



## Review

# Resident outcomes of person-centered care in long-term care: A narrative review of interventional research



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## ABSTRACT

**Background:** Person-centered care has been widely promoted in long-term care settings. It is commonly referred to as a core concept that guides the care philosophy change in long-term care settings from a traditional medical model to a more humanistic approach to care. Current person-centered practice in long-term care settings is guided by multiple person-centered care models. However, evidence regarding the effects of person-centered practice guided by multiple models on residents' outcomes has not been well established or synthesized.

**Objectives:** To outline and compare the principal models and to synthesize current evidence of the effects of multiple person-centered care models on resident outcomes.

**Method:** Systematic searches were conducted using CINAHL, MEDLINE, PsychoINFO, Evidence Based Medicine Reviews, Cochrane Review databases, and ProQuest Dissertations and Theses using the following keywords (UK and US spellings) individually and in multiple combinations: person-centered care, resident-centered care, client-centered care, individualized care, patient-centered care, culture change, Eden Alternative, Wellspring, Green House, Pioneer Network, dementia, nursing home, assisted living and long-term care. The searches were limited to articles written in English and published from January 1990 to April 2013. Then a manual search of the reference lists of selected relevant articles was conducted.

**Results:** Twenty-four studies from three countries were reviewed and compared in terms of person-centered interventions, measurement, and resident outcomes. 15 culture change studies for residents who were cognitively intact or with minor cognitive impairment and 9 studies for residents with dementia were reviewed. Across the studies, culture change models had some beneficial effects on residents' psychological wellbeing. Person-centered dementia care had significant effects on decreasing behavioral symptoms and psychotropic medication use in dementia residents in long-term care.

**Conclusion:** An agreed upon definition of person-centered care is essential for researchers and clinicians to guide person-centered care development and implementation. Rigorous study design and objective and subjective measurement use are needed for future studies, especially those guided by culture change models. The effectiveness of person-centered care on residents' bio-psycho-social outcomes like sleep, stress, and physical wellbeing need to be addressed and systematically examined with subjective and objective measures in future studies.

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### What is already known about the topic?

- Person-centered care is considered the gold standard for caring elders in long-term care settings.
- Person-centered care is included in many national policies but little research has been done to justify this position.

### What this paper adds

- This review synthesizes the existing studies of person-centered care and person centered-dementia care.
- This review demonstrates the effects of person-centered care and person-centered dementia care on outcomes of residents living in long-term care.
- This review identifies areas to concentrate on for future research.

## 1. Background

The demand for long-term care (LTC) services has risen with the growing aged population. However, residents' lives in LTC have been characterized by loneliness, helplessness, and boredom (Thomas, 1996). LTC includes skilled nursing homes, assisted living, and other types of residential or care homes where residents live on the premises. LTC residents are reported to have lower quality of life and poorer outcomes than community dwelling elders, including increased depressive symptoms, rapid decline in physical and cognitive function, decreased sleep quality, and diminished social engagement (Karakaya et al., 2009; Hill et al., 2011; Herrmann and Flick, 2011). Furthermore, it is estimated that 60–80% of nursing home residents have dementia (Wilkins et al., 2005). These residents experience more negative health outcomes than those who are cognitively intact (Rose et al., 2010). Person-centered care (PCC) has been widely promoted in residential care settings and has become a fashionable gerontological nursing topic in contemporary literature. It is commonly referred to as a core concept that guides changes in care philosophy from a traditional biomedical model to a more humanistic approach. PCC makes every effort to accomplish a better quality of life for elders and make LTC settings more desirable places to live and work (Rantz and Flesner, 2003). Despite of the quantity of literature describing PCC, no agreed upon definition yet exists. This paper will briefly outline the principal models of PCC used in LTC settings: culture change models, person-centered dementia care, and person-centered nursing framework before reviewing the available empirical research.

### 1.1. Culture change models

“Culture change” is a movement to foster a philosophical shift in the care and services for older adults particularly in LTC facilities. Its principles were initiated and widely adopted in the United States of America (US). The foundation of culture change is a person-centered philosophy that advocates for: choice, dignity, respect, self-determination and purposeful living for older adults living in LTC facilities (Weiner and Ronch, 2003; Network,

2013). In the mid-1990s, models emerged to guide the culture change movement in the US LTC industry. These models focus on restructuring the social, cultural, and physical environment in LTC facilities and have been increasingly adopted over the last two decades, claiming the ability to facilitate the transformation of care from task-oriented to person-centered. Such models also may include remodeling the facility environment from “institutional” or “hospital-like” to “homelike” (Robinson and Gallagher, 2008). Presently, culture change is more a worldwide concept in improving care of older adults in LTC facilities than in US only. LTC facilities in countries outside of the US widely adopt culture change models. For example, the Eden Alternative model is increasingly used in Australia, New Zealand, the United Kingdom (UK), Europe, Japan, China, Canada, and South Africa. The culture change movement has boosted PCC practice in the US, supported by organizations like the Pioneer Network (California Healthcare Foundation, 2008). The awareness that the “resident comes first” in the new care culture promotes the provision of individualized care: care that reflects resident individuality, empowers residents in decision making, and endeavors to achieve a more holistic approach to wellness (Caspar et al., 2009).

The Eden Alternative, Wellspring, Green House/Small House, and Pioneer Network are frequently referred to as culture change models in published literature. The *Eden Alternative* founded by Bill Thomas is the best known of these models in the US. Its central mission is to eliminate the three “intolerable plagues” of nursing home life—loneliness, helplessness, and boredom—by following ten Eden principles, thereby improving elders' quality of life (Thomas, 1996). One important strategy in this approach is to transform the physical institutional environment to be more homelike. Plants, animals, and intergenerational programs are included in the homelike environment to enhance the elder's social engagement. The *Green House* or *Small House* model aims to provide a good quality of life for residents by transforming physical environments, radically revising staff configurations, and emphasizing companionship under normal rather than therapeutic circumstances (Robinson and Gallagher, 2008; Rabig et al., 2006). The small-scale community for a group of 10 or fewer residents distinguishes the *Green House/Small House* model from others.

### 1.2. Person-centered dementia care

PCC grew from Carl Rogers' person-centered therapy and client-centered counseling, where providing a safe psychological environment would move people toward greater self-awareness and better fulfilment of their potential (Rogers, 1980; Dewing, 2004). Kitwood first coined the term “person centered” in dementia care after witnessing dehumanizing care in traditionally-run facilities in the 1980s (Love and Kelly, 2011). In *Dementia Reconsidered*, Kitwood discussed what people with dementia needed from those around them to live as people and advocated for care to meet individualized needs beyond just the physical (Kitwood, 1997). The need for love is centered on safeguarding the identity, inclusion, attachment, comfort, and occupation of individuals. The psychological needs of



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