

**Evaluating the Effectiveness of Person-Centred Approaches in Improving Outcomes for
Dementia Patients: A Secondary Qualitative Analysis**

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INTRODUCTION

Background

Dementia is a progressive neurological disorder, which impairs memory and cognition and daily functioning disproportionately affecting older populations worldwide (Jain and Hogervorst, 2023). The World Health Organization (2023) estimates that globally, there are 55 million people who live with dementia, and by 2030, there will be 78 million. The Alzheimer's Society (2023) notes that dementia, one of the leading causes of disability in older adults, affects over 900,000 people in the UK alone. These worrying statistics are alarming to adopt care models that not only alleviate clinical symptoms, but also enhance the quality of life for both the patient and their carer.

Kitwood's (1997) "Personhood Model" was developed into the person-centred approach challenging biomedical models of care based on symptom-based care and promoting dignity, individuality and social engagement (Naldemirci et al., 2018). Despite their focus on clinical management, traditional frameworks are surpassed by person-centred care that aims to preserve the person's identity and autonomy by catering to interactions and activities. Hamiduzzaman et al. (2023) show through research that person-centred interventions like reminiscence therapy and tailored routines reduce agitation, and improve emotional well being. Yet, studies appear to contrast that the success of such approaches is oftentimes context dependent. As an example, Hower et al. (2019) found that while person-centred approaches can improve staff patient interactions in residential care homes, in settings where staffing levels are low this has little impact due to operational challenges that might impede consistent implementation.

In addition, statistical evidence exists to support the economic and social benefits of person-centred care. A study by Chenoweth et al. (2018), looking at care homes was done over a longitudinal period, and found that when person centred care was implemented, hospital admissions and prescription of antipsychotic medication were 23% lower than care homes following conventional care protocols. These findings indicate that person-centred care may reduce costs of healthcare and improve patient outcomes. But critics conclude that these benefits may be hard to maintain without the proper investment in staff training and resources.

Despite the endorsement of policy frameworks, such as the UK's National Dementia Strategy, person-centred care is a gold standard, yet is in practice inconsistent across NHS trusts, as funding disparities and regional variations result in implementation being lacking

(Department of Health, 2009). From this analysis, it is clear that the patient satisfaction rates in nations like Denmark, where dementia units have been prioritized as smaller, homely, with flexible care plans, are significantly larger than the UK (Boeree et al, 2021). This disparity highlights the need to understand the structural and policy context of person-centred care delivery. Against this background, the aim of this research proposal is to critically evaluate the effectiveness of person-centred approaches using evidence from a range of national and international contexts to inform best practice in improving dementia care outcomes.

Aims and Objective

The primary aim of this research is to evaluate the impact of person-centred approaches on improving the emotional, social, and physical well-being of dementia patients by synthesizing existing evidence and identifying best practices.

The objectives of the study are:

- To examine the prevalence and current trends in dementia care approaches.
- To assess national and international dementia care policies supporting person-centred care.
- To provide recommendations to improve the implementation of person-centred approaches in dementia care.
- To evaluate the impact of person-centred care interventions on patient outcomes.

Research Question

- How prevalent is the use of person-centred approaches in dementia cares?
- What national and international policies support the implementation of person-centred dementia care?
- What recommendations can be made to enhance the effectiveness of person-centred approaches in dementia care?
- What measurable impacts do person-centred care interventions have on patient outcomes in dementia care?

Research Rationale

Dementia is a major global health challenge, and a major contributor to disability and dependency in older adults. It is a leading cause of years lived with disability (YLDs) (WHO, 2021) among people aged 60 years and over, according to the World Health Organization (WHO, 2021). Clinical care for dementia has advanced, but care remains focused on symptom

management and dementia remains incurable. However, biomedical approaches to the field that focus on pharmacological interventions tend to ignore patient social and emotional needs (Vodovotz et al., 2019). In response, there has been the integration of person-centred care (PCC) approaches that focus on holistic well being and meaningful engagement, and this gap has existed, necessitating an evaluation as to whether they will ultimately lead to better patient outcomes.

Person-centred care moves from “managing a condition” to “supporting a person” and acknowledges the individuality and preferences of dementia patients (Naldemirci et al., 2018). PCC interventions such as sensory therapies, tailored communication and social interaction have been shown to decrease distressing behaviours and increased emotional well being (Zarshenas et al., 2023). Ballard et al. (2018) conducted a study and reported that PCC reduced agitation by 30 per cent in dementia patients in residential care settings. Despite this, the implementation of PCC has not been systematic as there are shortages in staffing, poor training, resource constraints (Lateef et al., 2020). This suggests that research is needed into how PCC can be adapted and sustained in different care settings.

It is therefore the rationale of this study to bridge that gap in dementia care and to provide evidence to the evidence base for PCC. Existing studies have shown that PCC is feasible but implementation in under resourced settings remains unclear. Furthermore, caregivers' and healthcare professionals' views differ regarding PCC; some may view PCC as additional burden as there is no sufficient institutional support (Liao et al., 2023). In order to inform policymakers and healthcare providers about what actionable recommendations can be made to improve the implementation of person-centred care approaches, this finding was made. It involves improvement of dementia care outcomes through development of flexible care plans, involvement of interdisciplinary collaboration and targeting of training initiatives.

This work is important for its societal importance, as it can provide information to develop policy reforms that will foster compassionate, dignified dementia care. The barriers and enablers of PCC can teach what can be done to enhance support for caregivers, minimize pharmacological treatment use, and improve patient quality of life (Zarshenas et al., 2023). Ultimately, this research seeks to bridge the gap between what works in policy recommendations and what can be done practically in sustainable, person-centred healthcare systems.

RESEARCH METHODOLOGY

Research Approach

Using a secondary qualitative research inductive approach and focused on implementation and outcomes of person-centred care (PCC) in dementia care is this study. This inductive approach to data leads themes to emerge from data rather than from pre-determined hypotheses (Bryant and Charmaz, 2019). The method can be applied to synthesizing qualitative studies and policy documents about PCC interventions in different care settings, since PCC interventions are rich in terms of insights. It then examines findings from existing research and offers a holistic view into systemic patterns, barriers and enablers for PCC. Secondary qualitative research also reduces time, resource and ethical requirements of primary research (Cassell and Bishop, 2018). Data from primary studies are context specific while secondary analysis aggregates findings from various sources to highlight broader trends. However, little secondary research exists because of the quality and context of what does exist, which may not be detailed or comparable (Khoa, 2020). This will enable inclusion of high-quality qualitative studies using CASP checklist type of robust appraisal tools.

Literature Search Strategy

A systematic literature search will be performed using database search of peer reviewed studies and qualitative research on person centred care (PCC) in dementia care through academic databases like PubMed, CINAHL, ProQuest and Google Scholar. As a way to capture policy insight and non-academic views, grey literature from reputable organisations such as World Health Organisation (WHO), Alzheimer's Society and NICE guidelines will be reviewed. The key concepts of the research questions and objectives will be used with the search terms and Boolean operators (AND, OR, NOT) will be used to refine the search. The terms include 'dementia AND person centred care', 'PCC interventions AND patient outcomes' and 'non pharmacological dementia care AND policy'. With this strategy, only those studies that are relevant (and not irrelevant) are retrieved.

Studies published in English in or after 2019 will be included that are peer reviewed articles, policy reports, and qualitative research evaluating PCC interventions or national or international dementia care frameworks. PCC-related articles from non-peer reviewed sources, editorials, studies not related to PCC and reports without qualitative data or methodological details will be excluded. The study will use diverse data sources and take a structured approach to search to guarantee a comprehensive review of PCC implementation and the robust thematic analysis to respond to research objectives.

Data Collection and Analysis

Data will be collected by reviewing selected peer reviewed studies and policy reports in context of study, methodology and findings about person-centred care (PCC). For consistency, key information is extracted. Manual coding will be employed to develop organic themes in A thematic analysis that will identify patterns and themes. The approach offers a flexible but rigorous method of synthesizing insights into PCC implementation, patient outcomes and caregiver experiences (Del Vacchio, 2023).

Anticipated themes include:

Table 1: Themes and Patterns

Theme	Description
Prevalence of PCC in Dementia Care	Exploring the extent of PCC adoption across different care environments.
Policy Support and Resource Challenges	Examining how national and international frameworks support or hinder PCC implementation.
Recommendations for Improving PCC	Synthesizing evidence-based recommendations for improving the sustainability and scalability of PCC.
Impact on Patient Outcomes	Assessing emotional, social, and cognitive benefits associated with interventions such as reminiscence therapy and sensory engagement.

This research synthesizes findings from multiple studies to generate a more nuanced understanding of factors that affect PCC effectiveness, in particular, in under resourced settings.

Ethical Considerations

Despite the fact that secondary research does not involve direct interaction with participants, ethical considerations are still very important to maintain research integrity. All sources used will be referenced free of plagiarism and misrepresentation, and principles of transparency will be followed. In addition, copyright regulations will be followed when accessing and citing academic studies, reports and policy documents. The findings are credible until secondary research is responsibly used, as the latter can be selective reporting. One example of this is the warning of Boutron and Ravaud (2018) that secondary researchers may

not intentionally skew results towards positive findings thereby distorting conclusions. This will be done to mitigate this, as all findings (positive, neutral or negative) will be critically examined to present a balanced view. Additionally, the CASP checklist is used to confirm that studies included in the analysis meet the quality criteria of transparency, methodological soundness, and relevance to the research objectives (Medina et al., 2024). Finally, limitations in the synthesis process will be explicitly acknowledged, including differences in sample sizes and contextual variations across studies, so that conclusions will be reached with appropriate caution. This research will be maintained on the reflection about the data analysis, so academic integrity and evidence-based policy and practice improvements will be ensured.

PROJECT OUTLINE

This research proposal follows a structured approach to address the objectives of evaluating person-centred care (PCC) in dementia care. The project is divided into four main chapters, as outlined below:

Chapter 1: Introduction and Background

This chapter provides an overview of the research context, introduces the topic of research, and underlines the importance of PCC in dementia care. It states the research questions, purpose and objectives, and a rationale for the research by explaining the gap between the policy recommendation and its practical implementation. Additionally, relevant statistics, facts and key developments related to dementia care approaches will be included.

Chapter 2: Methodology

The methodology chapter describes the research design, and the secondary qualitative approach, and the rationale for using the inductive thematic analysis. This section presents a literature search strategy in which the academic databases and organizations that were searched to find peer reviewed studies and grey literature are described. The sources are justified to be included and excluded in order to make them reliable. Ethical considerations will also be discussed related to transparency in data handling and accurate referencing to keep research integrity.

Chapter 3: Results and Discussion

The findings of this chapter are presented in an in-depth discussion which addresses all research objective through key theme derived from the literature. This study is secondary research, so an appendix will provide a table of selected studies, detailing the study context, sample size and findings. Findings will be compared across different care settings and policy

frameworks in a critical discussion of recurring patterns and discrepancies in PCC implementation. The thematic analysis will also synthesize evidence-based recommendations.

Chapter 4: Recommendations and Conclusion

The conclusions are drawn in the final chapter through a summary of findings and key recommendations for improving the practice of PCC in dementia care. Finally, a reflection on the research process, including challenges encountered, lessons learned, and, areas for future research, will be made to provide insights into how this study adds to the broader evidence base.

This project outlines ensures a coherent structure that is aligned with the research objectives to follow through with actionable recommendations for sustainable person-centred healthcare systems.

RESEARCH TIMELINE

The research timetable gives the key stages of the project and ensures systematic research progress and under control time management. The study timeline includes a specific tasks, milestones and timeframes to finish the study within the time allowed.

Phase	Tasks	Timeframe
Preparation and Approval	Finalize the research proposal, receive feedback, and secure approval for the methodology.	Week 1-2
Literature Review	Conduct a systematic literature search, apply inclusion/exclusion criteria, and organize data for analysis.	Week 3-6
Data Analysis	Perform thematic analysis, code data, identify patterns, and synthesize themes.	Week 7-10
Draft Writing	Draft Introduction, Methodology, and Discussion chapters, and align findings with research questions and objectives.	Week 11-14
Review and Revision	Submit draft for supervisor feedback, revise based on recommendations, and finalize references and formatting.	Week 15-16
Final Submission	Submit the completed Research Report.	End of Week 16

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