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CONFERENCE ABSTRACT

Diffusion of person-centred care within 27 European countries – interviews with managers, officials, and researchers at the micro, meso, and macro levels

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Purpose: This study aimed to describe facilitators and barriers in terms of regulation and financing of healthcare due to the implementation and use of person-centred care (PCC).

Design/methodology/approach: A qualitative design was adopted, using interviews at three different levels: micro=hospital ward, meso=hospital management, and macro=national board/research. Inclusion criteria were staff working in healthcare as first line managers,

hospital managers, and officials/researchers on national healthcare systems, such as Bismarck, Beveridge, and mixed/out-of-pocket models, to obtain a European perspective.

Findings: Countries, such as Great Britain and Scandinavia (Beveridge tax-based health systems), were inclined to implement and use person-centred care. The relative freedom of a market (Bismarck/mixed models) did not seem to nurture demand for PCC. In countries with an autocratic culture, that is, a high-power distance, such as Mediterranean countries, PCC was regarded as foreign and not applicable. Another reason for difficulties with PCC was the tendency for corruption to hinder equity and promote inertia in the healthcare system.

Originality and practical implications: Fragmented health systems divided by separate policy documents or managerial roadmaps hindered local or regional policies and made it difficult to implement innovation as PCC. Therefore, support at the managerial level, together with patient rights supported by European countries' laws, facilitated the diffusion of PCC.

Keywords: Europe, Health systems, Managers, Person-centred care, Qualitative content analysis