



The Importance of Changing the Model of Care in Residential Care Homes: A Person-Centered Approach

Lozano PG*

Department of Occupational Therapy, University of Oviedo, Spain

***Corresponding author:** Patricia Garcia Lozano, Department of Occupational Therapy, University of Oviedo, Spain; Email: patriglozano@hotmail.com

Mini Review

Volume 5 Issue 4

Received Date: November 18, 2022

Published Date: November 29, 2022

DOI: 10.23880/aphot-16000240

Abstract

After pandemic, many professionals have realized that the current model of care in residences is far from the care that is intended to be provided to the elderly. The person-centered care model takes into account the person's preferences and interests, as well as promoting their autonomy in daily decisions. It is currently booming after numerous studies have shown exceptional results about the quality of care received by residents. Occupational Therapy is closely linked to this model from its bases, always keeping in mind the person and their occupation before starting the development of treatments. A change is necessary in all centers that care for the elderly, providing the highest quality of life and well-being.

Keywords: Person Centered; Elderly; Care; Quality of life; Occupational Therapy

Mini Review

Confinement has been crucial in making us realise that the treatment of people in residential centres should change towards another model that takes into account what is really important, the person. The isolation to which residential homes have had to be subjected has greatly harmed the elderly, in many cases worsening their situation of fragility and dependence. Even today they are still living with loopholes of restrictions, which have led to a very noticeable loss of functional and cognitive abilities.

The pandemic has highlighted the shortcomings of this traditional model and a shift in care towards person-centred care is needed. This is what the Person-Centred Model of Care (PCMC) is all about and it is the key to providing optimal quality of services and providing the best care [1]. People can take control of their life by expressing their wishes, making decisions and being independent in their daily life. In North America it is known as The Nursing Home Culture-Change

Movement [2].

This person-centred model should promote a change in the organisation towards more flexible dynamics where the person has her own opinion and can choose from various options in relation to their daily activities, routines and chores. Only in this way will the person feel that they live in a homely place adapted to them and their needs and abilities [3].

In order to incorporate this model in the centres, it is a requirement to evaluate all the actions that are being carried out when implementing it. There are numerous validated tools and strategies (registers, surveys of professionals, observation of actions, progress indicators...) for: evaluating the application of the model, knowing the perception of users and their families and corroborating that the tasks of the model are being fulfilled in order to provide good care

by professionals [4-6]. In a centre where people make their own decisions and are asked about their preferences and life goals, both their well-being and the work climate among employees tends to improve, which has an impact on the smooth running of the centre and the reduction of conflicts [3,7].

In accordance with these principles, there are many professionals who look after the health and wellbeing of the people who live in these residential centers, such as physiotherapists, psychologists, occupational therapists, etc. All of them must above all, respect the decisions of the users, but at the same time they must establish a therapeutic alliance through which they explain to the elderly person the benefits of participating in the different therapies (physical, functional, psychological and recreational) proposed by the center. In this way, by merging their goals and objectives with the person's preferences, they will be able to achieve a beneficial and stimulating intervention for the resident [3,8].

All members of the multidisciplinary team will focus their work towards a clear and common purpose, to care for the person in the best possible way, supporting their self-determination. Training in the new model of care is necessary in order to offer personalized, quality care. For this implementation of the model, the figure of the occupational therapist is essential, who will be in charge of leading the workshops of daily and functional activities in the center. He or she will always have to adapt to the tastes, interests and hobbies of the people in order to achieve full attention.

Occupational therapy is based on a series of different frameworks and conceptual models associated with various techniques that occupational therapists follow when carrying out their work. Two of these models are: Kielhofner's Model of Human Occupation (MOHO) which conceptualizes the person in three subsystems (volition, habituation and performance capacity) and from there relates the person to the significant environmental context in which they inhabit [9]; and the Canadian Model of Occupational Performance (CMOP) which proposes occupation through roles for good health maintenance [10]. Both models fit perfectly with the aims of MACP as they place the person and occupation at the centre of their interventions.

Spain is currently undergoing a process of change towards a person-centred model, which is a difficult task as most centres have been working with the traditional biomedical model for years. During all these years there has been a very accentuated paternalism towards the elderly, together with rigid and immovable protocols that provoked rejection and discomfort on the part of the residents. In order to make the final stage of the life of the elderly as rewarding

as possible, a new approach to care must be adopted, where the dignity of the person, together with their privacy and the preservation of their rights, must take precedence in order to achieve the highest quality of life.

Thanks to the growing awareness of the need for a change of approach, it is clear that in the near future there will be no doubt that the person will have to be at the centre of the intervention and the operation of the centres. It will be possible to focus on other issues to improve the quality of life of the elderly by promoting new non-pharmacological therapies associated with new technologies.

References

1. Bangerter L, Abbott K, Heid A, Klumpp R, Van Haitsma K (2016) Healthcare Preferences among Nursing Home Residents: Perceived Barriers and Situational Dependencies. *Journal of Gerontological Nursing* 42(2): 11-16.
2. Edvardsson D, Innes A (2010) Measuring person-centered care: A critical comparative review of published tools. *Gerontologist* 50(6): 834-846.
3. Hamiduzzaman M, Kuot A, Greenhill J, Strivens Ey, Isaac V (2020) towards personalized care: Factors associated with the quality of life of residents with dementia in Australian rural aged care homes. *PLOS ONE* 15(5).
4. Martinez T, Suarez Alvarez J, Yanguas J (2016) Instruments for assessing Person Centered Care in Gerontology. *Psicothema* 28 (2): 114-121.
5. Van Haitsma K, Curyto K, Spector A, Towsley G, Kleban M, et al. (2012) The preferences for everyday living inventory: Scale development and description of psychosocial preferences responses in community dwelling elders. *Gerontologist* 53(4): 582-595.
6. Martínez T (2017) Evaluación de los servicios gerontológicos: un nuevo modelo basado en la atención centrada en la persona. *Revista Argentina de Gerontología y Geriatria* 31(3): 83-89.
7. Howard E, Schreiber R, Morris J, Russotto A, Flashner Fineman S (2016) COLLAGE 360: A Model of Person-Centered Care To Promote Health Among Older Adults. *J Aging Res Health* 1(1): 31-30.
8. Doherty M, Bond L, Jessell L, Tennille J, Stanhope V (2020) Transitioning to Person Centered Care: a Qualitative Study of Provider Perspectives. *Journal of Behavioral Health Services & Research* 47(3): 339-408.

9. Kielhofner G (1995) A Model oh Human Occupation Theory and Application. 2nd (Edn.), Williams & Wilkins. del proceso del desempeo ocupacional. Revista electrónica de terapia ocupacional Galicia TOG 3: 6.
10. Algado SS, Urbanowski R (2006) El modelo canadiense

