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Person-Centered Care for Older Adults at Residential Care Facilities in the Iberian Peninsula: A Systematic Review

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Abstract

The aging of a population leads to a higher need for gerontological care. Person-centered care for older adults (PCCOA) offers a higher standard of quality at residential care facilities (RCFs). This systematic review is aimed at synthesizing Portuguese and Spanish studies on PCCOA, describing the process of implementation of PCCOA; exploring the impact of interventions based on PCCOA and determining the measurement tools used to evaluate PCCOA. This review was conducted in accordance with the PRISMA guidelines. Thirty-one of the included studies were conducted in Spain, and six were conducted in Portugal. Studies involved the development of models/recommendations, the promotion of resident participation in care processes and education/training. Their results indicated that PCCOA has positive outcomes for staff members and residents.

Keywords: Person-centered care; Residential care facilities; Older adults; Quality of care; Gerontology.

Atención Centrada en la Persona en Centros Residenciales de la Península Ibérica: una Revisión Sistemática

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Abstract

El envejecimiento poblacional implica una mayor necesidad de cuidados gerontológicos. La Atención Gerontológica Centrada en la Persona (AGCP) ofrece un estándar de calidad mayor para centros residenciales. Esta revisión sistemática pretende: sintetizar los estudios portugueses y españoles sobre AGCP; describir el proceso de implementación de la AGCP; explorar el impacto de intervenciones basadas en AGCP y determinar las herramientas para evaluar la AGCP. La presente revisión se ha realizado siguiendo las guías PRISMA. Treinta y uno de los estudios se realizaron en España y seis en Portugal. Los estudios implicaban el desarrollo de modelos/recomendaciones, promoción de procesos asistenciales y formación/educación. Los resultados indicaron que la AGCP tiene efectos positivos en profesionales y residentes.

Keywords: Atención centrada en la persona; Servicios de atención a personas mayores; Personas mayores; Calidad asistencial; Gerontología.

Population aging is emerging as a globally relevant political, social, and economic issue (Kinsella & Phillips, 2005; Ministério do Trabalho, Solidariedade e Segurança Social - MTSSS, 2017; World Health Organization - WHO, 2015). The aging index of the Iberian Peninsula countries is high (Portugal:157,4 and Spain:129,9) (PORDATA, 2018). Progressive aging of a population is accompanied by an increase in the dependency ratio of older adults (OECD, 2017), who tend to require professional care (Garro, 2016; Kinsella & Phillips, 2005; Zubritsky et al., 2013). This generates an increased demand for gerontological services, particularly for residential care facilities (Martínez, 2015b; MTSSS, 2017; Rebollo, 2017; Rodríguez, 2010). There is growing concern about the quality of these services and the necessity to redefine for more effectiveness some social policies, particularly, traditional models of care for older adults (Garro, 2016; Martínez et al., 2019).

The traditional model, often referred to as the biomedical model (e.g., Abbott et al., 2016; Fazio et al., 2018; WHO, 2015), tends to focus on procedures, task efficiency, deficits of older adults, and biological aspects of illness. Gerontological organizations, which provide services with the aforementioned characteristics, tend to be criticized for their rigid organization, uniformity of practices, paternalism, and lack of personalized service (Koren, 2010; Love & Kelly, 2011). Therefore, many researchers and organizations have suggested the need to transform the current care model to a more person-centered model, through redefinition of policies and practices (Martínez et al., 2016; Rojano & Reñones, 2015; WHO, 2015).

Person-centered care represents the highest standard of quality in terms of gerontological care (Edvardsson et al., 2017; Yevchak et al., 2019). Person-centered care for older adults (PCCOA) is an ethical paradigm of interaction based on respect for the rights of older adults (Edvardsson et al., 2017; Fazio et al., 2018; WHO, 2015). This approach considers psychosocial factors, in addition to biomedical ones. It also considers each person to be a unique being, placing them at the center of the care dynamic and giving them an active role in the decision-making, responding to their needs and promoting autonomy and potentialities (Díaz-Veiga et al., 2016; Martínez, 2015a; Martínez et al., 2016). However, there is no consensus definition nor a clear model for the implementation of PCCOA (Martínez, 2015b; Pagán, 2018). On the contrary,

PCCOA represents an integral, complex and multidimensional approach with multiple options for practical operation (Martínez, 2015b; WHO, 2015).

The WHO (2015) has pointed out that the application of PCCOA at residential care facilities necessarily varies between countries, due to such factors as social progress, cultural preferences, available resources, and infrastructure. Portugal and Spain are neighbor countries that both have aged populations; however, they have different perspectives and dynamics with regard to care services for older adults. Up to the present, no studies have synthesized and compared PCCOA practices between the two countries. This comparison could increase understanding of the values, models, and practices that can be shared between the two countries.

The aim of this study was to learn about the state of the art of PCCOA at residential care facilities in Portugal and Spain. Therefore, a systematic review to identify, critically appraise, and synthesize existing Portuguese and Spanish studies on this topic was performed. Specific objectives were as follows: 1) to synthesize and compare Portuguese and Spanish studies on PCCOA at residential care facilities, 2) to describe the process of implementation of PCCOA at residential care facilities, 3) to explore the impact of PCCOA-based interventions, and 4) to determine the measurement tools used to evaluate PCCOA in Portugal and Spain.

Methods

This systematic review was conducted in accordance with the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses. The protocol was registered in PROSPERO (CRD42020166325).

Inclusion and Exclusion Criteria

This systematic review included different types of studies on distinct aspects of the topic, including original studies, theoretical framework papers, and experimental studies. No time restrictions were applied. All studies were required to examine PCCOA in Portuguese and/or Spanish residential care facilities. Studies not conducted in Portuguese and/or Spanish residential care facilities for older adults or not written in Portuguese, Spanish, or English were excluded.

Search Strategy

With the help of a librarian, a comprehensive search strategy was developed. Thus, the terms searched were the ones associated with the topic, identified by studying the keywords and titles of relevant articles in the area. An initial research showed that the terminology for this field is not sufficiently standardized. Therefore, all linguistic variants of the intended terms, their synonyms, relationships between concepts and semantic networks in Portuguese, Spanish, and English were analyzed. Consequently, the searches resulted in a wide-ranging set of articles, to which a geography filter was applied in the databases that allowed it.

Searches were conducted in the EBSCO-PSY/ASC, PubMed, SciELO, b-on, RedALyC, Scopus, CINAHL, EMBASE, PsycInfo, WHO Global Health Library, and MEDLINE databases. For each database, studies published from inception up to February 17, 2020, were retrieved. Additional articles were obtained by searching the references cited in identified studies, by contacting international experts and authors who have published in the field, and by searching the gray literature (OpenGrey and WorldWideScience.org).

Study Selection

After searching all the databases, two reviewers (MM and ID) retrieved the records, deleted the duplicates in Rayyan QCRI (Qatar Computing Research Institute, Doha, Qatar), and then performed a literature screening. Both reviewers independently checked all titles and available abstracts of all retrieved records in Rayyan QCRI. A third reviewer arbitrated any discrepancies (RA). Then the reviewers retrieved the full texts of all potentially eligible studies using Mendeley (Mendeley Ltd., London, UK), and judged the eligibility of each study by applying the inclusion and exclusion criteria (see above). In case of disagreements, the third researcher arbitrated.

Data Extraction

The reviewers independently extracted data to a pilot form and made the necessary amendments to it. Disagreements were resolved by consensus

between the two reviewers. The following information was retrieved from the selected studies: year of publication, study authors, title, journal of publication, study design, objective, study setting, measurement tools, characteristics of the participants, method of PCCOA implementation, and key findings.

Quality Assessment Methods

Two checklists of the Critical Appraisals Skills Programme ([CASP-UK, 2019](#)) were used for the quality assessment of qualitative studies and systematic reviews, and five checklists of the Joanna Briggs Institute (JBI, 2019) were used for appraising the quality of randomized controlled trials, quasi-experimental studies, analytical cross-sectional studies, cohort studies, and text and opinion papers. A suitable checklist for scale development and validation was not found. Therefore, after a meticulous search of all the available tools, it was determined that for these studies, the most suitable was the JBI Critical Appraisal Checklist for Analytical Cross-Sectional Studies. In each checklist (see [CASP-UK, 2019](#) and [JBI, 2019](#)), every item was rated using three levels (“no,” “can’t tell”/“unclear,” or “yes”). Therefore, in order to facilitate the presentation of the quality assessment results, a code was created by assigning each level a number (1, 2, and 3, respectively) and a color (red, yellow, and green, respectively). This codification process allowed the determination of a global quality grade for each study (by adding the scores of each item), which later was converted to a corresponding three-color scale (“low”=red, “moderate”=yellow and “high”=green). The quality appraisal of each study was independently performed by the two reviewers, any discrepancies were resolved by consensus or, when necessary, arbitrated by the third reviewer.

Data Synthesis, Analysis, and Reporting

Due to the differences among studies (study design, interventions, and measuring outcomes), a quantitative pooling through meta-analysis was not possible, instead a qualitative narrative synthesis of the data was performed. The synthesis involved textual assessment and description of the overall evidence with regard to the research objectives. In order to summarize

literature findings, descriptive summary tables (organized by study methodology) were produced.

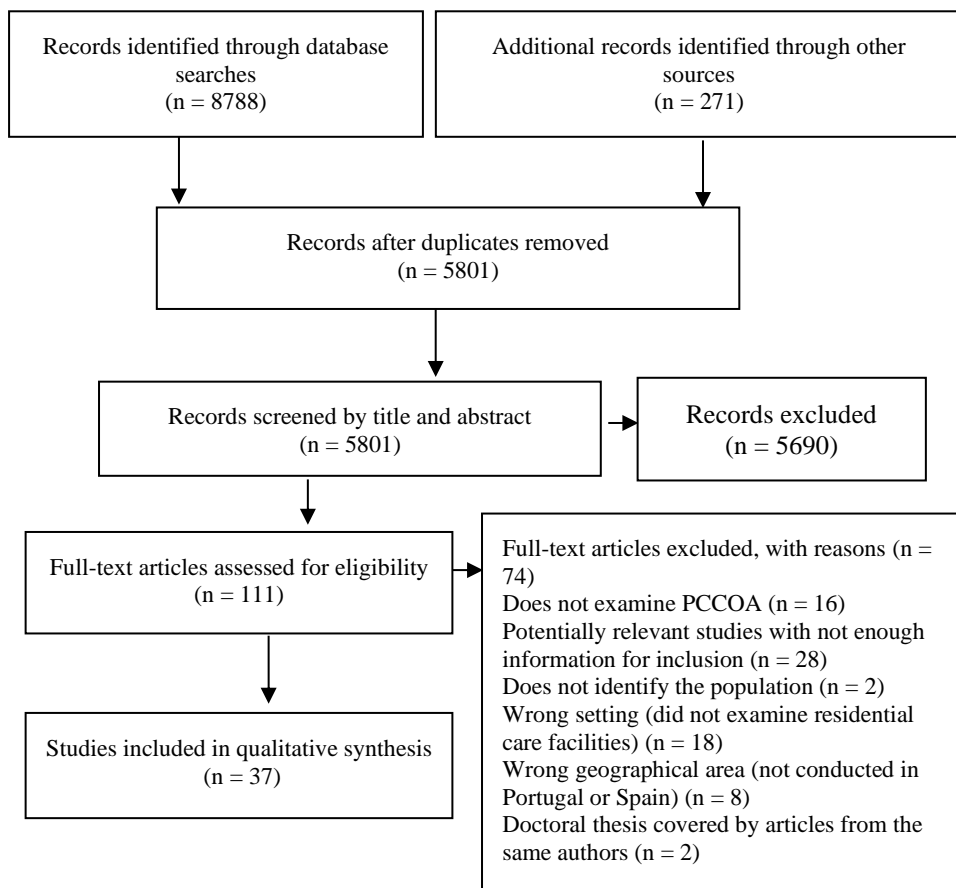
Results

Study Selection

A total of 9059 articles were initially identified: 8788 through database searches and 271 additional records identified through cross-referencing, a gray literature search, and contacting international experts and authors who have published in the field. After excluding the duplicates, 5801 titles and abstracts were screened against the inclusion and exclusion criteria; of these, 111 full-text articles were assessed. A final 37 articles met the pre-defined criteria and were included in the review. The study screening and selection processes are summarized in Figure 1.

Figure 1

PRISMA flowchart of the selection of studies included in the systematic review (adapted from Moher et al., 2009).



Characteristics of Included Studies

All the 37 included studies examined residential care facilities, were published between 2010 and 2019, 2015 being the year with the highest publication rate.

The 31 articles conducted in Spain included 4 quasi-experimental studies (Villar et al., 2013; Díaz-Veiga et al., 2014; García-Soler et al., 2017; Sánchez-Izquierdo et al., 2019); 5 cross-sectional studies (Garre-Olmo et al., 2012; Díaz-Veiga et al., 2016; Rebollo, 2017; Villar et al., 2018; Villar et al., 2019); 1 cohort study (Muñiz et al., 2016); 7 qualitative studies (Rodríguez-Martín et al., 2013; Rojano & Reñones, 2015; Rodríguez-Martín et al., 2016; Pagán, 2018; Pérez-Rojo et al., 2018; Villar et al. 2018; Delgado, 2019); 5 quantitative studies on the development, validation, and psychometric evaluation of instruments (Martínez et al., 2015; Villar et al., 2015; Martínez et al., 2016; Fernández-Ballesteros et al., 2019; Martínez et al., 2019); and 9 theoretical framework studies (Rodríguez, 2010; Martínez, 2013; Grupo de calidad de la Sociedad Española de Geriatria y Gerontología, 2014; Fernández, 2015; Lantarón, 2015; Martínez, 2015a; Martínez et al., 2015; Martínez et al., 2016; Villar & Serrat, 2016). The 6 articles from Portugal all belonged to the same project and included 4 experimental studies (Barbosa et al., 2015; Barbosa et al., 2015a; Barbosa et al., 2015b; Barbosa et al., 2016), 1 qualitative study (Barbosa et al., 2017) and 1 systematic review (Barbosa et al., 2015).

With regard to the participants of the empirical studies: a) 16 studies included staff members of different areas, consisted of mostly women (in both countries), and ranged between 7 and 2295 participants (Barbosa et al., 2015; Barbosa et al., 2017; Barbosa et al., 2016; Barbosa et al., 2015a, 2015b; Delgado, 2019; Díaz-Veiga et al., 2016; Fernández-Ballesteros et al., 2019; Martínez et al., 2019; Martínez et al., 2016; Martínez et al., 2015; Pagán, 2018; Sánchez-Izquierdo et al., 2019; Villar et al., 2019, 2018; Villar et al., 2018); b) 7 studies included samples of 14 to 160 older adults, mostly with neurocognitive disorders (Díaz-Veiga et al., 2014; García-Soler et al., 2017; Garre-Olmo et al., 2012; Muñiz et al., 2016; Rebollo, 2017; Rodríguez-Martín et al., 2013; Villar et al., 2013, 2015); c) 1 study included 10 residents' relatives (Rodríguez-Martín et al., 2016); and d) 1 study included 8 scientific experts (Pérez-Rojo et al., 2018).

Quality Assessment of Included Studies

Results of the quality assessment were as follows: 30 studies were found to be of high quality (Barbosa et al., 2015; Barbosa et al., 2015a; Barbosa et al., 2015b; Barbosa et al., 2016; Villar et al., 2013; Díaz-Veiga et al., 2014; García-Soler et al., 2017; Sánchez-Izquierdo et al., 2019; Garre-Olmo et al., 2012; Díaz-Veiga et al., 2016; Villar et al., 2018; Villar et al., 2019; Muñiz et al., 2016; Rodríguez-Martín et al., 2013; Rodríguez-Martín et al., 2016; Barbosa et al., 2017; Pagán, 2018; Villar et al., 2018; Martínez et al., 2015; Villar et al., 2015; Martínez et al., 2016; Martínez et al., 2019; Barbosa et al., 2015; Rodríguez, 2010; Martínez, 2013; Grupo de calidad de la Sociedad Española de Geriatria y Gerontología, 2014; Fernández, 2015; Lantarón, 2015; Martínez et al., 2016; Villar & Serrat, 2016), six of moderate quality (Rojano & Reñones, 2015; Pérez-Rojo et al., 2018; Delgado, 2019; Fernández-Ballesteros et al., 2019; Martínez, 2015a; Martínez et al., 2015), and one of low quality (Rebollo, 2017).

Approaches to PCCOA in the Iberian Peninsula

Implementation of PCCOA at residential care facilities in the Iberian Peninsula. Through the analysis of results obtained in this systematic review, it was possible to find three major clusters of themes that group information on different implementation processes of PCCOA at residential care facilities in the Iberian Peninsula. Overall, PCCOA approaches are developed through the following:

- 1) *Models, recommendations, and practical proposals:* This systematic review found that studies presenting models, recommendations, and practical proposals had been conducted in Spain. These studies focused on the development and sharing of scientific evidence; conceptual approaches; and the principles, criteria, practical recommendations, and models to support PCCOA application (Delgado, 2019; Díaz-Veiga et al., 2016; Grupo de calidad de la Sociedad Española de Geriatria y Gerontología, 2014; Lantarón, 2015; Martínez, 2013, 2015a; Martínez, et al., 2015; Rodríguez, 2010). In particular, the development of Spanish housing models is highlighted (e.g., Units of Coexistence “Los Royales”) (Pagán, 2018; Rojano & Reñones, 2015), as well as the existence of mandatory policies of authorization and operation of social

centers guided by PCCOA (e.g., Junta de Castilla y León, Decreto 14/2017) (Delgado, 2019). There were no Portuguese studies found of this type.

- 2) *Education and professional training*: Both Spanish (Sánchez-Izquierdo et al., 2019) and Portuguese (Barbosa et al., 2015; Barbosa et al., 2015; Barbosa et al., 2015a, 2015b) projects focused on developing interventions in this area were found.
- 3) *Inclusion of residents and relatives in the development of the individual care plan*: This principle appeared in several Spanish studies (Rodríguez-Martín et al., 2013; Villar et al., 2018; Villar et al., 2013). In addition, the authors Rodríguez-Martín et al. (2016), conducted a study that indicates the importance of policies that promote an active role of family members. There were no Portuguese studies found of this type.

Impact of PCCOA-based interventions in the Iberian Peninsula. Table 1 presents several Spanish and Portuguese studies that explore the impact of PCCOA-based interventions.

Table 1.
Studies that explore the impact of PCCOA interventions

Authors	Objective	Main results
Díaz-Veiga et al. (2014)	Examine the impact of interventions based on the PCCOA model in the "Etxean Ondo" Project on the quality of life of residents with cognitive impairment.	Improvement in the quality of life of people with cognitive impairment.

(continued)

Table 1. *Studies that explore the impact of PCCOA interventions (continued)*

Fernández (2015)	Determine which aspects of care improve and indicate quality of life in older adults and identify and analyze models of care that increase quality of life in residential care facilities.	Organization of residences into coexistence modules with a person-centered care model improves the quality of life of the residents.
Barbosa et al., (2015) & Barbosa et al. (2016)	Analyze the effects of a psychoeducational intervention on stress, burnout, and job satisfaction among direct care workers.	Meeting caregiver needs can improve their awareness and assessment of their own and the residents' emotions and can improve care worker burnout, person-centered care, care quality, group cohesion, emotional management skills, and self-care awareness.
Muñiz et al. (2016)	Apply a longitudinal home-by-home program to create a dementia-friendly culture and increase organizational skills needed for PCCOA and environmental improvement.	Institutions can nearly eliminate physical restraints with good levels of safety.
Villar & Serrat (2016)	Explore narrative-based formal intervention.	Applying narrative approaches aids residents in maintaining identity and control over their own lives, supports them in finding meaning in their lives, and increases their understanding of the care experience.

(continued)

Table 1. *Studies that explore the impact of PCCOA interventions (continued)*

García-soler et al. (2017)	Compare the frequency of involvement and de-involvement behaviors in daily activities in a group of people with dementia with traditional care and a group with PCCOA.	PCCOA promotes the participation of people in daily activities according to their resources, interests, and needs, and fosters a more meaningful and domestic environment.
Rebollo (2017)	Understand the perception of older adults' loneliness analyzing how the application of a new comprehensive PCCOA model can contribute to its decrease.	PCCOA can reduce loneliness perception; it fosters the provision of friendlier care and can make the center feel like a home, where people continue to develop their vital projects and act as the protagonists of their own lives.
Villar et al. (2018)	Explore staff reactions with regard to common practices in partnered sexual relationships at residential care facilities where one or both people involved have dementia.	By applying PCCOA practices and core values, the institution adopts a more respectful and accepting view of the rights of people with dementia (including sexual rights). This helps avoid restrictive biases and supports sexual expression among people with dementia.
Villar et al. (2019)	Determine the frequency of various sexual behaviors of residents, as estimated by staff members at residential care facilities, and quantify the presence of procedures aimed at guaranteeing sexual rights.	PCCOA can help preserve the sexual rights of people living in residential care facilities.

Tools for measuring PCCOA in the Iberian Peninsula

Six instruments used to evaluate PCCOA that were adapted to the Spanish population were found (Table 2). No Portuguese studies or instruments adapted to the Portuguese population were found.

Table 2.

Tools for measuring PCCOA in Spain

Authors	Study Type	Instrument
Martínez et al. (2015)	Adaptation and validation	Person-centered Care Assessment Tool
Villar et al. (2015)	Validation and reliability	Dementia care mapping
Martínez et al. (2016)	Adaptation and validation	Staff Assessment Person-Directed Care tool
Pérez-Rajo et al. (2018)	Development and assessment of content validity	Good PCCOA practices self-reported scale for staff working in residential care facilities.
Martínez et al. (2019)	Development and validation	The Person-centered Care Gerontology Staff questionnaire.
Fernández-Ballesteros et al. (2019)	Development and establishment of psychometric data	The Paternalist/Autonomist Care Assessment.

Discussion

Summary of key findings In the analysis of risk of bias, 30 of the included studies were found to be of high quality, 6 of moderate quality, and 1 of low quality.

The first objective of this study was to synthesize and compare Portuguese and Spanish studies. The vast majority of the studies included were conducted

in Spain, with different methodologies (quasi-experimental, cross-sectional, cohort, qualitative, quantitative, theoretical framework, experimental, and systematic review), and types of participants (e.g., staff members, older adults, relatives). Comparing the studies on PCCOA between countries, there is significant difference in terms of the amount of research. PCCOA-based approaches have been considerably more developed and investigated in Spain (31 studies) compared with Portugal. In this systematic review, only six Portuguese studies were found. These studies were all substudies of one main project, and all the participants were staff members at residential care facilities.

The second objective was to describe the process of implementation of PCCOA at residential care facilities in Portugal and Spain. In order to accomplish this objective, the information was grouped into three clusters. The first cluster was models, recommendations, and practical proposals. Studies in this cluster highlighted efforts in sharing and developing scientific evidence, conceptual approaches, principles to support interventions, and new residential models in Spain, as well as the existence of policies in one of the autonomous communities. The importance of changes at the legal level and the existence of policies, as they frame, regulate, sustain, and facilitate the application of care approaches, were also demonstrated (Delgado, 2019). No studies conducted in Portugal were found for this cluster. The second cluster was education and professional training. Education, training, and skill development of staff members is an area that assumes a special relevance (Martínez, 2015a; Martínez et al., 2015) and is highlighted by different Portuguese and Spanish studies. These studies have demonstrated the importance of promoting education on this philosophy of care in order to improve the knowledge and behavior of caregivers and the quality of care. Finally, the third cluster was inclusion of residents and relatives in the development of the individual care plan. One of the cornerstones of the PCCOA approach is the promotion of the participation of older adults in the decisions about their daily lives and their care. This principle is emphasized in several Spanish studies. No studies conducted in Portugal were found for this cluster.

In relation to the third objective, to explore the impact of PCCOA-based interventions, of PCCOA at residential care facilities, several Spanish studies have shown positive impacts of PCCOA-based interventions on older adults

(e.g., quality of life, protection of rights, promotion of participation and adjustment to the context, control over one's life, maintenance of identity, and elimination of physical restraints). Two Portuguese studies (originating from the same project) concluded that psychoeducational intervention with direct care workers can improve group cohesion, emotional management skills, and self-care awareness.

Finally, as a fourth objective, this systematic review aimed to determine the measurement tools for PCCOA for each of the countries. Six instruments were found in Spanish studies. These findings may suggest research gaps in the implementation/development of this approach in Portugal, once the existence of instruments adapted to cultural contexts is essential for the characterization and follow-up of care that leads to improvement in care quality (Martínez et al., 2016).

Strengths and limitations. This is the first systematic review to synthesize and compare the investigation, development, application, and measurement tools of PCCOA in the Iberian Peninsula. A highly sensitive search strategy was used, with an accurate analysis of terms at the linguistic level and a comprehensive research equation, including all methodological designs and without temporal criteria. This broad inclusion of different studies ensured the accurate selection and pooling of evidence and enabled comparisons between the Portuguese and Spanish contexts. One limitation of this systematic review was that, due to high heterogeneity in the methodologies used in the selected works, it was necessary to choose more than one tool to assess the risk of bias. In cases where the study's methodology was not explicitly identified, the risk assessment tool chosen might not have been the most accurate one, which could have introduced bias in the quality assessment. The low number of studies found related to Portugal may influence and limit the type and depth of the performed comparisons. Another limitation lies on the fact that the scope of this systematic review focuses on Portugal and Spain only, which prevents data from being generalized internationally. It is relevant to note that data must be contextualized within the time period contemplated by the research. To overcome these limitations, future studies may broaden the research's geographical spectrum and may also repeat the study to maintain updated data.

Implications for Research and Practice

Currently, person-centered care represents the highest standard of quality in terms of gerontological care (Edvardsson et al., 2017; Yevchak et al., 2019). There is evidence of its positive impact on both residents and staff members. This review highlights the need for scientific and practical development in this area, especially in Portugal.

Considering the demographic situation in the Iberian Peninsula and the need for high-quality gerontological services (especially when traditional models still prevail) robust progress in the area of PCCOA is crucial. Promoting this approach to care generally requires adaptation to the social, cultural, economic, and political idiosyncrasies of each country. Progress in this area may require particular changes in a) the organizational culture of the institutions, b) quality assessment systems, c) the architectural configuration of institutions, and d) the methods of promoting people's empowerment, their accountability and active participation in making decisions about their health, and well-being and aging throughout life (making people active decision-makers in their own care). Achieving this paradigm in a robust manner requires coordinated action by several stakeholders including, researchers, policy makers, gerontological services, organizational leaders, caregivers, older adults, and citizens in general.

The results of this systematic review demonstrate the need for more investigation and innovation in this field (e.g., meaning of life of people with dementia and the ability to feel at home at residential care facilities), particularly in the assessment of instruments and specific practices that allow the implementation of PCCOA in a rigorous and sustainable manner. These two neighboring countries share many common characteristics; however, according to the results of this systematic review, they are in very different stages of development of the PCCOA approach. More collaboration between Portuguese and Spanish researchers may help in the implementation of PCCOA. Describing the state of the art of PCCOA at residential care facilities in Portugal and Spain provides an understanding of how to accomplish a more dignified, efficient and quality care.

Conclusions

According to the results, in the Iberian Peninsula, Spain has more work and reports published about the PCCOA which suggest a wider interest and use of this approach in care facilities. Considering the importance of this approach it is highlighted the need for more scientific and practical advances of PCCOA, especially in Portugal.

Analyzing the data on the implementation, development, and assessment of PCCOA of the two countries helps shed light on the state of art in the field and allows the identification of best practices of care. This literature review added to the knowledge on the impact of PCCOA in residents and staff and the existing care policies. The main outcomes of the studies included were increased life satisfaction and psychological well-being of residents with dementia, increased self-determination among residents, and recognition of their rights (e.g., participation and sexual rights), and the prevention of burnout among staff. In addition, the measurement tools currently used to assess the implementation of PCCOA were also determined. Accurate and reliable tools are crucial for monitoring the application of this model of care and guaranteeing its quality.

The current knowledge that emerged from this systematic literature review will guide care planning and interventions to improve care quality and will create networking opportunity for collaborative work between stakeholders of different countries. Considering the idiosyncrasies of each country, resources can be optimized, models that potentiate practices can be shared, assessment instruments can be collaboratively developed, synergies and cooperation can be created by developing networks that would make it possible to focus policies and quality of care toward sustainable progress.

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