AN ANALYSIS OF THE EFFECTS OF ORGANIZATIONAL STRATEGIES AND HUMAN RESOURCE MANAGEMENT ON THE QUALITY OF LIFE FOR CHINESE DEMENTIA PATIENTS

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ABSTRACT

This study's objective was to evaluate if Parkinson's disease (PD) and depression are independent risk factors for dementia or whether they contribute to an overall elevated risk for dementia by working together. Methods. Patients who had just been diagnosed with Parkinson's disease, in addition to volunteers serving as controls, were selected at random from the database of the Taiwan National Health Insurance Research Center between the years of January 2001 and December 2008. This cohort was divided into three groups: controls, persons with Parkinson's disease alone, and people with Parkinson's disease plus depression. The controls may either have or not have depression. Using Cox's regression analysis, we were able to calculate the incidence rate of dementia for each group, in addition to the hazard ratio (HR).

Keywords: Community supports; HRM; Dementia; Equity; Telehealth.

1 INTRODUCTION

Human resources are often seen as a company's most significant asset; nevertheless, only a tiny fraction of organisations are able to maximise this asset's potential. Human resource management, or HRM for short, is a collection of rules, procedures, and systems intended to influence the behaviour, attitude, and performance of employees. Every organisation must meet a key condition, which is to devote disproportionate resources to HRM. The management of a company's human resources encompasses HRM's operations and processes (human resource management). There are a variety of HRM approaches that may both improve and sustain the performance of an organisation. Employees in the United States contributed to the creation of the concept of human resource throughout the 1960s and 1970s. Late in 1972, the notion of human resources as a conceptual framework to effectively and efficiently manage labour, tools, and the management profession acquired traction in Europe and Australia; since then, it has been steadily adopted around the world. Due to competitiveness, many management teams of organisations have been compelled to embrace HRM approaches. Human resource management is not only a supporting function inside an organisation; rather, its principal duty is to aid in the accomplishment of the company's goals and objectives. In order for the company to grow and be productive, it is vital to ensure that the HRM processes and practises are geared toward the motivation and satisfaction of the employees. HRM practises and processes must be effective in order to provide the organisation a competitive advantage and foster an atmosphere conducive to achieving predetermined objectives (Lee, A. and Richards, M,2018).

When applied to an organisation, the word "HRM" refers to a system of human resource practises for a given job or set of jobs that attempts to attain the best possible level of

employee performance in order to meet the company's goals and objectives. This specific definition of HRM emphasises the HR practises management system. This is owing to the fact that the variety of practises is what influences the performance of employees. It is also vital to remember that the most effective HRM strategies are those that are suited to the particular circumstances of the organisation in which they are implemented. In certain firms, all employees get the same treatment, whereas in others, executive employees and non-executive staff are evaluated using different criteria. Some businesses even differentiate between the criteria utilised by their service and operational divisions. The three most significant purposes of HRM practises are I the development of essential organisational competencies, (ii) the improvement of customer and stakeholder satisfaction, and (iii) the increase of employee satisfaction. Implemented HRM practises may have an impact on the operational efficiency of the firm. They enhance the organization's internal competencies, making it more equipped to deal with current and future challenges. Additionally, good HRM practises contribute to the health and happiness of a company's staff. Effective HRM practises may foster commitment and motivation, which may result in hard work that has a substantial influence on the business's performance. When it comes to managing internal performance and addressing external challenges, businesses with the proper HRM practises may develop a capability that is both sustainable and long-lasting (D. J., & Alexander, A. ,2015).

2 PROBLEM STTEMENT

In recent years, increasing focus has been placed on the risk factors and treatment of dementia. Additionally, there is a dearth of information on how to improve the way dementia patients' quality of life is evaluated. " The population is steadily changing to include more senior individuals, many of whom have dementia, as the death rate for persons under 65 continues to decline. Because of increased knowledge and better treatment options, dementia rates have decreased in a number of nations. The Lancet Commission on Dementia Prevention, Intervention, and Care identified nine modifiable risk factors for dementia, including low levels of education, high blood pressure, hearing loss, smoking, obesity, depression, physical inactivity, diabetes, and a lack of social contact. A growing amount of evidence supports these nine risk factors. We now have three more dementia-related factors to think about. Air pollution, brain traumas, and binge drinking are some of the causes of this. We revised our 12-factor life-course model of dementia prevention after conducting fresh studies and meta-analyses. The 12 modifiable risk factors have the potential to stop or postpone the start of 40% of dementia cases worldwide. There is cause for optimism on the possibility of prevention, particularly in low- and middle-income countries (LMICs), where dementia rates are greater (Livingston, 2020). Anyone with even a passing interest in dementia in China should read The China Alzheimer Report 2022, since it offers a wealth of information on the nation's healthcare system and societal situations. With epidemiological statistics, information on diagnosis, treatment, and publicly-funded resources for Alzheimer's disease care, this research provides a more comprehensive picture of ADRD in China than the yearly World Alzheimer Study. Leading Chinese experts in Alzheimer's disease contributed to this study. It is a crucial informational source both in China and throughout the world. In the future, it was be released twice a year. (Ren, 2022).

3. BACKGROUND OF THE STUDY

The frequency of dementia in China has been the focus of several scientific studies during the last decade. Alzheimer's disease was diagnosed in 299% of individuals in the age group of 65 and older who were surveyed. In 2005, a population-based research with a large sample size in four regions found that the prevalence of Alzheimer's disease was between 3 and 5 percent." (Zhang et al., 2015) "Multiple studies on the prevalence of dementia have been undertaken since then, with results ranging from 5.0% to 7.7% among those aged 60 and older, and from 2.0% to 13.1% among those aged 65 and older. The sample size for the study was be decided. Dementia was found to be 514 percent (471-557) (95 percent confidence interval: (471-557)) more prevalent among those aged 65 and older in 2014, and 560 percent (350-760]) more prevalent among those aged 65 and older in 2019. Between 430 and 630 percent of Chinese individuals aged 60 and older were afflicted by dementia. In rural areas, dementia and Alzheimer's disease were much more frequent (6.05 percent against 4.40 percent for dementia and 4.25 percent versus 2.44 percent for Alzheimer's disease). The risk factors for dementia rise with age and vary with gender. Incidence of dementia tripled about every five years between ages 55 and 99, and the male-to-female ratio was around 1:65. Alzheimer's was diagnosed in females 237 times more often than in males, perhaps due to hormone swings and other factors that alter brain development (Yang et al., 2016). The incidence of dementia in China varies by location, ranging from 55% in the north to 52% in the centre to 48% in the south to 72% in the west. Additionally, the prevalence of dementia varies by area. According to the 2015 World Alzheimer Report, the prevalence of dementia among patients aged 60 and older in China is comparable to that in the majority of other countries (between 50 and 70 percent), but higher than in sub-Saharan Africa (57 percent), central Europe (58 percent), and Latin America (81 percent), and lower than in Southeast Asia (77 percent). Variances in pre-dementia mortality rates, environmental risk factors, genetic variables, and dementia survival rates may contribute to variations in global prevalence. Data on the prevalence of dementia may also be biassed as a result of the variability of research techniques, especially the use of varied diagnostic criteria. Thus, more research using a trustworthy method of diagnosing dementia is necessary to confirm the condition's prevalence (Podcasy et al., 2016).

In China, there have not been many exhaustive studies undertaken on the occurrence of mild cognitive impairment during the last decade. Six studies published between 2009 and 2015 employed a range of diagnostic criteria to assess the incidence of mild cognitive impairment in the Chinese population, finding percentages between 97% and 23%. Due to its geographical restrictions, the research was unable to provide a nationwide picture of the prevalence of moderate cognitive impairment. In all sites studied for this indication, the prevalence of moderate cognitive impairment was found to be 17% in urban areas, 25% in rural areas, and 20% in both sexes combined (those aged 65 and above). Nearly half (42%) of all instances of moderate cognitive impairment were attributed to vascular disease, whereas nearly a third (29%) were attributable to Alzheimer's disease prodrome. In this research, patients with mild cognitive impairment were categorised according to the cause of their disease. This enabled researchers to narrow in on medications that target vascular risk factors, which are crucial for preventing mental decline. According to two meta-analyses, 12.7% of those aged 60 and over and 14.5% of those aged 55 and over showed moderate cognitive impairment. MCI was more prevalent in rural areas and among women than in urban centres as illiteracy rates declined (Jia, 2020).
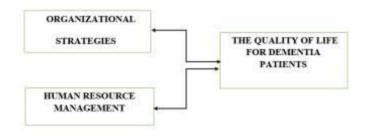
4. LITERATURE REVIEW

A study was conducted to look at the possible impacts of activities on residents' quality of life in dementia care homes. Based on the definition of "Quality of Life for Persons with Dementia" provided by Brod, Stewart, Sands, and Walton, researchers observed dementia care facilities and investigated how various activity types affected emotional affect in the person with dementia and how they elicited different levels of positive staff interaction. According to the findings, positive emotions were shown to be far more prevalent throughout a variety of exercise types than when there was no activity. We discovered that the three activities that produced the most enjoyment were music therapy, motor activities, and activity centres. The kind of activity was also proven to affect good staff contact(Daniels,2021). Early-stage dementia patients may have trouble doing physical tasks because they need to make judgements about what to do next. People with mild to advanced dementia often experience physical decline due to loss of function and movement (Giebel, Sutcliffe, & Challis, 2015). Spending time outdoors may be worthwhile for dementia sufferers since they often associate such activities with higher feelings of worth. According to a study looking at the importance of everyday activities, 62% of patients at a residential care facility went for walks outdoors as part of their usual routine. On tests of well-being and cognitive function, individuals who participated in everyday activities like going for walks performed much better than those who did not. The increased activity, which has been found to decrease the course of the illness, is beneficial for dementia sufferers who take part in walking groups. After 12 weeks, people with dementia who participated in a Tai Chi exercise programme did not see a decline in their cognitive test results, but those who did not participate did (Cheng et al., 2014). Patients with dementia who regularly exercise may have fewer mood fluctuations, reduced agitation, and better sleep.The phases of dementia are likely to overlap, with some symptoms appearing at one stage and disappearing at another while others worsen over time or may not appear at all (for example, the person may require assistance with one task but be able to perform another activity on his or her own). The person's behaviour, temperament, and capacity for doing everyday activities (such getting dressed or taking their prescriptions) may alter as the condition worsens (Prince et al., 2015).QoL is a complex and ill-defined idea that regularly comes up in casual conversation. The general populace uses the terms "quality of life," "good life," "happy life," "well-being," and "comfortable living" interchangeably. Since the 1960s, there have been several efforts to define and analyse quality of life, but there is currently no established method for doing so. Since they saw pleasure as the zenith of human accomplishment and the root of all human endeavour, many philosophers throughout history have used the terms "public happiness" and "quality of life" interchangeably. The three primary disciplines of economics, medicine, and the social sciences are now researching the ideas of quality of life. For the conception and assessment of quality of life (QoL), each academic subject has its own theory or model (Machin, 2016). As a consequence, several study and evaluation methodologies have been created, yet the concept of quality of life and its constituent parts is still difficult to define. Hughes and Hwang's examination of the literature uncovered more than a thousand measures for measuring quality of life. Over a hundred QoL definitions and models had been developed by 1997, according to another 50 literature evaluations. Because quality of life may mean various things to different people and even alter over time for the same person, it is difficult to conceptualise. Young people' QoL is often seen and measured as being homogenous with QoL, although this may be deceptive. Despite the fact that they are not the same thing, "quality of life" is sometimes used interchangeably with terms like "well-being," "social indices," and "health." This might be as a result of the widespread but harmful practise of mistaking indicator factors with QoL causal variables, particularly in healthcare research (which cause the end-state to change, such as patient-

perceived symptoms, fluency impairment, anxiety, etc.). Because of this misconception, there is a chance that individuals would erroneously believe that how they feel about their personal health is equivalent to how they feel about their overall pleasure. If a person's health status is determined by one study's definition of quality of life (QoL), issues may develop for both research and health outcomes. In addition, equating QoL to health condition may actually lead to results that are adversely skewed in older populations, even while other variables that aren't taken into account are likely to increase QoL in these populations.

5. METHODOLOGY

Using Rao-soft, a sample size of 13557s was estimated; 14100 questionnaires were sent; 13928 were returned; and ultimately, 172 questionnaires were thrown away because they were not entirely completed. Therefore, the total number of Chinese research participants was 13928. Every person who filled out the survey was contacted at random. In order to determine the level of relevance in connection to qualitative and quantitative information investigating the dementia patient, the proposed research employs a quantitative and qualitative triangulation of data.

6. THEORETICAL FRAMEWORK

7. RESULTS

FACTOR ANALYSIS

Table 1. KMO and Bartlett's Test

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.905
Bartlett's Test of Sphericity	Approx. Chi-Square	6998.867

	df	190
	Sig.	.000

The KMO value of the data used for this study is .905. Furthermore, Bartlett's test of Sphericity derived the significance level as 0.00. Hence, the sample was proven suitable for running factor analysis. After performing EFA, four factors were extracted and the eigenvalues of these factors were 19.39, 1.807, 1.372 and 1.119, respectively.

Table 2. Reliability Statistics

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.997	.997	20

Out of the 20 questions the Cronbach's Alpha for all 20 questions was either .997 and overall Cronbach's Alpha was found to be .997.

TEST FOR HYPOTHESIS

MARKETING STRATEGY

The researcher may have a passion for assisting persons with dementia, but the researcher cannot ignore the financial requirements of their cause. Researchers are cognizant of the fact that optimal service delivery requires a packed house or a substantial customer. This class is led by Kerry Mills, who has served as the Executive Director of multiple facilities for people with dementia. Her homes were always full, and she frequently had waiting lists of up to twenty-five people. Kerry discusses every aspect of this essential marketing role, from making the initial contact to adjusting one's attitude, preparing for a positive first impression, actively listening, handling criticism, closing the transaction, and collecting the deposit. This training programme is intended to improve the performance of their marketing team through role-playing and constructive criticism. This is especially important for startups and smaller businesses that lack the resources to conduct a comprehensive census. Referrals flow from satisfied families, so ensuring their satisfaction is essential to their entire marketing strategy. This module greatly improves the ability of care partners to spread positive feedback about their business. Sadly, there is a lack of education regarding the appropriate treatment of families in which a member has been diagnosed with dementia. Managing does not require being in charge. Instead, the purpose is to meet or surpass the expectations of loved ones and get positive feedback from the community. Family management is maintained by correctly establishing family expectations and then developing strategies to help the researcher achieve these intended family outcomes. Participants was discover during this training session the significance of self-assurance, core skills, and anticipation in bringing pleasure into their homes.

The following hypotheses explain the preceding subjects:

H02: There is no significant relationship between Marketing Streategy and The Quality Of Life for Dementia Patient.

H2: There is a significant relationship between Marketing Streategy and The Quality Of Life for Dementia Patient.

Table 3. ANOVA

ANOVA					
Sum					
	Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Between Groups	68456.467	15	4563.764	2553.612	.000
Within Groups	150.123	84	1.787		
Total	68606.590	99			

In this study, the result is significant. The value of F is 2553.612, which reaches significance with a p-value of .000 (which is less than the .05 alpha level). This means the "H2: There is a significant relationship between Marketing Strategy and The Quality Of Life for Dementia Patient. "is accepted and the null hypothesis is rejected.

8. CONCLUSION

Dementia proxy assessments are biassed. Due to the fact that many caretakers report on different qualities than patients, patient self-assessment and patient-by-proxy evaluation opinions may be complementary rather than interchangeable. This study shows how this inhibits proxy bias reduction. Proxy bias might harm clinical and policy decisions. Dementia patients can no longer accurately report their HRQoL. The researcher must decide whether to use proxies or observe participant behaviour. If this study's results are generalizable, practitioners and policymakers should be mindful of proxy HRQoL assessment bias. The researcher advises that patients and proxies utilise the same HRQoL evaluation equipment in future studies to analyse data from multiple viewpoints. More comprehensive causal models of reported HRQoL levels may eliminate proxy biases. Over the last decade, the EQ-5D has been used to measure patients' quality of life, dementia care expenses, and carer burden. Dementia tests show that the EQ-5D works like other general utility devices. Cognitively impaired people can describe EQ-5D faster and easier. In intermediate dementia, the EQ-5D is more reliable than other utility devices. Due to the VAS's low response rate and unreliability, dementia patients' self-assessments are questionable. To minimise skewing data, proxy respondents should be selected to eliminate emotional connection of family carers and professional detachment of institutional carers.

LIMITATIONS

Every study has limitations. The study was include only 13928 participants which is a small

sample size. Again, the study was survey workers who have been exposed for a period longer or less than three years depending on their job duties. This survey was be conducted by a questionnaire method, hence if a survey participant is contacted by phone rather than online, their answers may change.

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