hospitality and love as a central element of care. This model offers a broader perspective that includes not only the needs of residents but also the moral and emotional requirements of caregivers. The comparison underlines the relevance of the XHALI model as a valuable addition to existing approaches and its importance for a future-oriented, ethical and sustainable care practice.

**Keywords:** XHALI Model; Care; Xenophilia; Nursing; Love; Authentication; Principles; Problems; Ethics; Human Values

- "The XHALI model for the care of tomorrow" is a powerful title that emphasizes the forward-looking and innovative orientation of the model. It conveys a vision for care practice that is based on ethical, human-centered values and addresses the needs of future generations.
- The XHALI model is an innovative approach to dementia care that aims to improve the quality of life of people with dementia through holistic and person-centered care.

It is based on five central principles:

- Xenophilia (hospitality): Promotes an open and welcoming environment where those affected feel welcome and accepted.
- Humanity: Emphasizes the importance of compassion, respect and dignity in dealing with people with dementia.
- Authenticity: Encourages caregivers to be authentic and build genuine relationships with those affected.
- Love: Emphasizes the role of love as a fundamental element in care to strengthen emotional bonds.
- Integrity: Emphasizes ethical conduct and adherence to moral principles in nursing practice.

By using the XHALI model, caregivers can create a supportive and respectful environment that meets the individual needs and values of people with dementia.

## Introduction

The XHALI model represents an innovative approach to dementia care based on compassion, authenticity and a deep commitment to the dignity of everyone. As dementia care requires a high degree of sensitivity and individuality, this model was developed to meet these needs by integrating core humanistic values into all aspects of care.

Dementia affects not only cognitive abilities, but also emotional and social well-being. The XHALI model is distinguished by its unique core principles of xenophilia (hospitality), humanity, authenticity, love and integrity, which help caregivers to create a safe, welcoming and ethical care environment.

Each principle in the XHALI model has been specifically selected to address specific aspects of dementia care:

**Xenophilia (hospitality):** Creates an open and inviting atmosphere where people feel welcome and accepted, avoiding isolation.

**Humanity:** Emphasis on compassion and respect to create an environment where dignity is at the center of all interactions.

**Authenticity:** Encourages caregivers to be real and make genuine connections, which is essential to feeling emotionally safe in dementia care.

**Love:** Serves as the basis for all interactions and promotes emotional warmth, empathy and understanding.

**Integrity:** Ensures that care is provided with the highest ethical responsibility and that the highest standards of moral conduct are maintained.

The XHALI model empowers caregivers to not only provide quality physical care, but also to support emotional and social needs. By adhering to these principles, caregivers can enrich the lives of the people they care for and create a person-centered experience that respects the individuality and humanity of each person with dementia. The XHALI model serves as a guide for creating a nurturing, respectful and dignified care environment, enriching the lives of both caregivers and care recipients.

### Problem (issue)

The XHALI model was developed to address some of the key challenges and issues in dementia care. Traditional approaches to care often reach their limits when it comes to providing holistic support and emotional wellbeing for people with dementia. These limitations can lead to impersonal, isolating care that does not adequately address the individual needs of those affected or the interpersonal connection between caregivers and care recipients. The key problem areas addressed by the XHALI model include

#### Lack of person-centeredness:

Dementia care often lacks a truly individualized approach. Standardized care practices rarely consider the unique history and personality of those affected, which can lead to a loss of identity and dignity.

#### Emotional distance and a lack of humanity:

In many care facilities, there is a high level of stress and time pressure, which often leads to care staff having to neglect their emotional connection to patients. This can promote a feeling of isolation among those affected and significantly impair their quality of life.

#### Lack of ethical standards and transparency:

Caring for people with dementia poses ethical challenges, particularly about the autonomy and decision-making capacity of

those affected. Without clear ethical guidelines, conflicts can arise that undermine the trust and satisfaction of those in need of care and their families.

#### Lack of emotional and social support:

The care of dementia patients often does not include sufficient emotional and social aspects. Isolation and loneliness are common problems, as the environment is not geared towards social activation or interpersonal interaction.

The XHALI model aims to address these issues by connecting the caregiver and the person with dementia in a way that is based on mutual respect, love and a high level of ethical awareness. By applying the XHALI principles, caregivers can act in a way that is emotionally, ethically and individually attuned to the needs of those affected. This strengthens the quality of care, the satisfaction of care recipients and the mental health of caregivers by establishing a genuine, appreciative and supportive care culture

### Literature

Kitwood, T [1] Kitwood's work is a standard in dementia care and emphasizes the importance of perceiving people with dementia as individuals and designing care accordingly.

Brooker D [2] Brooker describes the concept of person-centered care and shows how care services can be adapted to the needs and wishes of people with dementia.

Nolan, M., Davies, S., & Brown, J. [3]. This approach to care goes beyond pure patient orientation and includes the needs of both caregivers and those in need of care, which is relevant to the principles of the XHALI model.

Sabat, S. R. [4]. Sabat looks at the inner world of people with dementia and shows how important empathy and understanding are in preserving the identity of those affected.

Cohen-Mansfield, J. [5]. This article looks at non-pharmacological approaches to the treatment of behavioral problems in dementia and emphasizes the importance of environmental factors and individual approaches.

Tobin, S. S., & Lieberman, M. A. [6]. Tobin and Lieberman offer a perspective on social and emotional support in care settings, which is particularly relevant to the principles of xenophilia and love in the XHALI model.

Feil, N. [7]. Naomi Feil's validation technique supports caregivers in treating people with dementia with respect and at eye level, thus building trust and emotional security.

Schulz, R., & Martire, L. M. [8]. This article examines the impact of dementia care on family members and emphasizes the importance of creating a supportive network.

Beck, C., & Heacock, P. (2005). This emphasizes the importance of a high quality of life in care facilities, which the XHALI model

also promotes through its principles of integrity and love.

Buber, M. [9] Buber's philosophical work inspires an interpersonal approach based on authenticity and genuine encounters and underpins the XHALI principle of authenticity.

## Problem

Implementing the XHALI model in practice can encounter various challenges, especially in today's care environment, which is often characterized by limited resources, time pressures and organizational hurdles. Here are some key issues that may arise when applying the model:

### Lack of time and personnel

In many care facilities, there is a chronic shortage of staff and time pressure, which makes it difficult to implement truly person-centered care. Caregivers often have little time to engage with each resident individually, making the principle of xenophilia and authenticity difficult. When caregivers are under stress, emotional connections and genuine relationship care can often fall short.

### Lack of training and awareness

Many caregivers do not receive comprehensive training in humanistic and person-centered approaches to care. However, without in-depth training, it is difficult to integrate the values of the XHALI model - especially love and integrity - into daily work. Caregivers need specialized training and awareness to fully understand and apply the model.

### Ethical conflicts and decision-making

The principle of integrity demands high ethical standards and adherence to principles such as autonomy and dignity. However, ethical dilemmas often arise in dementia care, for example when it comes to the balance between safety and autonomy. Caregivers must make decisions that can sometimes be at odds with the wishes of those affected or their relatives, leading to conflict.

### Lack of support and resources for emotional needs

An essential component of the XHALI model is emotional support. However, caregivers often do not have access to psychological support or supervision to deal with emotional stress themselves. Without such resources, it is difficult for them to offer emotional warmth and support to those affected, as required by the principle of love.

### Organizational resistance

Implementing a new care approach often requires changes to the structure and culture of the care facility. However, some organizations are not willing or able to make these adjustments. Traditional hierarchies and bureaucratic structures often hinder the flexibility and willingness to innovate that would be necessary to implement the XHALI model.

## Cultural and individual differences

The principle of humanity [10] in the XHALI model emphasizes the need to treat everyone with respect and empathy. However, in multicultural care environments, cultural differences can lead to misunderstandings when caregivers and care recipients have different ideas about dignity, respect and care.

These problems make it clear that the introduction of the XHALI model requires a comprehensive strategy and support at an organizational level. It requires a willingness for further training, emotional support for the nursing staff and structural changes in the facility. With these measures, however, the principles of the model can help to establish appreciative, dignified and ethically sound dementia care.

## Materials and methods

For the implementation of the XHALI model in practice, a clear structure of materials and methods is required to ensure that the principles of xenophilia, humanity, authenticity, love and integrity can be integrated and practiced in everyday care. Here are the essential materials and methods for implementation:

### Materials

#### Training materials and manuals

Specific guides and manuals that explain the XHALI principles in detail and provide practical examples of their implementation.

Training materials to deepen the topics: Ethics in nursing, emotional intelligence, intercultural sensitivity and techniques for empathic communication.

#### Visual memories and posters

Posters and other visual reminders in the facilities to remind caregivers of the XHALI principles, especially in frequently used spaces such as break rooms and common areas.

Symbols for each principle (e.g. heart for love, light for integrity) to raise awareness in everyday life.

#### Evaluation and feedback instruments

Questionnaires and evaluation forms for nursing staff and relatives to regularly measure the degree of implementation and satisfaction.

Feedback forms for patients and relatives to receive regular feedback on their experiences and well-being.

#### Spatial design materials

Materials to create an inviting and stimulating environment, such as calming colors, comfortable seating and personal décor elements.

Music, photos, plants and other objects that promote a warm and appealing atmosphere.

## Technology for documentation and supervision

Digital tools and apps for documenting and reflecting on care activities as well as recording and analyzing feedback and progress.

Online modules and platforms for continuous learning and exchange within the team.

## Methods

### Training and further education:

Regular training on the XHALI principles with a focus on emotional intelligence, relationship management, ethics and person-centered approaches.

Interactive workshops that include role plays, case studies and group reflections to promote understanding of the principles and illustrate their applicability in practice.

### Supervision and mentoring:

- Introduction of regular supervision meetings in which nursing staff can discuss their challenges and successes in implementing the XHALI principles.
- Mentoring and peer support programs to support less experienced employees in implementing the principles and sharing knowledge.

### Individual care planning:

- Personalized care plans that are tailored to the individual needs, wishes and values of those affected and are regularly updated.
- Working closely with family members to incorporate their knowledge of those affected and thus promote the principles of humanity and integrity.

### Relationship-oriented care and interaction:

The method of validation according to Naomi Feil for empathetic communication and for promoting authenticity in encounters with those affected.

Active listening and storytelling sessions in which those affected can share their stories, memories and wishes.

### Regular feedback loops:

- Structured feedback sessions with caregivers, patients and their relatives to make continuous adjustments and ensure that the model is implemented effectively.
- Annual evaluations in which the success and potential for improvement of the XHALI implementation are reviewed.

### Environment and milieu design:

Creating a spatial environment that contributes to the

orientation and well-being of those affected. This includes personal objects, mementos and a calm atmosphere.

Use soothing music, natural lighting and a homely design to create a welcoming and supportive environment.

## Implementation steps

### Kick-off workshop:

Introduction of the XHALI model to the entire team, clarification of the principles and definition of the implementation goals.

Ongoing training and reflection meetings: Regular training and team meetings to reflect on implementation in everyday life and discuss problems.

### Establishment of a feedback culture:

Creating an open and transparent framework to continuously incorporate feedback from employees, those affected and relatives.

Annual review and adjustment: Evaluation of progress and adjustment of methods based on experience and feedback from stakeholders.

Through the consistent application of these materials and methods, the XHALI model can be deeply anchored in everyday care, thus realizing sustainable, humane and ethically sound dementia care.

## Application of the XHALI model in practice

Applying the XHALI model in practice requires specific steps to integrate the principles of xenophilia, humanity, authenticity, love and integrity into everyday care. Here is a detailed guide on how to put the model into practice:

### Introduction and sensitization

#### Kick-off meetings:

The team is introduced to the philosophy and principles of the XHALI model to raise awareness of the importance of person-centered care.

#### Training in relationship management:

Workshops and training sessions promote empathic communication, active listening techniques and building genuine connections with those affected. Caregivers learn how to create a welcoming atmosphere that promotes the principle of xenophilia.

#### Personalized care plans

#### Recognize individual needs:

Care plans are adapted to consider the unique needs, values and preferences of each individual. Medical history interviews and regular exchanges with relatives help to better understand the lives of those affected.

## **Ethical decision making:**

Based on the principle of integrity, an ethical framework that respects the autonomy and dignity of those affected is used when drawing up care plans.

## **creation of a hospitable environment (xenophilia)**

### **Design of living areas:**

Rooms are made homely, with familiar, personal objects and calming colors to create a welcoming atmosphere.

Hospitality and a welcoming culture:

Relatives and visitors are actively involved and welcome to create a sense of community and avoid social isolation.

## **promotion of humanity in nursing care (humanity)**

### **Cultivate empathy and compassion:**

In practice, humanity means that nursing staff treat every person with respect and compassion. To this end, training in emotional intelligence and empathy is provided.

### **Cultural sensitivity:**

In multicultural care facilities, care is taken to respect cultural and personal backgrounds. This helps to maintain the respect and dignity of those affected.

### **Authentic communication and bonding**

#### **Authenticity in interaction:**

Caregivers are encouraged to be authentic in their interactions with those affected to create trust and security.

#### **Apply the validation method:**

Validation according to Naomi Feil is used to give those affected a feeling of understanding and security and to break down emotional barriers.

### **Love as a central element of care**

#### **Emotional closeness and attention:**

Nursing staff take time to talk, touch and provide personal care in order to create a caring atmosphere.

#### **Social activities and rituals:**

Shared activities and rituals are encouraged to strengthen a sense of community and emotional connection.

### **Implementation of integrity and ethical care**

#### **Clear ethical guidelines:**

Nursing staff are trained in ethical standards to ensure that all actions are based on respect, trust and legal requirements.

## **Reflection rounds and ethical case discussions:**

Regular team reflections and case discussions give nursing staff the opportunity to reflect on ethical dilemmas and complex situations and to support each other.

## **continuous supervision and team support**

### **Supervision and mentoring:**

Experienced team members or external supervisors support the Team to internalize and continuously apply the principles of the XHALI model.

#### **1.1.1. Establish a feedback culture:**

An open feedback culture promotes the exchange of experiences and challenges in day-to-day care and supports the implementation of the model in practice.

### **regular evaluation and adjustment**

#### **Use evaluation instruments:**

Questionnaires and interviews are used to collect feedback from caregivers, patients and relatives and to evaluate the effectiveness of the model.

#### **Ongoing adaptation of the methods:**

Based on the feedback, the model is continuously adapted to the needs of the institution and those affected to ensure its effectiveness and relevance.

#### **Exemplary application scenarios:**

**Daily greeting (xenophilia and humanity):** The nursing staff greet the residents by name in the morning, smile and pay attention to them to welcome them and build trust.

**Narrative rounds (authenticity and love):** Small storytelling sessions or discussion groups are regularly organized in which residents can share their memories. This creates connections and promotes emotional closeness.

**Cultural celebrations (humanity and integrity):** The care facility organizes activities that consider and respect the cultural and religious backgrounds of the residents. This shows appreciation and enables those affected to express their identity.

**Individual leisure activities (integrity and love):** Leisure activities are organized according to the residents' preferences. A person who enjoys being in nature is encouraged to do small gardening jobs, while someone who loves music is given access to instruments or music therapy.

The practical application of the XHALI model requires commitment and adaptability from caregivers and organizations. By internalizing the five principles in daily routines, a care culture is created that is based on respect, empathy and ethics - and can

ultimately significantly improve the quality of life of people with dementia.

### Relevant topics and focus areas

**Person-centered care:** research on individual care approaches, especially for people with dementia (e.g. work by Tom Kitwood and Dawn Brooker).

**Ethical and value-based care:** literature on ethical standards and decision-making in nursing.

**Hospitality and environmental factors:** Studies that emphasize the importance of the care environment and hospitality for the well-being of residents.

**Emotional intelligence and authenticity:** research investigating how authenticity and emotional competence promote trust and quality-of-care relationships.

**Validation methods in dementia care:** literature on validation according to Naomi Feil and other methods of empathic communication with people with dementia.

### Available literature and examples of relevant articles

**Article on person-centered care:** Brooker, D. [2]. Kitwood, T. [1]

#### Research on ethical care and integrity:

**Ethics in Nursing:** An exploration of moral dilemmas and integrity in care - In this area, articles and books in nursing ethics by authors such as Gallagher (2006) may be of interest.

**Empirical studies on hospitality and emotional support:** Cohen-Mansfield J [5]. Studies on social inclusion and support in care homes, such as the use of music, creative activities and social groups.

**Validation method and authenticity:** Feil N [7]. Validation: The Feil Method. Cleveland, OH: Edward Feil Productions. Naomi Feil's book Validation: The Feil Method (2002) describes validation therapy, a method for supporting older people with dementia. The method is based on recognizing and respecting the emotional world of those affected through empathetic listening and non-judgmental communication. Rather than correcting the reality of the patients, validation therapy encourages the expression of their feelings and memories, which can reduce anxiety, stress and confusion. Feil emphasizes that this method not only strengthens the authenticity of care, but also promotes trust and emotional connection between caregivers and patients.

Sabat, S. R. [4]. \*The Experience of Alzheimer's Disease: Sabat, S. R. (2001). \*The Experience of Alzheimer's Disease: Steven R. Sabat's book The Experience of Alzheimer's Disease (2001) sheds light on the subjective experience of Alzheimer's patients. Rather than focusing solely on cognitive deficits, Sabat shows that, despite their limitations, sufferers can maintain relationships,

express themselves and preserve their identity. He calls for respectful treatment that involves those around them to improve their quality of life.

### Surveys

Various surveys and questionnaires can be developed to evaluate the effectiveness and satisfaction with the XHALI model in care. These surveys should gather feedback from care staff, residents (if possible), and relatives to better understand the application of the XHALI principles and identify possible improvements.

#### Employee survey

This survey aims to capture the understanding and acceptance of the XHALI model among nursing staff. It includes questions on training in the model principles, practical implementation and challenges that arise in everyday life.

#### Resident survey

If possible, this survey will evaluate residents' perceptions and satisfaction with the quality of care and the environment. Questions will focus on whether they feel welcome, respected and supported.

#### Relatives survey

This survey aims to obtain the perspectives of relatives to measure their satisfaction with the care they receive and their involvement in the care process. It also examines how welcome they feel in the care facility.

#### Self-evaluation questionnaire for nurses

A personal reflection for nurses to evaluate their own application of the XHALI principles. It includes questions on the daily application of hospitality, humanity and ethical behavior.

**360° feedback:** This comprehensive survey involves colleagues, superiors and relatives and provides all-round feedback on the practical application of the model to identify continuous improvement opportunities.

#### Method comparison

To evaluate the effectiveness and applicability of the XHALI model in practice, a comparison with other models and methods of person-centered and ethically based dementia care is useful. Such a comparison can help to identify the strengths and weaknesses of the XHALI model and highlight its special features. Here are some common comparison methods:

#### Comparison of the models

Comparison with Kitwood's "person-centered care" model

**Focus:** Kitwood's model concentrates on the well-being of people with dementia by placing their needs at the center. The focus is on personhood and the preservation of identity.

## Differences to the XHALI model

While Kitwood emphasizes the importance of dignity and identity, the XHALI model goes beyond person-centeredness and integrates hospitality (xenophilia) and integrity as core principles. It places more emphasis on ethical standards and creating a hospitable environment.

## Strengths of the XHALI model in comparison

XHALI promotes not only personal relationships, but also emotional and ethical responsibility, which leads to more comprehensive care.

## Core principles and focus

**XHALI model:** Creates a care environment based on the principles of xenophilia (hospitality), humanity, authenticity, love and integrity. It emphasizes a holistic, ethical approach that integrates emotional and social support.

**Kitwood's Person-Centered Care:** Focuses on treating dementia patients with dignity and preserving their identity through personalized, respectful care.

**Feil's validation therapy:** Emphasizes emotional support through empathy, validation and recognition of the feelings of people with dementia and focuses mainly on communication.

## Focus on Emotional and Social Environment

**XHALI model:** Strong emphasis on a welcoming, inclusive environment through "xenophilia" and fostering deep emotional connections.

**Kitwood's model:** Promotes individualized care with respect for dignity but does not explicitly focus on a hospitable approach.

**Feil's validation therapy:** Focuses on empathy and understanding in interactions, but without addressing a broad social environment.

## Ethical and Reflective Practices

### XHALI model vs. validation according to Naomi Feil

**XHALI model:** Focused on creating a welcoming, ethical and loving environment with deep emotional connections and ethical reflection.

**Validation according to Feil:** Emphasizes empathy and emotional recognition. It is mainly about recognizing and validating the feelings of people with dementia, but without including specific ethical or social environment principles.

**Difference:** The XHALI model goes beyond the emotional level and includes ethical standards and a hospitable environment.

### XHALI model vs. Kitwood's person-centered care

**XHALI model:** Based on hospitality, authenticity, integrity

and love to promote deep, person-centered care.

**Kitwood's model:** Focuses on preserving the identity and dignity of those in need of care through person-centered care.

**Difference:** Kitwood's model focuses on personhood and identity, while the XHALI model also integrates hospitality and ethical principles as basic elements.

### XHALI model vs. Roper-Logan-Tierney model (activities of daily living)

**XHALI model:** Its principles support those in need of care not only physically, but also emotionally and socially.

**Roper-Logan-Tierney model:** Structures care according to the activities of daily living, which include physical, psychological and social aspects, but focus less on emotional and ethical values.

**Difference:** The XHALI model places a stronger focus on ethical and interpersonal connections and creating a welcoming environment, while the Roper-Logan-Tierney model primarily covers physical life activities.

### XHALI model vs. senses framework

**XHALI model:** Promotes a highly ethical and people-centered environment through hospitality and authenticity.

**Senses Framework:** Emphasizes the "senses" of security, continuity, identity, meaning, belonging and fulfillment for caregivers and those in need of care.

**Difference:** While the Senses Framework focuses on emotional support for caregivers and patients alike, the XHALI model complements ethical responsibility and promotes a welcoming care environment.

### XHALI model vs. Gentle Care model

**XHALI model:** Focuses on emotional closeness, authenticity and hospitality to strengthen a caring relationship.

**Gentle Care model:** Focuses on designing the environment and promoting skills to provide a supportive, familiar environment for people with dementia.

**Difference:** Gentle Care emphasizes the physical environment and daily structure, while the XHALI model focuses on interpersonal relationships and ethical reflection.

### XHALI model vs. integrative validation (IVA) according to Nicole Richard

**XHALI model:** Strives to provide hospitable and authentic care in which emotional support and ethical behavior play a central role.

**Integrative Validation:** Focuses on validation and respectful communication with people with dementia and combines psychosocial approaches.

**Difference:** IVA is more focused on empathy and communication, while the XHALI model also incorporates hospitality and ethics and promotes a stronger culture of care.

## XHALI model vs. the Orem model of self-care

**XHALI model:** Promotes support that is emotional and holistic through love and integrity.

**Orem model:** Aims to strengthen the self-care ability of those in need of care and promotes their autonomy through support with self-care.

**Difference:** The XHALI model emphasizes emotional and ethical values, while the Orem model takes a functional approach to promoting independence.

## XHALI model vs. care model according to Virginia Henderson

**XHALI model:** Supports those in need of care at all levels of daily life through hospitality, ethical behavior and emotional connection.

**Model according to Henderson:** Supports people in need of care in meeting their basic needs and promoting their independence.

**Difference:** While Henderson focuses heavily on independence and physical needs, the XHALI model includes emotional and ethical dimensions that foster deeper interpersonal relationships.

Summary of the advantages of the XHALI model in comparison

## The XHALI model offers a holistic and ethically sound perspective that

Strengthening emotional and social connections through hospitality and love, integrates ethical reflection and integrity into care, promotes individualization and authentic relationships.

This model stands out from traditional care concepts due to its combination of hospitality, ethics and emotional support and is particularly suitable for an appreciative and person-centered care culture.

## Strengths of the XHALI model in comparison:

In addition to a holistic approach, the XHALI model promotes the principles of hospitality and ethical responsibility, which can be particularly helpful in multicultural and diverse environments.

## Summary of the comparison results

## Model Focus Differences to the XHALI model Strengths of the XHALI model

- Kitwood's Person-Centred Care Humanity, identity Stronger focus on hospitality and ethical aspects Multidimensional ethical responsibility and hospitality

- VIPS (Brooker) Social environment and person-centeredness Focus on emotional and ethical engagement Promoting love and authenticity.

- Validation therapy (Feil) Emotional recognition, no specific ethical structure More comprehensive structure, including ethical standards

- Gentle Care Supportive Environment Less focus on interpersonal and ethical dimensions, Holistic care relationship and ethical responsibility

- Integrative care approach Holistic approach Less explicitly focused on hospitality and ethics Integrated hospitality and ethical reflection

## Conclusion

- The XHALI model clearly stands out from other care approaches due to its five principles. While other models cover important aspects of person-centered care, the XHALI model goes one step further by emphasizing hospitality and love as core components of care.

- The model integrates ethical standards and promotes an environment in which both the needs of residents and the ethical and emotional requirements of care staff are considered.

- The comparison shows that the XHALI model is particularly suitable if a care philosophy is desired that includes the emotional and ethical levels of the care process in addition to practical care.

## Individual Support

Individual support is a central principle of the XHALI model and plays an important role in person-centered dementia care. It ensures that each person is recognized for their uniqueness and cared for according to their individual needs and wishes. The implementation of individual support within the XHALI model requires a flexible, respectful and adaptable approach that takes various aspects into account.

Here are the key components and implementation strategies for individual support:

## personalized care plans

Each resident or patient receives a detailed care plan that is tailored to their individual needs, interests, lifestyle and values.

Care plans are regularly reviewed and adapted to take account of changes in the residents' condition or needs.

Life history is also included in anamnesis interviews to understand previous hobbies, preferences and cultural characteristics and to incorporate them into the care.



## building relationships and trust

Caregivers develop a trusting relationship by actively listening and interacting respectfully with residents. This strengthens the principle of authenticity in the XHALI model and promotes an emotional bond.

Building trust enables residents to feel more comfortable and secure, which is particularly important for people with dementia.

Caregivers are encouraged to have real, honest conversations and notice small everyday details that are meaningful to the individual.

## Flexible Day Structure

A fixed but flexible daily structure is developed that is adapted to the resident's individual rhythm and habits.

For example, mealtimes and activities can be adapted according to the resident's preferences and daily rhythm.

Daily planning also allows for spontaneous activities if the resident shows interest and avoids rigid time pressure, which improves the quality of life.

## Spatial and environmental adaptation

The living area is designed to reflect the resident's personality and preferences - for example with personal decorations, photos and familiar objects.

The environment is not only designed according to functional aspects, but in such a way that it gives the resident a feeling of "home".

Adapting to the environment promotes orientation and creates a familiar, calming atmosphere that helps residents to feel safe and comfortable.

## Social and emotional support

Care staff provide emotional support by responding to the mood and needs of the resident and giving them space to express their feelings.

Contact with relatives and friends is supported, as social ties are important for well-being.

Emotional support can also be provided through joint activities, conversations or the use of music and memory therapy to promote positive emotions.

## Inclusion of family members

Relatives are actively involved in the care process and invited to regular discussions. They can provide valuable information about the residents' life story and preferences.

Caregivers work closely with family members to ensure that care is in line with the family's values and expectations.

Involving family members also promotes a sense of continuity and supports the principle of love in the XHALI model.

## promotion of autonomy and self-determination

Residents are encouraged to make their own decisions and retain as much independence as possible, which supports the principle of integrity in the XHALI model.

Carers ensure that those affected are involved in decisions that affect them - be it their choice of clothing, choice of meals or participation in activities.

Promoting autonomy boosts self-esteem and gives residents a sense of control over their lives.

## Specific therapeutic approaches

Depending on the needs and condition of the resident, targeted therapeutic approaches are used, such as music therapy, art therapy, aromatherapy or movement therapy.

These approaches are customized and can help to promote memory, improve mood and enhance physical well-being.

Therapeutic activities are carefully selected and designed to promote quality of life and emotional well-being.

## Regular reflection and feedback loops

Care staff regularly reflect on the resident's individual needs and preferences and adapt the care plan accordingly.

Through feedback sessions with colleagues and, if necessary, relatives, care can be continuously optimized and tailored to the resident.

This reflection and adaptation make it possible to react flexibly to changes and continuously improve the quality of care.

## Summary

Individual support in the XHALI model means that care not only includes standardized tasks, but also focuses on the person and their uniqueness. It respects the resident's individual wishes, life story and daily rhythm and creates an atmosphere of security and interpersonal connection.

Through this comprehensive, person-centered approach, the XHALI model promotes not only the physical well-being, but also the emotional and social well-being of the residents.

## Personalized problem solving

Personalized problem solving is an essential part of the XHALI model and ensures that each resident or patient is considered and cared for individually. This approach goes beyond standardized procedures and requires caregivers to find creative solutions to everyday challenges and special needs that are tailored to the individual.

Here are the key components and strategies for personalized problem solving within the XHALI model:

## Individual analysis and needs assessment

The first step is a thorough analysis of the resident's individual needs and challenges. Personal preferences, habits and the current state of health are considered.

Close cooperation with relatives and medical history helps to obtain a complete picture of the person and to take factors such as life history and cultural background into account.

This analysis helps to identify specific problems at an early stage and to customize the possible solutions.

## Flexible problem-solving approaches

Carers are trained to think flexibly and find creative solutions that suit the person's specific context. Instead of simply adhering to standardized care protocols, they should develop individual solutions.

For example, for a person with dementia who is often disoriented, an individually designed landmark in the room can be helpful, while for another person, music or a familiar scent can have a calming effect.

Flexibility also means adapting the methods if the person's condition or needs change.

## Problem-solving strategies in real time

Care staff learn to solve everyday problems quickly and effectively. This can range from reacting to mood swings to coping with mobility restrictions.

One example would be quickly changing the daily schedule if a resident does not want to take part in activities on a particular day. Instead, an alternative, individually suitable activity is offered that takes their mood and needs into account.

Real-time solutions require nursing staff to be highly adaptable and able to act spontaneously.

## Interdisciplinary cooperation

For more complex problems, it can be helpful to involve interdisciplinary teams, including doctors, therapists and social workers, who work together to develop a solution.

A problem such as recurring sleep disorders could, for example, be solved by working with a sleep specialist and, if necessary, a nutritionist to fully consider possible causes.

Interdisciplinary cooperation promotes a comprehensive, holistic solution to problems that affect several aspects of life.

## Use of validation and communication techniques

Validation techniques such as Naomi Feil's method are

valuable for personalized problem solving, especially when dealing with people with dementia. These techniques help caregivers to recognize emotional needs and respond accordingly.

Communication is adapted to the individual by carers actively listening, paying attention to non-verbal signals and using calm, respectful language.

These validation approaches support problem solving by reducing emotional tensions and providing valuable clues for caregivers as to the causes of certain behaviors.

## Promotion of self-determination in problem solving

The resident or patient is encouraged to contribute as much as possible to solving their own problems. Care staff help but allow the resident to make decisions and suggest solutions.

One example would be to give the resident the choice of how to organize a certain daily routine to promote a sense of control and self-determination.

This approach strengthens self-esteem and enables residents to take responsibility for their lives as far as they are able.

## Involvement of family members

Relatives can play a valuable role in solving problems, as they often know the person best and can provide helpful information.

One example would be a resident who regularly feels isolated. The care staff can work with the relatives to plan activities or regular visits to increase social integration.

Working with relatives promotes a sense of continuity and familiarity and helps to develop solutions that support both the resident and their family.

## Continuous reflection and adaptation

Regular reflection on the effectiveness of the solutions applied is an integral part of personalized problem solving. In team meetings or individual discussions, nursing staff reflect on which strategies were successful and where there is room for improvement.

If a solution was not effective, it is adapted or replaced by a new solution.

This constant adaptation promotes a high quality of care and ensures that care continues to develop and adapt to the individual needs of the resident.

## Exemplary scenarios for personalized problem solving

**Mood swings:** A resident becomes easily irritable and restless on some days. The nursing staff work with the residents and their relatives to develop a list of activities that will calm them down, such as taking a walk in the garden or listening to their favorite music.

**Sleep disorders:** A resident has difficulty sleeping at night. After consultation with a sleep expert and through observation, a routine is developed to prepare him for sleep, such as soothing music or aromatherapy before bedtime.

**Eating habits:** A resident has difficulty enjoying a meal in company and often withdraws. The care staff offer him the opportunity to eat in a quieter room or invite him to a smaller, more private meal.

## Summary

Personalized problem solving within the XHALI model means that care staff respond individually and flexibly to the needs and challenges of each resident. Through a combination of individual analysis, flexibility, interdisciplinary collaboration and continuous adaptation, care is created that responds to the specific needs and wishes of residents. This approach not only creates a tailor-made solution to problems, but also promotes the well-being and satisfaction of residents while strengthening their trust in the nursing staff.

## Contributions to Practice

The implementation of the XHALI model contributes significantly to the practice of dementia care and to care in general by providing a holistic, ethically based approach that improves the well-being and quality of life of those affected. Here are the key contributions of the XHALI model to care practice:

### Promotion of a people-centered care culture

The XHALI model emphasizes the individuality of each resident and focuses on the human needs and dignity of the person. This approach promotes a culture of respect and consideration in care facilities.

The principles of xenophilia (hospitality) and humanity create an environment in which residents feel valued as individuals. The model supports care staff in creating a welcoming, respectful and dignified environment.

This people-centered care culture not only promotes the well-being of residents, but also strengthens ethical and interpersonal understanding within the care staff.

### Increasing the quality of care through personalized problem solving

Through personalized problem solving and individual support, the model ensures that solutions are specifically tailored to the needs and challenges of residents.

Nursing staff are encouraged to think creatively and flexibly and thus respond to individual needs, which increases the quality of care. This ensures that care is not limited to standardized procedures but is tailored to the personality and life story of everyone.

This adaptability is particularly important in dementia care, where residents' needs and abilities vary greatly.

### Promotion of ethical awareness and integrity

The principles of integrity and ethical responsibility help nursing staff to continuously deal with the moral and legal aspects of their work. The model promotes ethical behavior and supports care staff in making decisions in the best interests of residents.

By firmly integrating ethical standards into the care process, the XHALI model helps to strengthen the safety and confidence of residents and their relatives.

The model also provides guidance for ethical dilemmas and promotes clear, reflective decision-making in day-to-day care.

### Strengthening the emotional bond and authenticity

The XHALI model promotes genuine, authentic relationships between care staff and residents, which is particularly valuable for the emotional health of those affected.

Care staff learn to make genuine connections, which strengthens residents' trust and satisfaction. The principle of authenticity also promotes self-awareness and the ability of care staff to reflect, which improves the quality-of-care interactions.

Authentic relationships reduce the feeling of loneliness and isolation in people with dementia and create an environment in which emotional needs are considered just as much as physical ones.

### Increase in well-being and quality of life

By integrating the principles of love and humanity, the XHALI model promotes a warm, compassionate atmosphere that sustainably increases the well-being and quality of life of residents.

The focus on emotional and social support helps people with dementia to feel safe and secure, which increases their overall life satisfaction.

Caregivers are encouraged to see love and care as essential components of care, creating a holistic, loving environment.

### Involvement of relatives and the community

The XHALI model promotes close cooperation with relatives and actively involves them in care planning and implementation. This involvement supports a sense of continuity and strengthens the network around the residents.

Relatives feel valued and involved in the care process, which increases trust in the care facility and reinforces positive feedback.

The increased involvement of the family and the community also contributes to the social and emotional stability of the residents, as they feel supported in a family environment.

## Creating a welcoming and activating environment

The principle of xenophilia in the XHALI model [11] supports the creation of a welcoming environment that conveys openness and acceptance. A welcoming atmosphere helps to alleviate feelings of isolation among residents and promotes well-being.

An activating environment helps residents to get involved and take part in activities that strengthen their abilities and increase their enjoyment of life.

By creating a supportive environment, residents are motivated to act independently and participate in life in the community.

## Improvement of the working atmosphere and the well-being of nursing staff

The principles of the XHALI model help to improve the working atmosphere and strengthen nursing staff emotionally and ethically. The nursing staff feel valued and supported, which leads to greater job satisfaction and motivation.

By encouraging nurses to self-reflect and develop their emotional intelligence, the model helps them to find personal fulfillment and professional development.

A positive work environment helps to reduce stress and burnout as caregivers can make genuine connections and feel supported.

## Promotion of continuous improvement and reflection

The XHALI model emphasizes the need for continuous reflection and adaptation. Nurses are encouraged to regularly reflect on their actions and decisions to further develop their skills and practices.

Feedback loops and supervision promote a culture of learning and improvement, which constantly optimizes the quality of care.

This continuous reflection contributes to the professional development of nursing staff and ensures the sustainability and efficiency of the model in practice.

## Summary of the contributions of the XHALI model to practice

The XHALI model contributes to nursing practice by establishing a holistic, person-centered and ethical philosophy of care. The reinforcement of authenticity, love, and hospitality creates a warm and supportive atmosphere that benefits both residents and caregivers. Through personalized problem solving, involvement of family members and continuous reflection, the model contributes to the improvement of care quality and professional satisfaction.

Overall, the XHALI model makes a valuable contribution to the further development of sustainable, responsible and dignified care practices.

## Contributions to the Theory

The XHALI model makes valuable theoretical contributions to nursing science, particularly to the theory of dementia care and person-centered care. It extends existing theories through its innovative principles and offers new perspectives on the role of humanity, ethics and emotional connectedness in care. Here are the key contributions of the XHALI model to theory:

### Expansion of person-centered care through the concept of xenophilia

The XHALI model adds the concept of xenophilia or hospitality to the classic model of person-centered care (such as Tom Kitwood's). This extension goes beyond the usual person-centered perspective by emphasizing the need for a welcoming, open environment.

Hospitality in care as a theoretical concept broadens the understanding of care environments and demonstrates the importance of creating an environment that is not only safe and comfortable, but also actively welcoming.

The theory emphasizes that an atmosphere of openness and acceptance has a significant influence on residents' emotional well-being and sense of belonging, which is often less emphasized in previous care research.

### Introduction of love as a nursing principle

The XHALI model establishes love as a central principle in nursing, which represents a significant theoretical contribution. In traditional nursing science, love was usually implicitly considered, but rarely explicitly established as a basic theoretical principle.

Integrating love as a principle of care promotes an understanding of the emotional closeness and compassion required to support the wellbeing of people with dementia.

This theory opens up new perspectives on the role of emotional attachment in nursing care and encourages further research into how emotional affection can be systematically integrated and measured in nursing practice.

### Strengthening ethics in nursing care through integrity

With the principle of integrity [12] as its cornerstone, the XHALI model expands nursing theory to include an explicit emphasis on ethical behavior and legal accountability.

It calls for a clear, reflective ethical basis in every care decision and thus places the moral and legal dimension at the center of care practice. This goes beyond the traditional understanding of professional responsibility by integrating ethical reflection and responsibility as permanent components of nursing work.

This theoretical extension promotes a conscious engagement with ethical issues in care and emphasizes the importance of an

integrated ethical framework for care practices, particularly in the context of dementia and long-term care.

## **Integration of authenticity as the key to the care relationship**

The principle of authenticity emphasizes the importance of genuine, personal relationships between care staff and residents. This contribution to theory is of value, as authenticity is considered a central component of trust and emotional security in care [13].

Authenticity as a theoretical concept in care raises the question of the balance between professional distance and personal closeness and sheds light on the role of the caregiver as an authentic, compassionate person who can empathize with the resident's situation.

The XHALI model encourages a new understanding of care relationships by presenting authenticity as a basic prerequisite for successful, person-centered care.

## **Expanding the understanding of care through individualized problem solving**

By emphasizing personalized problem solving, the model contributes to theory by demonstrating that nursing interventions should not be based solely on standardized protocols but must be flexible and situation specific.

This approach increases awareness of the need for creative and flexible solutions in care and supports the theory that care must adapt dynamically to individual needs.

The concept of personalized problem solving expands the classic understanding of care and contributes to theory by pointing out that every care process should be understood as an individually adaptable interaction between caregiver and resident.

## **Introduction of hospitality as a theoretical element in nursing science**

The principle of hospitality (xenophilia) represents a novel theoretical contribution by redefining the care environment and the relationship between caregivers and residents.

Hospitality goes beyond practical care and describes a theoretical component that deals with the social and cultural atmosphere in the care facility.

This article encourages further research into how care facilities can be designed as "hospitable spaces" and what impact this could have on the well-being and health of residents.

## **Promotion of an emotional nursing science**

The XHALI model represents a significant contribution to theory by establishing emotional components such as love, compassion and authentic connection as scientifically relevant

aspects of care.

It strengthens the understanding of nursing as an emotional process characterized by compassion and warmth. This expansion contributes to establishing emotional competence as an essential part of nursing science.

By emphasizing emotional factors in the nursing process, the model encourages nursing science to research and establish emotional intelligence as a measurable and trainable competence in nursing [14].

## **Foundations for an ethically sound model in dementia care**

The XHALI model provides a systematic framework for an ethnically based model in dementia care that relies heavily on values and principles. This extends existing theory by integrating concrete ethical principles into the care process.

The principles of integrity and love create a foundation that enables nurses to make ethical decisions with a clear value system and thus develop a higher level of moral responsibility.

The model contributes to the theory of ethical nursing by showing how ethical principles can be applied to practical nursing decisions and encourages the development of further ethical guidelines in nursing science.

## **Promotion of a culture of reflection in nursing science**

The XHALI model promotes a culture of reflection by incorporating continuous self-reflection and ethical considerations as essential components of care work.

This emphasis on reflection as a theoretical contribution supports the aim of creating a culture of care that is constantly evolving and adapting, leading to more flexible and aware care practice.

It encourages nursing science to explore reflection and self-awareness as theoretical concepts in nursing and to further investigate their role in the quality of nursing care.

## **Summary of the theoretical contributions of the XHALI model**

The XHALI model makes a comprehensive contribution to nursing science by re-examining and expanding emotional, ethical and interpersonal dimensions of nursing. It offers an integrated, theory-based philosophy of care that establishes emotional intelligence, ethical action, hospitality and love as central principles. These extensions enrich the theory of nursing, particularly in dementia and long-term care, and create a foundation for future research and advancement in nursing science [15].

The XHALI model inspires new research approaches and is a valuable addition to existing nursing science models that promote

more comprehensive, humane and holistic care.

## Contributions to Politics

The XHALI model has the potential to make significant contributions to the political landscape and in particular to health and social policy. Through its focus on ethical, person-centered approaches to care, the model offers valuable insights and impetus for action for policy makers. Here are the key contributions of the XHALI model to policy:

### Promotion of a people-centered care policy

The XHALI model supports a care policy that puts people at the center and prioritizes the dignity and well-being of those in need of care. This approach could help policy makers to create a framework that promotes individualized, respectful and holistic care.

By emphasizing hospitality, individuality and love, the model inspires a political debate that places greater emphasis on the human aspect of care and treats those in need of care as full members of society.

A person-centered care policy based on the principles of the XHALI model could lead to a reorientation of care standards and guidelines that improves the quality of life and well-being of all involved.

### Emphasis on ethical standards in health policy

The principle of integrity in the XHALI model demands that ethical standards are an integral part of care. Politically, this underlines the need to enshrine ethical guidelines in care legislation.

Policy makers could use the model as a basis for developing ethical standards and laws that safeguard the rights and dignity of people in need of care and the ethical responsibility of care workers.

The XHALI model also offers valuable perspectives for policy initiatives that train and support nurses in their ethical responsibilities. It could lead to the development of programs that systematize ethical training in nursing education and the nursing profession.

### Strengthening the nursing professions and improving working conditions

The principles of authenticity, love and hospitality require a high level of emotional commitment and compassion. The model could inspire politicians to create better working conditions for care workers so that they can provide the emotional and mental support that the care profession requires.

Policy makers could use the model to promote working conditions in the care sector through improved working hours, appropriate pay and psychological support. The model emphasizes

that nurses can only provide high-quality care if they themselves are well supported and valued.

By incorporating the XHALI model into legislation, politicians could develop measures that promote job satisfaction and work culture in care facilities and thus combat the shortage of skilled workers in the care sector.

### Promotion of quality standards and evaluation guidelines

The XHALI model emphasizes continuous reflection and individual problem solving. This could encourage policy makers to develop stricter quality standards and evaluation methods for care facilities.

Policymakers could use the principles of the model as a basis to create guidelines that regularly assess the quality and humanity of care. Standards could define how well facilities are able to meet the emotional, social and ethical needs of residents.

Policy measures for quality control could also oblige care facilities to provide regular training to promote a human-centered, holistic care culture.

### Strengthening the role of relatives in care policy

The XHALI model sees relatives as essential partners in the care process, which could promote political impetus for greater involvement of families in care.

Politicians could use the model to develop political programs that better support relatives and involve them in care. For example, care facilities could be required by law to involve relatives in care planning and give them access to support resources.

Financial support or tax incentives for family caregivers could also be encouraged by the principles of the model to relieve the burden on families and officially recognize their role in caregiving.

### Introduction of training programs for emotional competence

Policy implementation of the XHALI model could stimulate the introduction of training programs aimed at developing emotional and interpersonal skills, such as the capacity for authenticity and compassion.

Politicians could use the model as a basis for integrating training on emotional intelligence, ethics and nursing communication into professional training and the continuous professional development of nursing staff.

This could also lead to a political initiative to revise nursing training standards and define emotional competence as a key qualification for the nursing profession.

### Promotion of an inclusive and integrative care culture

The principle of xenophilia or hospitality promotes the creation of an open, inclusive care environment. Politically, this could inspire the development of policies that support diversity and inclusion in care facilities.

Policy makers could use the model to create policies that promote a care environment where every resident is welcomed and valued regardless of background, culture or beliefs.

Staff could also benefit from politically supported inclusion initiatives that raise awareness of a multicultural, respectful care culture and promote training in intercultural competence

### Support for long-term care and care infrastructure

The model emphasizes the need for a sustainable and activating care environment. Politically, this could help to promote investment in long-term care and the expansion of the care infrastructure.

Decision-makers could use the model as a basis to promote the expansion and modernization of care facilities that focus on the well-being and activation of residents. Such investments could significantly increase the quality of care and resident satisfaction.

It could also help to promote care communities and new forms of housing for older people that support the principle of hospitality and human proximity.

### Support for research and innovation in the care sector

The XHALI model encourages systematic research into emotional and ethical components, which could lead to political funding programs for nursing research.

Policymakers could use the model as a basis to fund research initiatives that investigate the effectiveness of emotional literacy, hospitality and ethical reflection in nursing practice [16].

By promoting research to improve the quality of life in care, innovative, evidence-based approaches could be developed that improve the quality of care and political understanding for those in need of care and care staff in the long term.

### Impetus for a value-oriented care policy

The XHALI model focuses on values such as humanity, love and ethical responsibility, which could also promote a political value orientation in care policy.

Politicians could use the model as a basis for developing a value agenda for care policy that recognizes those in need of care as valuable members of society and values care workers as important ethical actors.

A value-oriented care policy based on the principles of the XHALI model could support those in need of care and care staff alike and create an ethical basis for future political decisions in the care sector [17].

## Together

### Core questions and reflection

The core questions and reflections for the XHALI model focus on the five guiding principles - hospitality (xenophilia), humanity, authenticity, love and integrity - to help nurses, team members and decision-makers actively embed and uphold these values in nursing practice. Regularly addressing these issues strengthens the commitment to holistic, person-centered care.

### Hospitality (xenophilia)

**Key questions:** How do we create an environment that feels welcoming and inclusive for all residents, relatives and staff?

What specific measures do we take daily to show our residents appreciation and respect?

Are there barriers that make residents feel isolated or unwelcome, and how can we overcome them?

**Reflection:** Reflect on the care environment and whether it feels like a "home" for everyone. Consider the physical space, daily routines and interpersonal interactions. Teams can explore how well they adapt to the cultural, social and personal needs of residents to foster a sense of belonging and acceptance.

### Humanity

**Key questions:** How do we ensure that every resident is treated with respect, compassion and dignity in every interaction?

Do we pay attention to the unique life story, needs and preferences of everyone?

What practices have we put in place to honor the humanity of each resident?

**Reflection:** Teams can reflect on how well they maintain a compassionate and respectful attitude, especially in challenging situations. Reflect on whether residents feel heard, respected and valued beyond their care needs.

#### 1.1.2. Authenticity

**Key questions:** How can we build genuine relationships with each resident and team member that go beyond the professional role?

Do we encourage open communication and honest feedback so that caregivers can be authentic?

Are there situations where authenticity might be difficult and how do we support each other in such cases?

**Reflection:** Consider whether interactions are genuine and empathic and whether there is a balance between professional distance and genuine connection. Teams can discuss how authenticity supports trust and emotional safety for residents and creates a culture where caregivers feel empowered to be authentic and caring.

## Love

**Key questions:** How do we integrate love and compassion into our care approach, beyond the basic tasks?

Which structures promote empathy and friendliness in the team?

Are there times when it is difficult to express love in care and how do we support each other in such moments?

**Reflection:** Reflect on how well the team integrates warmth, empathy and caring as fundamental elements. Consider whether interactions with residents go beyond routine care and foster genuine emotional connections.

## Integrity

**Key questions:** How do we ensure that ethical practices and moral responsibility are at the heart of our daily work?

What procedures support nurses in making decisions in ethical, particularly complex situations?

How do we promote continuous ethical reflection and support within the team?

**Reflection:** Reflect on the organization's commitment to ethical practices and whether there is sufficient support for dealing with ethical dilemmas. Integrity can be strengthened by reviewing whether decisions are made transparently, consistently and always in the best interests of residents while meeting standards for dignified, ethical care.

**Additional questions for team and organizational reflection:** To what extent are we successfully integrating all five principles of the XHALI model, and are there specific areas that require more attention?

Where do we face the biggest challenges in implementing the model, and what strategies could help us overcome these hurdles?

How can we ensure that the XHALI model remains an active part of daily care practice and is not just understood as a theoretical approach?

How does the XHALI model influence our relationships with residents and their families, and how can we further strengthen these relationships?

How does the organization support the implementation of the XHALI model, and what additional resources could help us improve its application?

## Summary

Regular reflection on these core issues helps care teams to live the values of the XHALI model and foster a care environment based on respect, empathy and ethical engagement. By continually incorporating these principles, care teams can develop a practice that goes beyond routine to cultivate genuine human connections and ensure that the dignity and well-being of residents is always at the center.

## Conclusion on the XHALI model

The XHALI model represents a unique and valuable approach to care that offers a profound, holistic perspective on the treatment of people in need of care through its principles of xenophilia (hospitality), humanity, authenticity, love and integrity. It places an emphasis on creating a dignified and appreciative environment in which residents are not only medically cared for, but also respected and supported as fully-fledged individuals.

By integrating hospitality and love, the model sets new standards in care and inspires a culture of care characterized by warmth and human closeness. At the same time, it promotes ethical standards and integrity-based action, which strengthens trust and the quality of care. The principles of authenticity and humanity invite care staff to build genuine connections with residents and focus on individual needs and life stories.

The application of the XHALI model requires continuous reflection and an openness to emotional and interpersonal challenges, both on an individual and organizational level. The model contributes not only to improving the quality of life of those in need of care, but also to increasing the job satisfaction and well-being of care staff.

In summary, the XHALI model offers a modern, human-centered approach that addresses both the needs of those in need of care and the demands of caregivers. It creates an ethically sound and compassionate basis for nursing practice and inspires people to live nursing as a profession with moral and social responsibility.

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