Original Research Article

Reimagining Dementia and Inclusive Work Environments – Giving Voice to Those it Concerns

Journal of Vocational Rehabilitation
1–10

DOI: 10.1177/10522632614491122
journals.sagepub.com/home/jvr
Mary Ann Liebert
A Part of Sage

Hanne Peoples[1], Jesper Larsen Maersk[2], Sarah Theilsø Morgan[3] and Hanne Kaae Kristensen[1]

Abstract

Background: Dementia prevalence is rising globally, and more people experience symptoms while still employed. Fear of stigma and job loss often leads to premature retirement, despite evidence that brain-stimulating activities like work may slow cognitive decline. Continued employment benefits well-being, economic productivity, and reduces healthcare costs. Yet, vocational rehabilitation for people with dementia is underdeveloped, and knowledge on supporting work retention is limited.

Objective: To explore the perceived needs and challenges associated with regaining or maintaining employment for people with dementia, as understood by both those living with the conditions and key interest-holders.

Method: As part of the Danish project Meaningful And Dignified Employment for People with Dementia (MADE), two World Café workshops were conducted with 11 participants: people with dementia, relatives, employers, specialists, and representatives from user organizations. Data was analyzed using inductive content analysis.

Results: Three themes emerged: 1) Breaking the silence by challenging stigma, 2) Promoting inclusion through workplace diversity, and 3) Reimagining vocational rehabilitation. Findings highlight the need for inclusive practices, structural changes, and individualized support.

Conclusion: Inclusive employment requires reducing stigma, addressing systemic barriers, and shifting from deficit-focused to integration-focused strategies to keep people with dementia active in the workforce.

Keywords

Alzheimer's disease, individualized approach, person-entered support, vocational rehabilitation, workplace inclusion

Received: December 20, 2025; accepted: March 26, 2026

Introduction

Globally, more than 55 million individuals are living with dementia, and this figure is expected to increase by nearly 10 million each year (WHO, 2024). Approximately 96,000 people aged 65 and over live with dementia in Denmark, representing about 3–3.5% of that age group. Additionally, an estimated 4,200 people under 65 are affected. In total, around 100,000 people in Denmark live with dementia (The Alzheimer's Association, 2025).

While most people are diagnosed with dementia after the age of 80, it can also affect younger individuals (The Alzheimer's Association, 2025). For this group, the consequences can be particularly severe, as many still have children living at home and remain active in the workforce. To date, no official statistics exist on how many Danes develop dementia while still in employment, partly because early signs of dementia are often overlooked or misattributed to stress or other conditions, particularly in younger adults (Busted et al., 2020; Chaplin & Davidson, 2016; Johannessen et al., 2018; Johannessen & Möller, 2013; Ritchie et al., 2015). For some, dementia emerges during their working years, a trend that may be reinforced by the rising retirement age and a growing tendency to remain in the labor market longer (Kilty et al., 2023). Early signs of dementia, such as declining emotional and cognitive abilities, often emerge in the workplace, where tasks are typically more cognitively demanding

[1]Health Sciences Research Centre, UCL University College, Odense, Denmark
[2]Centre for Health and Rehabilitation, University College Absalon, Naestved, Denmark
[3]Occupational Therapy Education, UCL University College, Odense, Denmark

Corresponding author:
Hanne Peoples, Department of Health Sciences Research Centre, UCL University College, Niels Bohrs Allé 1, 5230, Odense M, Denmark.
Email: hape1@ucl.dk

than routine daily activities. For individuals with young-onset dementia, an often underserved and overlooked group, their early symptoms can be particularly disruptive. The fear of underperformance or embarrassment may lead some to resign prematurely, often before they are emotionally or financially prepared to do so (Peoples et al., 2024; Sakata & Okumura, 2017; Thomson et al., 2019).

An unwanted and early exit from working life can have profound personal and societal consequences. Work provides structure, identity, and social connection, while also contributing to both individual well-being and national economies. Moreover, cognitively stimulating activities, such as those found in the workplace, may help slow the progression of dementia, and meaningful social relationships can reduce loneliness and isolation (Weaver & Jaeggi, 2021). Despite these benefits, people with dementia in Denmark are rarely offered vocational rehabilitation. This is the case even though Danish legislation provides certain protections (The Ministry of Employment, 2024), and many workplaces are committed to diversity and inclusion. Vocational rehabilitation in Denmark is a time-limited, coordinated process that supports individuals in clarifying their opportunities to return to or enter the labor market (The Ministry of Employment, 2024). It is a targeted effort that considers each person's resources, limitations, and overall life situation, with the aim of enabling a meaningful and independent life. However, people with dementia, particularly those with young-onset dementia, remain an underserved group in this context. They are often excluded from vocational support, despite the potential benefits of continued employment and social inclusion.

Work plays a central role in the lives of most adults, serving as a key source of identity, purpose, and citizenship (Maersk et al., 2024; Peoples et al., 2023, 2024). It provides structure to daily life, fosters meaningful social connections, contributes to household income, and reinforces a sense of purpose, belonging, and quality of life (Basu, 2019; Busted et al., 2020; Evans et al., 2021; Peoples et al., 2024). Many people with dementia feel a strong desire to contribute to society, and when they are no longer able to reciprocate and instead become reliant on support, they often experience a deep sense of inadequacy, guilt, and diminished self-worth (Peoples et al., 2023).

In Denmark, the municipalities are responsible for providing rehabilitation, care, and support to people with dementia (Ministry of Health, 2016). However, municipal services are primarily limited to counseling and recreational activities, which are often more suitable for individuals who are no longer part of the workforce (Thuesen, 2021). A survey from the Danish Health Authority (2017) found that only 32% of the 64 responding municipalities offered services specifically targeting people under the age of 65 with dementia. The survey did not specify whether these services include vocational rehabilitation. As a result, many people with dementia must navigate the challenges of maintaining work-life on their own (Evans et al., 2021; Johannessen & Möller, 2013; Peoples et al., 2024; Ritchie et al., 2018). This can lead to involuntary withdrawal from the labor market, at a time when demographic shifts are already contributing to workforce shortages, resulting in significant human and societal consequences. To support retention of people with dementia, it is essential to begin listening to those with lived experiences of the condition, including people with dementia, dementia specialists, and employers. Understanding their perspectives is a crucial first step in identifying the needs and challenges associated with maintaining or regaining employment for this underserved group.

Objective

The objective was to explore the perceived needs and challenges associated with maintaining or regaining employment for people with dementia, as understood by both those living with the conditions and key interest-holders.

Methods

This interpretive descriptive study (Thorne, 2025) is part of a larger Danish research project, "Meaningful And Dignified Employment for people with dementia (MADE)." The MADE project aims to develop, implement, and evaluate a person-cantered and activity-based intervention that enables people with dementia to engage in meaningful work, supporting their quality of life and mental and physical health. In Phase I of the MADE project, we gathered, assessed and synthesized evidence-based knowledge relevant to integrating and supporting people with dementia in the labor market (Maersk et al., 2024; Peoples et al., 2024). In Phase II, the knowledge was presented and discussed with people with dementia and relevant interest-holders to adapt it to a Danish context during two workshops in 2023. This study reports the findings from these workshops.

Participants

Eleven participants took part in the study (see Table 1). A purposive sampling method was employed to engage participants based on their ability to provide valuable insights (Patton, 2015). Recruitment was facilitated through local dementia centers, user organizations, workplaces and proximity-based outreach. The sample included people with dementia, carers, employment specialists, dementia specialists, employers, and representatives from user organizations, such as the Danish Alzheimer Society and the Danish Dementia Research Centre.

Table 1. Overview of Participants.

Participant	Gender Identity	Age	Education	Physical Workshop	Online Workshop
Person with dementia	Female	60	Healthcare worker	X	X
Person with dementia	Female	57	Production Engineer	X	X
Relative	Male	64	Painter	X	X
Vocational specialist	Female	35	Occupational therapist	X	
Vocational specialist	Female	59	Social worker	X	
Vocational specialist	Female	36	Occupational therapist		X
Dementia specialist	Female	36	Nurse	X	X
Dementia specialist	Female	55	Physiotherapist		X
Employer	Female	61	Occupational therapist	X	X
User organization, The Danish Alzheimer Society	Female	63	Music Educator	X	
User organization, The Danish Dementia Research Centre	Female	64	Occupational therapist		X

Procedure

The "World Café Method" was applied to facilitate dialogue around complex social and community issues (Brown & Isaac, 2005; Löhr et al., 2020). Developed by Brown and Isaac (2005), it is a participatory method to exploring community and social issues. Its flexible and inclusive format makes it particularly well-suited for involving and supporting people in vulnerable positions, as it emphasizes equal participation and the integration of diverse perspectives. The guiding principles of the method included clarifying the context, creating a hospitable environment, posing relevant questions, encouraging contributions, identifying understandings, and fostering collaboration.

The participants were divided into six conversational groups across two sessions: one session conducted in person and one was held online. Each group was facilitated by a designated researcher. After a general introduction to the process, the discussions were structured around three central themes derived from Phase I of the MADE project, with the aim of adapting the findings to a Danish context: 1) Vocational rehabilitation practices in Denmark, 2) The relation between work and identity formation, and 3) The development of inclusive work environments (see Table 2). Each theme was explored for approximately 30 min. Key points and impressions from the group discussions were subsequently shared and debated in a plenary session. All sessions were digitally recorded for transcription and analysis.

Data Analysis

The conversations in the word café were transcribed verbatim. Data were analysed using inductive content analysis, allowing for the synthesis of detailed specific accounts into broader insights (Graneheim et al., 2017; Kyngäs et al., 2020). This process involved condensing extensive information into meaningful categories and reporting overarching themes. In practice, this involved reading all transcriptions multiple times to gain a comprehensive overview of the data. Subsequently, units of meaning were identified and labeled with descriptive headings that captured their content. In the next phase of analysis, these headings were organized into higher-order categories that reflected shared characteristics across the data. Throughout this process, interpretation was conducted collaboratively and iteratively, with all researchers engaging in ongoing discussions to refine the grouping of units into categories and subcategories.

Positioning of the Authors

The authors of this study bring extensive expertise in occupational therapy and occupational science informed by their work as practitioners, lecturers, and researchers. Their perspectives are shaped by core Nordic values, such as democracy, equality, and universal access to healthcare and welfare services, which are deeply embedded in their professional and personal outlooks. These experiences and values have informed their cultural, political, and theoretical understanding of dementia, as well as their approach to the subject matter.

Results

The analysis resulted in three themes: 1) Breaking the silence by challenging stigma, 2) Promoting inclusion through workplace diversity, and 3) Reimagining vocational rehabilitation.

Table 2. Guiding Prompts for Workshops.

Theme	Guiding Prompts
Vocational rehabilitation practices in Denmark	We are exploring how the principles of the Individual Placement and Support (IPS) model can be adapted for people with dementia and would like your input regarding: • People with dementia should be employed on equal terms with other staff • Job selection should be based on the individual's preferences, experience, and skills, not solely on professional assessments • Dementia care and rehabilitation should be integrated into the employment process • Dementia should not be a reason for exclusion from employment • The person with dementia should decide when to end their employment • No prior training is required before starting a job; support should be provided as needed

The relation between work and identity formation	A recurring theme in the literature we reviewed is the impact of dementia on identity. We conducted a systematic search for research on this topic and identified several key themes for your consideration:
	• Younger people with dementia may benefit when others understand that dementia is not exclusively linked to old age.
	• Loss of identity can result from challenges such as reduced independence and difficulty recalling the past.
	• Stigma and lack of awareness among others can intensify the negative experience of living with dementia.
	• Social responses and environmental adaptation play a crucial role in shaping the experience of dementia.
	• Concerns about disease progression influence decisions related to family, work, finances, and housing.
	• Maintaining daily activities supports health and well-being by fostering:
	  • A positive sense of identity
	  • Quality of life
	  • Meaning in life
	  • A sense of belonging in family and society

The development of inclusive work environments	We reviewed international literature on inclusive workplaces for people with dementia and identified four key elements for your consideration:
	Person-Centered Approach:
	• Recognize the diverse abilities and experiences of individuals with dementia.
	• Avoid treating people with dementia as a homogeneous group.
	• Ensure ongoing collaboration between the individual, workplace, and relevant stakeholders (e.g., dementia specialists).
	• Consider personal values, skills, and preferences when adapting roles or tasks.
	• Support meaningful work by offering roles that feel authentic and relevant to the individual.
	Contextual Relevance:
	• Move beyond static "fit-to-environment" models.
	• Acknowledge that work environments are dynamic and constantly evolving.
	• Focus on optimizing the match between person, task, and workplace.
	• Reflect critically on environmental factors such as power dynamics, social relations, and prevailing dementia discourses.
	Knowledge-Based:
	• Address stigma and exclusion by improving understanding of dementia.
	• Provide research-based knowledge to help identify early signs and support retention.
	• Offer workplace education and awareness sessions for employers and colleagues.
	• Promote informed decision-making around support and dignified work-life transitions.
	Dynamic Approach:
	• Adapt interventions to the progressive and fluctuating nature of dementia.
	• Include flexible elements such as:
	  • Shorter work sessions
	  • Simplified task assignments
	  • Support persons or sessions
	  • Reduced cognitive demands
	  • Scheduled breaks for social interaction
	• Plan respectful and inclusive transitions out of work, aligned with the individual's life situation.

Breaking the Silence by Challenging Stigma

A recurring theme among participants was the pervasive stigma surrounding dementia, which often manifests as silence, shame, and social exclusion. Many described dementia as a condition that is misunderstood and feared, both by those living with it and by the broader community. This stigma was particularly damaging in the context of employment, where assumptions about incapacity and decline may prematurely exclude individuals from meaningful work. Those living with dementia described the illness as a catalyst for intense emotions and deep concerns about the future.

> "*There's an image that with dementia, it's all over*" (Person with dementia).

> "*What I'm most afraid of is becoming a dementia monster, and that is indeed a strong expression to use about oneself*" (Person with dementia).

Participants emphasized that challenging this stigma is essential not only for improving public understanding but also for creating inclusive workplaces where people with dementia can continue to contribute. They called for a societal paradigm shift, one that recognizes dementia as a disability with diverse manifestations and acknowledges the potential for continued agency, productivity, and quality of life, as was reflected by a dementia specialist:

> "*It would be nice to have a general conversation in society about what dementia really is; it is many different things: we can get it when we are young, we can get it when we are older (…), how can one's life be changed, and also about, how can one live with it, and how can one live a good life with it*" (Dementia specialist).

To foster this shift, participants advocated for open dialogue and visibility. They stressed the importance of people with dementia sharing their stories, especially those related to managing daily life and maintaining employment, to normalize the condition and dismantle harmful stereotypes. This act of "breaking the silence" was seen as both personally empowering and socially transformative as shared by a relative:

> "*You definitely find out it was better to acknowledge than to keep it hidden because there is no good coming out of it because once you have admitted that you are sick, then there are many things that become easier (….), you have to acknowledge that you are sick, and then move on from there*" (Relative to person with dementia).

Acceptance emerged as a foundational step in the process of challenging stigma and fostering societal change. The participants with dementia described how coming to terms with their diagnosis enabled them to be honest with themselves and others, which in turn empowered them to advocate for their needs, rights, and continued participation in everyday life, including employment. This personal acceptance was not only transformative on an individual level but also served as a catalyst for broader societal dialogue. By speaking openly, individuals with dementia actively confront misconceptions and contribute to a more nuanced and inclusive understanding of the condition. In this context, employment challenges were perceived as deeply intertwined with societal stigma and silence, underscoring the need for greater awareness, structural support, and cultural shifts to ensure that people with dementia are not prematurely excluded from the workforce.

Promoting Inclusion Through Workplace Diversity

The participants emphasized the importance of recognizing diversity and individual differences as essential to building inclusive and adaptable workplaces. In the context of a national labor shortage, they argued that inclusion, flexibility, and social responsibility should be central to a company's culture and brand strategy, not only to attract employees but to retain them. By shifting focus from limitations to potential employers can create environments where all employees, including those with dementia, are supported. They highlighted that all people bring unique strengths to the workplace, and employers are encouraged to see beyond diagnoses and recognize the value in every employee, regardless of their challenges. Many workplaces already demonstrate flexibility by adapting tasks for employees facing temporary difficulties, and participants believe this mindset should be extended to those with dementia, as expressed by an employer:

> "*We already take into account a lot of different people, and people are different… we all have our limitations" (…) A workplace's responsibility can be to accommodate the people who work there (…) [the] value in saying that we are truly an inclusive workplace, we take care of people, and we retain them" (Employer).*

Despite these positive examples, participants living with dementia often observe that many workplaces tend to focus more on their diagnosis and the perceived economic impact than on their capabilities. This often leads to premature retirement or termination of employment, based on assumptions rather than actual capacity. While early retirement is commonly presented as a default pathway following diagnosis, participants questioned this practice and shared experiences of being excluded from work despite still being able and willing to contribute. This perspective is also supported by a dementia specialist.

"*I have an impression that when we see a diagnosis, a dementia diagnosis, well then I think they are quite quick to go to pension (…) and I think maybe we should think a bit more differentiated (…) it may well be that you have received a dementia diagnosis, but it should not necessarily exclude you from the labour market*"(dementia specialist).

Participants stressed that a formal diagnosis should not be the sole basis for employment decisions. Instead, the focus should be on identifying and implementing specific adjustments to support continued participation in work—regardless of the underlying cause.

"*In reality, you should work with it [vocational rehabilitation], even if you do not have a diagnosis but, for some reason, can no longer cope with the work*" (Employment specialist).

To address these challenges faced by people with dementia, participants advocated for a more systematic and informed approach to vocational rehabilitation. This includes standardized support programs, targeted training for employers and vocational providers to improve understanding of dementia and its implications, and a coordinated national effort to ensure consistent knowledge and practice across sectors.

[if would be beneficial] "*If you could talk more about the different adaptation possibilities and support measures that can be implemented in the workplace*" (Employment specialist)

"We say that this is about the environment and the work tasks. You take the personal element out a bit and say, it's not you, but there is something that needs to be solved" (Employer)

While some health professionals and employers are well-informed about dementia, others lack knowledge or hold different perspectives, leading to inconsistent support. This inconsistency in how people with dementia are supported in workplaces impacts people's daily lives and their ability to stay in or return to work. To address these disparities, participants proposed enhancing the knowledge and skills of employers and vocational rehabilitation staff. They emphasized the importance of a national effort to ensure that everyone involved in working with people with dementia has adequate knowledge. This included understanding dementia diagnoses, awareness of organizational and legal accommodations, and the ability to adapt work tasks and environments to meet individual needs.

Reimagining Vocational Rehabilitation

Employment specialists in this study report that people with dementia are rarely offered vocational rehabilitation. Instead, they are often granted disability pensions based solely on their diagnosis. For those who do enter a rehabilitation process, it frequently ends prematurely, either due to early retirement or a lack of appropriate person-centred support. Participants also voiced concerns about the current rehabilitation system, describing it as burdensome, unmanageable, and overly complex.

"*The system at the job centres keeps us going and it's really a hell (…) all that fuss, and you have to do one thing and another and a third it's really, really (…) it's just a stress factor. We could start* [vocational rehabilitation] *faster if the process weren't so long*" (Person with dementia)

The structure, rules, and routines of the vocational rehabilitation system are perceived as highly demanding, energy-intensive and time-consuming - time being the one resource they do not possess. Participants described the system as organizationally complex, with unclear expectations that impose a significant mental and physical burden. Many feel their limited energy would be better spent in actual job roles rather than navigating the system.

From the participants' perspectives, the progressive nature of dementia presents unique challenges in maintaining employment and engaging in a work environment. They note that rehabilitation often follows a developmental model, where professionals' involvement decreases over time. However, people with dementia require the opposite: increasing support as their condition progresses.

"*There is something special because it is dementia, and it is about it progressing and constantly getting worse*" (Dementia specialist)

"*The need for support from the consultant will be more and more*" (Employment specialist)

Participants empathize the importance of tailoring vocational rehabilitation to each person, with interventions customized to their evolving needs. One particularly valuable intervention is consistent workplace support, such as a dedicated work buddy or a mentor. This colleague would be given time and responsibility to support, guide, and organize tasks with the employee with dementia, while adapting the work environment to their current capabilities. However, time alone is not enough. The work buddy or a mentor must be fully engaged in the situation, equipped with knowledge about dementia, workplace policies, and the offerings of local job centers, unions, and unemployment insurance. They should also serve as the company's key dementia resource, understanding the illness, the job tasks, and the possibilities and limitations of vocational rehabilitation.

"*The top priority is consistent support in the workplace, like a mentor* (…) *someone in the workplace who has been given some time to help you and who is informed about the situation*" (Dementia specialist)

Finally, the participants stress the need for professionals involved in vocational rehabilitation to have the right competencies. A lack of understanding about dementia often leads to misinterpretations and inadequate support. While not every professional needs to be a dementia specialist, all must share a fundamental understanding of the condition to provide meaningful assistance.

Discussion

This study explored the perceived needs and challenges related to regaining or maintaining employment for people with dementia, as understood by both those directly affected and key interest-holders. The goal was to illuminate how societal attitudes, workplace structures, and personal experiences intersect to shape opportunities for continued work participation. Central to this inquiry is the recognition that dementia is not a uniform experience, but a complex and deeply personal condition, influenced by life circumstances, support systems, and the stage of their illness.

These findings underscore an urgent need to reconceptualize vocational rehabilitation in the context of dementia. They highlight how societal discourse, workplace inclusion, and rehabilitation practices collectively shape the employment experiences of people with dementia. Despite prevailing assumptions that people with dementia are incapable of working (Peoples et al., 2024; Ritchie et al., 2018), the participants in this study challenge that notion. They assert that, with timely, person-centered support, continued employment is possible, enhancing both well-being and societal contribution. However, systemic barriers, such as stigma, the absence of tailored rehabilitation programs, and inflexible workplace structures often lead to premature job loss. These challenges are echoed in existing literature (Bartlett, 2014; Peoples et al., 2024; Ritchie et al., 2018; Roach & Drummond, 2014). A recent review by (Peoples et al., 2024) emphasizes the importance of addressing contextual barriers, such as power dynamics and stigmatization within the work environment, to support sustained employment for people with dementia.

Stigma and misconceptions about dementia operate at both community and workplace levels, where colleagues and employers may lack adequate understanding of dementia. Solvang et al. (2017) emphasize the roles of meso-level structures, such as workplaces and local networks, in shaping attitudes toward disability. Participants in this study advocate for open dialogue and knowledge-sharing within these settings to foster more inclusive and flexible work environments. Recognizing the diverse manifestations of dementia can help workplaces and communities become more accepting and supportive. At the macro level, stigma is also reinforced by broader cultural narratives and policies that often associate dementia with decline and exclusion (Maersk et al., 2024; Peoples et al., 2024). The participants argue for a paradigm shift in disability discourses, one that emphasizes individual potential rather than solely on deficits (Birt et al., 2017; Peoples et al., 2023; Shakespeare et al., 2019). They call for a broader societal debate on dementia, akin to the evolving discourse around other disabilities, which emphasizes inclusion and equal opportunities (Shakespeare et al., 2019). This shift must extend to vocational rehabilitation. Participants across interest-holders agree that inclusive employment practices and policies are essential to recognizing the capabilities of people with dementia. They stress the importance of multi-level initiatives and evidence-based recommendations to support vocational rehabilitation (Shakespeare et al., 2019). Firstly, structural and discursive recognition is needed to affirm that people with dementia, like others, have the right to work when appropriately supported.

In Denmark, vocational rehabilitation for individuals with cognitive disabilities has traditionally followed a medical model focused on specific cognitive skills, followed by workplace testing. However, this model is limited, as task-specific training often fails to generalize across contexts. An alternative approach gaining traction is the Place-then-Train' model, originally proposed by Corrigan and McCracken (Corrigan & McCracken, 2005). This ecological approach, rooted in social work principles, places individuals in real-world work environments, allowing them to experience the benefits and challenges of often complex work situations while providing ongoing support and training. Initially developed for people with mental illnesses, this model is now being adapted for other disabilities (Kinney et al., 2011; Ritchie et al., 2022; Robertson et al., 2013; Robertson & Evans, 2015).

Given the limitations of traditional cognitive rehabilitation and the promising outcomes of the Place-then-Ttrain approach, there is a clear need to adapt and rigorously evaluate this model for people with dementia. Tailoring such programs to the unique needs and capacities could significantly enhance opportunities for meaningful employment and social inclusion.

Methodological Considerations

Consideration should be given to the composition and recruitment of participants in this study. Although a considerable number of people in Denmark, such as carers, people with dementia, and healthcare professionals, are affected by or involved in dementia emerging during work-life, recruiting participants proved more challenging than initially anticipated. Despite our best efforts and intention to form a balanced participant group, we were only able to recruit one employer and one relative. The heterogeneous composition of the participant group presents both strengths and limitations for the study's quality. Having multiple voices represented simultaneously posed challenges during data collection and analysis, particularly in distinguishing between perspectives and ensuring that all participants were heard. Some participants had stronger verbal skills and were more assertive during the group sessions, which may have influenced the dynamics. However, by rigorously

adhering to the World Café method, we ensured that all participants had an equal opportunity to contribute, without privileging certain voices over others.

Moreover, the inclusion of diverse perspectives, from those directly affected (people with dementia) to those indirectly involved (carers, professionals, and employers), offered rich, layered insights into the study's focus. These nuanced understandings may not have come to light had each group been studied in isolation. Finally, the general impression from both face-to-face and online sessions was that a significant degree of consensus emerged among participants, which supports the credibility of the study's findings.

Conclusion

This study highlights the pressing need for a fundamental shift in how people with dementia are supported in the workplace.

Employment challenges are not solely the result of cognitive decline but are deeply shaped by societal stigma, structural barriers, and outdated vocational rehabilitation models. Participants called for a move away from diagnosis-driven exclusion toward a resource-oriented, inclusive approach that recognizes the potential of people with dementia to remain active contributors in the workforce.

Inclusive employment practices require both structural reform and a cultural transformation in how dementia is understood and addressed. This includes rethinking vocational rehabilitation to prioritize real-world integration and person-centred support, moving beyond deficit-focused models. Promising approaches such as "Place-then-Train" offer valuable alternatives by embedding individuals in actual work environments while providing tailored support.

The findings emphasize the importance of open dialogue, knowledge-sharing, and recognition of the diverse experiences of people living with dementia. By fostering inclusive workplace cultures and addressing systemic barriers, society can help people with dementia maintain employment and continue contributing meaningfully. Insights from people with dementia, employers, and professionals point to the need for flexible accommodations and a shift in public and professional discourse, from focusing on limitations to embracing individual potential.

Ultimately, this study calls for coordinated action across workplaces, rehabilitation programs, and broader societal structures to ensure that people with dementia are seen, heard, and valued in the workforce.

Acknowledgements

We gratefully acknowledge the contributions of all the participants; without their openness and willingness to share their experiences, we would not have been able to conduct this study.

Ethical Statement

In accordance with Danish legislation on research ethics, this study did not require approval from a Research Ethics Committee, as it did not involve biological material or medical intervention (Ministry of Higher Education and Science, 2019). The study adhered to the Danish Act on Research Ethics Review of Health Research Projects (The Danish Ministry of Health, 2011) and the Declaration of Helsinki (World Medical Association, 2024) and the Danish Code of Conduct for Research Integrity (Ministry of Higher Education and Science, 2019).

Informed Consent

Participants provided informed consent through written forms, supplemented by verbal explanation to ensure full understanding and agreement with the study's terms. Consent was obtained prior to data collection. Participants were informed that participation was voluntary and that they could withdraw at any stage of the study. All data were managed in compliance with applicable legal requirements and securely stored on institutional systems that adhere to the principles of the General Data Protection Regulation (GDPR) (European Commission, 2025). Access was restricted to authorized project personnel only. All data were anonymized, with any re-identification keys stored separately in a secure location.

Author Contributions

H.P. Contributed to the study design, data collection, and data analysis, and drafted the manuscript. J.M. Contributed to the study design, data collection, and data analysis, and contributed to and commented on the manuscript. S.A. Planned the workshops, participated in data collection and data analysis, and contributed to and commented on the manuscript. H.K. Designed the study, participated in data collection and data analysis, and contributed to and commented on the manuscript. All authors reviewed and approved the final version.

Funding

Department of Health Sciences Research Centre, University College UCL, Denmark and University College, Absalon, Denmark. No funding number.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Supplementary Materials

The dataset used in this study is available upon reasonable request and complies with all applicable institutional ethical guidelines.

References

Bartlett, R. (2014). Citizenship in action: The lived experiences of citizens with dementia who campaign for social change. *Disability & Society*, *29*(8), 1291–1304. https://doi.org/10.1080/09687599.2014.924905

Basu, O. (2019). Early onset dementia (EOD) and its impact on employment of young adults. *Archives in Neurology & Neuroscience*, *4*(5), 1–4. https://doi.org/10.33552/ANN.2019.04.000600

Birt, L., Poland, F., Csipke, E., & Charlesworth, G. (2017). Shifting dementia discourses from deficit to active citizenship. *Sociology of Health & Illness*, *39*(2), 199–211. https://doi.org/10.1111/1467-9566.12530

Brown, J., & Isaac, D. (2005). *The world café: Shaping our future through conversations that matter*. Berrett-Koehler Publishers.

Busted, L. M., Nielsen, D. S., & Birkelund, R. (2020). "Sometimes it feels like thinking in syrup" - the experience of losing sense of self in those with young onset dementia. *International Journal of Qualitative Studies on Health and Well-Being*, *15*(1), 1–11. https://doi.org/10.1080/17482631.2020.1734277

Chaplin, R., & Davidson, I. (2016). What are the experiences of people with dementia in employment? *Dementia (London, England)*, *15*(2), 147–161. https://doi.org/10.1177/1471301213519252

Corrigan, P. W., & McCracken, S. G. (2005). Place first, then train: An alternative to the medical model of psychiatric rehabilitation. *Social Work (New York)*, *50*(1), 31–39. https://doi.org/10.1093/sw/50.1.3

Danish Health Authority. (2017). *Anbefalinger til organisering af udrednings- og behandlingsenheder for demens [Recommendations for the organization of diagnostic and treatment units for dementia]*. https://www.sst.dk/-/media/Udgivelser/2017/Anbefalinger-til-organisering-af-udrednings–og-behandlingsenheder-for-demens.ashx?sc_lang=da&hash=E13F5590F91AF304CEAE9B14285EF4F9

European Commission. (2025). *Principles of the GDPR*. European Commission. Retrieved October 13, 2025, from https://commission.europa.eu/law/law-topic/data-protection/rules-business-and-organisations/principles-gdpr_en

Evans, D., Murray, C., Berndt, A., & Robertson, J. (2021). Supporting people with dementia in employment. In L. Low & K. Laver (Eds.), *Dementia rehabilitation. Evidence-based interventions and clinical recommendations* (pp. 149–170). Elsevier Inc.

Graneheim, U. H., Lindgren, B.-M., & Lundman, B. (2017). Methodological challenges in qualitative content analysis: A discussion paper. *Nurse Education Today*, *56*, 29–34. https://doi.org/10.1016/j.nedt.2017.06.002

Johannessen, A., Engedal, K., Haugen, P. K., Dourado, M. C. N., & Thorsen, K. (2018). "To be, or not to be": Experiencing deterioration among people with young-onset dementia living alone. *International Journal of Qualitative Studies on Health and Well-Being*, *13*(1), 607–617. https://doi.org/10.1080/17482631.2018.1490620

Johannessen, A., & Möller, A. (2013). Experiences of persons with early-onset dementia in everyday life: A qualitative study. *Dementia*, *12*(4), 410–424. https://doi.org/10.1177/1471301211430647

Kilty, C., Cahill, S., Foley, T., & Fox, S. (2023). Young onset dementia: Implications for employment and finances. *Dementia (London, England)*, *22*(1), 68–84. https://doi.org/10.1177/14713012221132374

Kinney, J., Kart, C., & Reddecliff, L. (2011). "That's me, the Goother": Evaluation of a program for individuals with early onset dementia. *Dementia*, *3*, 361–377. https://doi.org/10.1177/1471301211407800

Kyngäs, H., Mikkonen, K., & Kääriäinen, M. (2020). *The application of content analysis in nursing science research*. Springer.

Löhr, K., Weinhardt, M., & Sieber, S. (2020). The "world café" as a participatory method for collecting qualitative data. *International Journal of Qualitative Methods*, *19*, 10.1177/1609406920916976. https://doi.org/10.1177/1609406920916976

Maersk, J. L., Peoples, H., Kristensen, H. K., & Praestegaard, J. (2024). A meta-ethnography of identity formation among people with early-onset dementia. *British Journal of Occupational Therapy*, *87*(9), 530–545. https://doi.org/10.1177/03080226241253699

Ministry of Health. (2016). *Et trygt og værdigt liv med demens - national demenshandlingsplan 2025*. Retrieved July 19, 2018, from https://www.sum.dk/Aktuelt/Nyheder/Aeldre/2016/December/~/media/Filer%20-%20Publikationer_i_pdf/2016/Demenshandlingsplan-2025-PUB-sept-2016/Den-nationale-demenshandlingsplan-2025.ashx

Ministry of Higher Education and Science. (2019). *The Danish code of conduct for research integrity*. Retrieved November 18, 2024, from https://ufm.dk/en/publications/2014/the-danish-code-of-conduct-for-research-integrity

Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). Sage Publications.

Peoples, H., Larsen, J. M., & Kristensen, H. K. (2024). Enabling work for people with dementia - recommendations for interventions: A mixed-methods review. *Dementia*, *23*(8), 1382–1415. https://doi.org/10.1177/14713012241267122

Peoples, H., Varming, J., & Kristensen, H. K. (2023). Social citizenship when living with dementia: A qualitative meta-study. *Journal of Occupational Science*, *30*(3), 453–471. https://doi.org/10.1080/14427591.2022.2061040

Ritchie, L., Banks, P., Danson, M., Tolson, D., & Borrowman, F. (2015). Dementia in the workplace: A review. *Journal of Public Mental Health*, *14*(1), 24–34. https://doi.org/10.1108/JPMH-04-2014-0015

Ritchie, L., Egdell, V., Danson, M., Cook, M., Stavert, J., & Tolson, D. (2022). Dementia, work and employability: Using the capability approach to understand the employability potential for people living with dementia. *Work, Employment and Society*, *36*(4), 591–609. https://doi.org/10.1177/0950017020961929

Ritchie, L., Tolson, D., & Danson, M. (2018). Dementia in the workplace case study research: Understanding the experiences of individuals, colleagues and managers. *Ageing and Society*, *38*(10), 2146–2175. https://doi.org/10.1017/S0144686X17000563

Roach, P., & Drummond, N. (2014). 'It's nice to have something to do': Early-onset dementia and maintaining purposeful activity. *Journal of Psychiatric and Mental Health Nursing*, *21*, 889–895. https://doi.org/10.1111/jpm.12154

Robertson, J., & Evans, D. (2015). Evaluation of a workplace engagement project for people with younger onset dementia. *Journal of Clinical Nursing*, *24*(15-16), 2331–2339. https://doi.org/10.1111/jocn.12852

Robertson, J., Evans, D., & Horsnell, T. (2013). Side by Side: A workplace engagement program for people with younger onset dementia. *Dementia (London, England)*, *12*(5), 666–674. https://doi.org/10.1177/1471301212473881

Sakata, N., & Okumura, Y. (2017). Job loss after diagnosis of early-onset dementia: A matched cohort study. *Journal of Alzheimer's Disease*, *60*(4), 1231–1235. https://doi.org/10.3233/JAD-170478

Shakespeare, T., Zeilig, H., & Mittler, P. (2019). Rights in mind: Thinking differently about dementia and disability. *Dementia*, *18*(3), 1075–1088. https://doi.org/10.1177/1471301217701506

Solvang, P. K., Hanisch, H., & Reinhardt, J. D. (2017). The rehabilitation research matrix: Producing knowledge at micro, meso, and macro levels. *Disability and Rehabilitation*, *39*(19), 1983–1989. https://doi.org/10.1080/09638288.2016.1212115

The Alzheimer's Association. (2025, May). *Fakta om demens [Facts about dementia]*. Alzheimerforeningen [The Danish Alzheimer's Association]. Retrieved October 13, 2025, from https://www.alzheimer.dk/viden-om-demens/fakta/

The Danish Ministry of Health. (2011). *Lov om videnskabsetisk behandling af sundhedsvidenskabelige forskningsprojekter [Danish act on research ethics review of health research projects]*. Retrieved October 13, 2025, from https://www.retsinformation.dk/eli/lta/2011/593

The Ministry of Employment. (2024). *Executive order on the rehabilitation plan and recommendation of the rehabilitation team regarding resource programs, flex jobs, disability pension, etc*. Retrieved 30 April, 2026, from www.retsinformation.dk

Thomson, L., Stanyon, M., Dening, T., Heron, R., & Griffiths, A. (2019). Managing employees with dementia: A systematic review. *Occupational Medicine (Oxford)*, *69*(2), 89–98. https://doi.org/10.1093/occmed/kqy161

Thorne, S. (2025). *Interpretive description: Qualitative research for applied practice* (3rd ed.). Routledge. https://doi.org/10.4324/9781003503538

Thuesen, J. (2021). *Rehabilitering ved demens i let til moderat grad*. REHPA. https://www.rehpa.dk/wp-content/uploads/2021/01/DEM-REHAB-slutrapport-FINAL.pdf.pdf

Weaver, A. N., & Jaeggi, S. M. (2021). Activity engagement and cognitive performance amongst older adults. *Frontiers in Psychology*, *12*(1-12), 620867. https://doi.org/10.3389/fpsyg.2021.620867

WHO. (2024). *Dementia - key facts*. World Health organization. Retrieved November 11, 2024, from https://www.who.int/health-topics/dementia#tab=tab_1

World Medical Association. (2024). *World medical association declaration of Helsinki ethical principles for medical research involving human participants*. World Medical Association (WMA). Retrieved November 18, 2024, from https://www.wma.net/policies-post/wma-declaration-of-helsinki/