

Meaning of Person-Centered Care

Person-centered care (PCC) is focused on the individual's needs and the individual as a person rather than as a disease in the traditional medical model. The goal is to tailor care, treatments, and resources to improve the quality of life of the individual (Fazio et al., 2018). The term person-centered care originated from the work of Carl Rogers and others who believed that individual experience is the basic and standard for living and therapeutic effect (Fazio et al., 2018).

Person-centered care is important for individuals with dementia because it focuses on the selfhood of the individual (Fazio et al., 2018). Dementia leads to cognitive disintegration which implies emotional and social disintegration (Muller-Hergl, 2020). Patient-centered care has improved an individual's treatment and relationships among the individual and care providers (McNiel et al., 2018).

Interventions that can be used for PCC in patients with dementia include numerous strategies that incorporate psychosocial and other dimensions like reminiscing, sensory stimulation, music, art, dance, promotion of self-care and self-management, group, animal and nature work (Muller-Hergl, 2020).

International Models for Elder and Dementia Care

Dementia alters psychological awareness and cognitive ability as well as capacity to make decisions. Nurses need to be aware of those cognitive changes when they provide care. Across participant nations, the United Kingdom (UK), United States (US), Chile, and Austria, there is a current emphasis on maintaining independence as a way of preserving dignity. Holistic care means to provide an environment that fosters an ability to enjoy life without constricting the individual (Alexjuk, 2020).

Coverage for Elder Care

The quality of elder care and types of models available for individuals and families depends upon what is available in the community and how that care is reimbursed. Students explored two types of financial coverage for health care, either socialized/national health care programs vs. private health care insurance plans.

National Health/Socialized Medicine Model:

- **Austria:** Each elderly individual in a post-hospital visit, is given a stipend that correlates with their acuity and need for assistance: Fewer hours per month where assistance is needed, lower financial assistance; and vice versa.
- **United Kingdom:** Individuals encounter four tiers of healthcare: Primary, Secondary, Tertiary, and Quaternary; Primary and Secondary are used most frequently. The government pays for part of hospital bills and other medical costs while the individual makes up the difference. If this is not possible, then a local commission meets and provides financial assistance.
- **Chile:** The national model is similar to the UK and employs public health nurses to cover a given population by geographical location.

Private Insurance Model:

- **United States:** Individuals are covered by private insurance companies with deductibles (thresholds need to be met before the insurance will cover majority of medical costs). Medicare is national system for financial assistance for elders and disabled individuals who qualify. Different plans cover different types of medical costs in addition to Medical Assistance.
 - Plan A covers **inpatient medical care**, hospice care, skilled nursing facility care, lab testing, surgery, and home health care.
 - Plan B covers **outpatient medical care**, screenings and lab testing, home health care, medical equipment, doctor/specialist visits
 - Plan D covers **pharmaceutical costs** (Medicare website, 2020).
- Medicaid, a federal and state program covers items and services not covered by Medicare for those that qualify.

Lived Nursing Student Experience: Expanded Approaches to Elder Care

Purpose

The purpose of this poster is to emphasize the importance of a person-centered care plan for patients suffering from dementia. The poster describes collaborative experiences working with international students from Austria, Chile, and United Kingdom during a weeklong international course. Faculty facilitated discussion and small group activities. On the final day, student groups presented a project they worked on in a virtual conference.

Program Overview

Students from Austria, Chile, the United Kingdom, and the United States (MNSU) came together over five days to take part in an international course and conference. Students attended four different guest lectures with topics of person-centered care, a personal experience of dementia, getting old in Singapore, and research in the field of dementia. Students collaborated in groups to develop a care plan and a scenario with elderly patient diagnosed with a chronic illness. On the last day of the conference, students presented their small group projects to their peers and faculty. Once the conference ended, students completed an evaluation survey and a reflection assignment based on their experience. Through this international virtual experience, students enhanced knowledge of patient-centered care in various countries in order to become more culturally competent.

Individual Reflection: Key Insights and Lessons Learned

Hillary: The international week experience has shown me that **elder and dementia care around the world can be very similar but also can be somewhat different in its approaches including person-centered care and community-based care.** While many African countries are still bent on the idea of children taking care of their elderly at the end of life, we see Asians trying to move away from that idea as they introduce innovative ideas in caring for the elderly, and Americans who have already moved away from the idea, thus the need for assisted living and nursing homes.

Sarah: Healthcare coverage is a hot button issue in the United States, and the opportunity to learn more about how other countries finance and manage their healthcare costs, which was something we took seriously. As someone who has never had a fascination or even a liking for numbers, **I found it interesting to compare and contrast the benefits of socialized health care and private health care across different nations.** Not only that, but the interesting economics piece is that within the universal healthcare systems, each country varies in how they structure and implement their own financial systems for covering the costs of health care.

Megan: Educational requirements and entrance into nursing programs look quite different in each country. When conversing with a student from the United Kingdom, they stated that they pick an area of nursing that one would want to have their career in. Then all of classes for the entirety of the program are focused on that one area. They can choose from pediatrics, adult health, geriatrics, and mental health. **I thought this was interesting because it allows students to specialize in an area, they are passionate about.** Therefore, [they may have an advantage] when new graduates are ready to enter the workforce, they can focus on orienting to the facility/floor.

Morgan: I have learned so much about end-of-life care and how different countries approach the topic. **Something amazing that I realized was the fundamentals of nursing practice with end-of-life care were almost the same in every country. The delivery methods and financial aspects are different, but that core value of empathy and kindness is present everywhere.** This put things into perspective for me that there are so many other nurses out there working to give the best care possible for their patients. **Our world is so large, but there are people like us making a difference in every single country and that is something that is very heartwarming to me.** End-of-life care is something that will always be needed, and I think it is important to have a strong grasp on how to care for those patients in these situations.

Oluwapelumi: **Aging is perceived differently in every country.** In Nigeria where I was born and raised, it is a blessing to age because the parents get to be taken care of by their children, and it is a time of rest. In the United States, where I am studying aging is scary. **During the international week, I was exposed to the different resources available in Austria, Chile, and United Kingdom that make aging [a less] complicated experience or a less burdensome experience.** It was obvious that the resources available in different countries affected the way the citizens view aging.

Grace: **The inclusion of culture into nursing curricula is unquestionably necessary.** It is an experience such as this international experience that teaches additional information and allows for firsthand experiences. I gained knowledge about healthcare systems in Austria, the United Kingdom, and Chile. **This not only brought light to the differences between these various locations but also included similarities that our countries share.** I think that there is a lot to be learned about the different approaches that each country takes to address health care within their nation and this experience allowed for the **opportunity to discuss those differences and reflect on the benefits and challenges they offer.**



International Week of the FH Vorarlberg, Austria

Online Conference



Comparing/Contrasting Elder Care Services

Students were challenged to plan real-time services for elders who were returning to home after hospitalization. Students learned how countries had similar goals that could be met by utilizing different kinds of services available in the community.

Students found that throughout presentations and group meetings the cultural, social, and economic aspects affect healthcare systems within the four countries of Austria, Chile, the United Kingdom, and the United States. Throughout discussions and presentations, students found that the cultural and social aspects affect healthcare similarly, although the economic aspects of healthcare systems are affected differently.

- Cultural aspects: religion, food, language, medication, and culturally sensitive care
- Social aspects: education, employment, living arrangements, social support, and income
- Economic aspects: funding and access to healthcare, economic status of the person, and reducing cost and improving healthcare access

An Innovative Model: Aging Asia

Aging Asia is one example that is changing modern day approaches to elderly care. With the continuous rise in aging population and the goal to improve quality care, Aging Asia was started as the Asia Pacific's first industry alliance on the business of aging in Singapore and offers options and alternatives in a menu of lifestyle choices with services like innovative physical and brain stimulation exercises for the elderly (Chia, 2020). Adopting these innovative approaches can bring about positive outcomes especially with the cognition and physical abilities of the elderly. It could help slow the manifestation of dementia symptoms in patients.

Benefits of Thinking Globally about Healthcare Models for Elders

- Determine different levels of education and prevention that need to be implemented to provide the best care possible
- Prevent the spread of disease and facilitate health promotion.
- Maintain optimal health for vulnerable individuals and families.
- Engage with and learn from other countries: we can better witness and learn about the delivery of high-quality health care in a cost-effective manner.
- Thinking globally will benefit the countries involved and result in better healthcare for all.
- This international experience provided a visible demonstration of what thinking globally looks like and, as a result, benefited in new knowledge as a by-product.

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