

When providing PCC, care and support are provided in line with the needs, preferences and capacities of people with dementia. PCC is seen as the golden standard for dementia care. However, in nursing homes, needs and preferences of people with dementia are not always obvious, due to the relatively high levels of cognitive impairment. This, and amongst others time constraints might hinder high PCC by care professionals. Limited evidence show that certain organizational and environmental conditions, such as satisfactory leadership, interdisciplinary collaboration, and continuing education, lead to higher PCC. In order to facilitate care professionals as much as possible in providing PCC, more insight is desirable.

### **Objective**

This study aims to provide more insight into the modifiable factors that contribute to PCC for people with dementia in Dutch nursing homes.

### **Methods**

A cross-sectional design was applied. Data were collected during the fifth assessment of the Living Arrangements for people with Dementia (LAD)-study from April 2019 until February 2020. Care professionals working in psychogeriatric units in nursing homes filled in an online survey. Organizational characteristics of participating nursing homes were inventoried.

The level of PCC was assessed with the Dutch version of the 'Person-centred care questionnaire' (PCCq). Modifiable factors potentially impacting the level of provided PCC with regard to staff characteristics (e.g. autonomy, education), organizational features (e.g. size, involvement of family in care), and culture (e.g. learning climate) were included in multiple linear modelling.

### **Preliminary results**

In total 58 nursing home facilities were included in the study, and 814 care professionals completed the survey. Average PCCq score was 3.2 (SD = 0.4; range 0 to 4, higher scores indicating higher PCC).

### **Conclusion**

Factors related to staff, and organizational features and culture, that contribute to PPC will be presented. The outcomes of the study will provide input for the optimal organization of dementia care, in order to support care professionals working in nursing homes to provide PCC.

## **415 - Promoting empowerment for nursing homes residents with dementia: a feasibility study of the SPAN+ program**

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**Introduction:** For feeling empowered, a sense of identity, usefulness, control, and self-worth is important for people living with dementia. We developed an empowerment intervention called the SPAN+ program to promote empowerment for nursing home residents with dementia. The aim of this study is to evaluate the feasibility of the SPAN+ program for these residents.

**Methods:** Healthcare professionals of two dementia special care units of one care organization worked with the SPAN+ intervention, which lasted for four months (September 2020 – December 2020). During the intervention, they reflected together on the four themes of empowerment for each resident, and set specific goals. Subsequently, they discussed and adjusted these goals with family caregivers and the person living with dementia (when possible). Furthermore, their personal professional development was targeted by specific exercises around the themes of empowerment.

We used the method of Bowen and colleagues (2009) to evaluate the feasibility of the SPAN+ program in terms of acceptability, demand, implementation, practicality, integration, and possible efficacy. Qualitative data was collected through interviews and a focus group discussion with participating healthcare professionals. Quantitative data was collected through standardized questionnaires filled in by healthcare professionals and family caregivers at baseline and at four-month follow-up.

**Results:** Preliminary results show that the SPAN+ program supports healthcare professionals to increase attention for empowerment of residents living with dementia, by reflecting together with other healthcare professionals on what matters for each individual resident. Difficulties were reported in engaging family caregivers in the SPAN+ program.

**Conclusion:** The SPAN+ program seems valuable to increase the focus of healthcare professionals on a sense of identity, usefulness, control, and self-worth of people living with dementia in a nursing home, and to promote their empowerment.

#### 416 - Family quality of life in Neurodegenerative Diseases and associated factors

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**Introduction:** Neurodegenerative diseases (NDs) are one of the major causes of dependency among older people. Since family members assume most of the care, the impact of NDs goes beyond the patient and affects the functioning of the entire family. Nonetheless, the concept of Family Quality of Life (FQOL) is still insufficiently developed in this field: the literature has focused on family caregivers from an individual perspective, paying less attention to the family unit. Hence, the objectives were to describe FQOL of people with NDs and to identify factors associated, from a holistic point of view.

**Method:** The sample consisted of 300 family members of patients with NDs (70% females; mean age: 62.4) living in the cross-border region of Spain-Portugal, mostly in rural areas. The majority were primary caregivers. They completed the *FQOLS-ND* via telephone. This survey examined how the family perceived its FQOL at the global and domain-level, in terms of attainment and satisfaction (measured on a 5-point Likert scale). It also collected data on diverse respondents' and family characteristics.

**Results:** The average score in Global FQOL was 3.65 (SD = 0.70) for attainment and 3.69 (SD = 0.47) for satisfaction. By domains, the highest value was found in Family Relations and the lowest in Support from services. Twenty hierarchical multiple regressions examined the potential predictors of Global FQOL and the nine domains for attainment and satisfaction. Medium predictive values (from  $R^2=.14$  to  $R^2=.20$ ) were found in Financial wellbeing (satisfaction), Support from services, and Leisure. The number of perceived barriers to social-health services was a significant predictor in all the explanatory models (the most frequently cited being: long wait for service, services not available, problems with transportation, lack of information, and financial costs).

**Conclusions:** These results confirm that NDs are especially challenging in rural areas, where families feel more isolated and have fewer opportunities to receive professional support. Therefore, there is a need to design of a specific portfolio of services, resources and benefits that involves the key sectors of family welfare (public, private, third sector and family) and brings them closer to these areas, covering all the needs.

**Keywords.** Neurodegenerative disease; family quality of life; FQoLS-ND; Services.