Effects of person-centered care approaches to dementia care on staff: a systematic review

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CRD summary
This review assessed the effects of person-centred care on staff caring for people with dementia. The authors concluded that the evidence suggested that the approaches were effective, but the limited methods and variability of the trials meant that it was not possible to draw firm conclusions. The authors' tentative conclusions reflect the uncertainties and seem appropriate.

Authors' objectives
To assess the effects of person-centred care (focusing on the patient rather than the care task) on staff caring for people with dementia.

Searching
PubMed, Web of Knowledge, Scopus, and EBSCO were searched in March 2013 for English-language articles, published in peer-reviewed journals. Search terms were reported. Reference lists from relevant publications were manually screened.

Study selection
Eligible for inclusion were randomised controlled trials (RCTs) and non-randomised controlled trials. Trials had to assess the effects of person-centred dementia care (as specified by the American Psychiatric Association) on workers caring for people with dementia in residential facilities. The primary outcomes of interest were the impact on stress, burn-out, and job dissatisfaction in dementia-care workers.

The included trials were conducted in the Netherlands, USA, Canada or Australia. The care workers were mainly nursing assistants, who worked in one to 20 homes for the aged. The intervention was care oriented to emotion (for example, training and supervision in emotion-oriented care), stimulation (for example, in-house training and implementation of multisensory stimulation or story telling), or behaviour (for example, communication skill training), or dementia care mapping. Outcomes were measured on a variety of scales or questionnaires.

One reviewer screened articles for inclusion, with final decisions confirmed by a second reviewer.

Assessment of study quality
Two reviewers independently assessed trials for quality using the Cochrane risk of bias tool; including randomisation, allocation concealment, blinding, selective reporting, and other bias.

Data extraction
One reviewer extracted outcome data and this was checked for accuracy by a second reviewer. Discrepancies were resolved through discussions. Trial authors were contacted for clarification, where necessary.

Methods of synthesis
Due to variation between trials, the data were presented in tables, and a narrative grouped by intervention approach.

Results of the review
Seven trials (912 care workers; range 26 to 300) were included in the review; three RCTs, two before-and-after trials, one after trial, and one repeated measures trial. None of the included trials met all the quality criteria; the main limitations were unclear allocation concealment and lack of blinding. Follow-up ranged from two weeks to 18 months.

Most of the trials (five) reported significant positive changes in outcomes.

Stimulation: One of the two trials reported that, compared with controls, the intervention was associated with a reduction in stress (p<0.5), job dissatisfaction (p<0.1), and emotional exhaustion (p<0.5).
**Emotion**: The interventions in the two trials statistically significantly reduced either stress (p<0.5; one RCT), or burn-out and job dissatisfaction (p<0.5; one RCT).

**Behaviour**: One of the two trials reported that the intervention statistically significantly reduced burn-out in dementia care workers (p<0.5).

**Dementia care mapping**: The intervention in the one trial significantly decreased emotional exhaustion (p<0.5), but there were no significant differences between groups for personal accomplishment. Other results were reported.

**Authors' conclusions**
The evidence suggested that patient-centred care was effective for dementia-care workers, but the weak methods and variability of the trials made it impossible to draw firm conclusions.

**CRD commentary**
The review question and supporting inclusion criteria were clearly stated. As the literature search was restricted to publications in English, relevant evidence may have been missed, which the authors acknowledged. Trial quality was assessed, and the authors acknowledged the limitations of the evidence. Attempts were made to reduce reviewer error and bias by involving two reviewers at each stage of the review.

Given the variability among the included trials and the limited outcome data, a narrative synthesis was appropriate. The authors acknowledged the limitations of the evidence, including the few trials, lack of long-term follow-up, and limited methods. They highlighted the complexity of some of the interventions, which made it difficult to understand which components were the most effective. The outcome measures appear to have been self-assessed, which has inherent limitations.

The authors' tentative conclusions reflect the uncertainties in the limited evidence and seem appropriate.

**Implications of the review for practice and research**
**Practice**: The authors stated that the evidence revealed important insights for the development of this research area.

**Research**: The authors stated that higher quality, well-designed research was needed, and the concept and features of patient-centred care should be explored.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.