

Knowledge Structures and Gaps in Home-Based Care for Older Adults With Neurodegenerative Diseases: A Bibliometric Analysis

Sri Wianti^{1*}, Antia², Lilis Lismayanti³, Wijayanti⁴, Ika Kusuma Wardani⁵

¹Department of Nursing Program, STIKES Panti Kosala, Jawa Tengah, Indonesia

² Department of Nursing, Faculty of Science, Universitas Esa Unggul, Jakarta, Indonesia

³ Department of Nursing Program, STIKes Muhammadiyah Ciamis, Jawa Barat, Indonesia

^{4,5} Faculty of Health Sciences, Universitas Muhammadiyah PKU Surakarta, Indonesia

*Correspondence author: Sri Wianti

Email: sriwianti17@gmail.com

Address: Perumahan Mutiara No 4, Kragan. Kabupaten Rembang Jateng

DOI: <https://doi.org/10.56359/kian.v5i2.1061>

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ABSTRACT

Introduction: Home-based care for older adults with neurodegenerative diseases involves multidimensional needs that may require coordination among individuals, caregivers, healthcare professionals, and services. However, how knowledge relevant to these care dimensions is organised across the research field remains insufficiently understood.

Objective: This study aimed to map global research trends and knowledge structures in home-based care for older adults with neurodegenerative diseases and identify potential gaps in knowledge integration.

Method: A bibliometric analysis and science mapping were conducted using 315 Scopus-indexed publications published between 1994 and 2026. Data were retrieved on 8 July 2026 from an initial set of 373 records. Analyses were performed using Biblioshiny, VOSviewer, and OpenRefine to examine publication performance, conceptual and intellectual structures, research fronts, thematic development, and scientific collaboration.

Result: The dataset comprised 315 publications by 1,759 authors, with international co-authorship accounting for 21.59% of publications. Annual publication growth was 9.81%. Dementia was the most prominent keyword, followed by patient-centered care and home care. Caregiver involvement and care coordination were also represented in the conceptual network. Thematic analyses showed increasing attention to primary healthcare, palliative care, and person-centered approaches in more recent years. Holistic care appeared in the keyword network but had lower frequency and connectivity than the major concepts. Across the conceptual, intellectual, thematic, and social analyses, relevant care dimensions and research traditions were represented, but their relationships were not shown to form a coherent framework for holistic home-based care.

Conclusion: The findings suggest a potential knowledge integration gap within the mapped literature. Future research should develop and empirically evaluate a conceptual framework connecting multidimensional care needs, person-centered approaches, caregiver involvement, and coordination across home-based, primary, community, and palliative care.

Keywords: Holistic care, Home-based care, Knowledge structures, Neurodegenerative diseases, Older adults

Introduction

Population ageing has increased the importance of dementia and other neurodegenerative diseases as challenges for health systems and long-term care. Global Burden of Disease estimates indicate that dementia accounted for approximately 56.9 million cases, 2.0 million deaths, and 36.3 million disability-adjusted life years worldwide in 2021 (Li & Li, 2025). Beyond the clinical manifestations of these conditions, progressive changes in cognitive and physical functioning can affect independence, daily activities, and the support required from family caregivers. Care needs may therefore extend beyond disease management to include functional assistance, caregiver support, continuity of care, and responses to changing individual circumstances. Research on the well-being of people living with dementia also points to mechanisms operating at individual, caregiver, and care-process levels, reflecting the multiple dimensions involved in supporting this population (Durgante et al., 2025). These considerations provide a rationale for examining how research on home-based care addresses the interconnected needs of older adults living with neurodegenerative diseases.

Home and community settings are important contexts for supporting continuity of care for older adults with neurodegenerative diseases, particularly those who wish to remain in familiar surroundings. The concept of aging in place emphasises the role of the home in maintaining everyday routines and social relationships, while also requiring support that responds to changing care needs. In dementia care, family members and other informal caregivers often provide essential assistance, yet they may experience unmet emotional, social, and practical support needs (Galinsky et al., 2025; Zhu et al., 2023). Maintaining care at home can also involve coordination among healthcare professionals, community services, and caregivers. The MIND at Home programme illustrates one approach to this challenge through comprehensive assessment, interdisciplinary collaboration, and care management for people living with dementia and their informal caregivers (Samus, 2023). However, the implementation of home- and community-based interventions remains influenced by contextual factors, including available resources and the partnerships required to deliver support (Zhu et al., 2023). Evidence from Indonesia similarly identifies challenges related to caregiver knowledge and support, community awareness, and access to dementia-specific services (Widyastuti et al., 2023; Tjin et al., 2026). These challenges are relevant to nursing, particularly community and gerontological nursing, where assessment, caregiver education, follow-up, and coordination with other services may contribute to continuity of care. Examining how home-based care, caregiver support, and coordination across services are represented and connected within the wider research field may therefore inform future research relevant to diverse healthcare contexts.

Several care approaches are relevant to the needs of older adults with neurodegenerative diseases receiving care at home. Person-centered care prioritises the individual's values, preferences, experiences, and personhood, while integrated care focuses on coordination across professionals, organisations, and service settings. These approaches are related but not interchangeable: care may be organisationally integrated without adequately reflecting the perspectives of the people receiving it (Murphy et al., 2025). Holistic care extends attention beyond clinical conditions to physical, psychological, social, and spiritual needs, providing a broader perspective on the person's experience of illness (Ambushe et al., 2023). Palliative care also has a role in responding to changing needs and supporting quality of life throughout the course of progressive illness (Davies et al., 2025; Gallop et al., 2026). In dementia care, the coordination of services and support for people living with dementia and their caregivers remain important practical concerns.

Research on dementia care coordination and interprofessional collaboration has identified the need for effective communication, collaboration across services, and adequate organisational resources to support continuity of care (Abrams et al., 2024; Egan et al., 2023). Taken together, these approaches address complementary dimensions of care, but their conceptual relationships within the literature on home-based care for older adults with neurodegenerative diseases require further examination.

How knowledge on home-based care for older adults with neurodegenerative diseases is organised across related care approaches remains insufficiently understood. Previous bibliometric studies have examined related but distinct areas, including integrated care (Lewis et al. (2018), dementia and metabolic syndrome Peng et al. (2024), and comprehensive geriatric assessment (Zhang et al., 2024). Other bibliometric work has examined community-based palliative care Yu et al. (2026) and long-term care (Pang et al., 2026). These studies provide insights into publication trends, research priorities, and knowledge structures within their respective fields. However, the studies considered here do not directly examine how the conceptual, intellectual, thematic, and social structures of research on home-based care for older adults with neurodegenerative diseases relate to one another. In particular, the representation and connections of person-centered care, holistic care, integrated care, and comprehensive care within this specific research context warrant further examination. The present study addresses this gap by combining performance analysis with science mapping to examine publication trends, conceptual and intellectual structures, research fronts, thematic development, and collaboration networks. Findings across these dimensions are synthesised to identify potential gaps in knowledge integration within the predefined scope of the study.

Against this background, this study aimed to map global research trends and knowledge structures in home-based care for older adults with neurodegenerative diseases and to examine potential gaps in knowledge integration. The study was guided by five research questions: (1) How has the global scientific landscape of home-based care for older adults with neurodegenerative diseases evolved over time? (2) What conceptual and intellectual structures characterise this research field? (3) How have major research themes developed over time? (4) How are scientific collaborations distributed across countries, organisations, and authors? and (5) What potential gaps in knowledge integration and priorities for future research can be identified from the mapped literature? To address these questions, the study combined performance analysis with science mapping, examining publication trends and scientific contributions, conceptual structures, intellectual foundations, research fronts, thematic development, and collaboration networks. Findings across these analytical dimensions were synthesised to characterise the organisation of knowledge in the field and identify potential areas for further investigation.

Objective

This study aimed to map global research trends, knowledge structures, and integration gaps in home-based care for older adults with neurodegenerative diseases using bibliometric and science mapping approaches.

Method

Study Design

This study employed a bibliometric analysis design combined with science mapping approaches to examine global research trends and knowledge structures in home-based care for older adults with neurodegenerative diseases. Bibliometric analysis provides a systematic approach for evaluating scientific literature through quantitative assessment of

publication characteristics and relational patterns among research outputs. Following the framework proposed by Donthu et al. (2021), this study integrated performance analysis and science mapping to examine the development of the research field, identify its conceptual and intellectual structures, and explore patterns of knowledge connectivity. Accordingly, the analysis focused on publication trends, scientific contributions, conceptual structures, intellectual foundations, thematic evolution, and collaboration patterns. Findings across these analytical dimensions were subsequently synthesised to identify patterns of connectivity and gaps in knowledge integration.

Data Source and Search Strategy

Bibliographic data were retrieved from Scopus because of its broad multidisciplinary coverage, curated content, and structured bibliographic and citation metadata, which support large-scale bibliometric and science mapping analyses (Baas et al., 2020). The search was conducted on 8 July 2026 using the TITLE-ABS-KEY field. The search strategy was developed a priori from three conceptual domains: home-based care as the care setting, neurodegenerative diseases as the disease context, and selected care paradigms as the conceptual domain.

The care paradigm domain was defined before data retrieval and included person-centered, patient-centered, holistic, integrated, and comprehensive care. These terms were included because the study was designed to examine how different care paradigms are represented and connected within the research field of home-based care for older adults with neurodegenerative diseases. Thus, the paradigm terms were not introduced after inspection of the retrieved records. The resulting corpus represents literature within this predefined conceptual boundary and should not be interpreted as representing all research on home-based care for neurodegenerative diseases irrespective of care paradigm.

The final search string was: TITLE-ABS-KEY (("home care" OR homecare OR "home-based care" OR "home health care" OR "home healthcare" OR "community-based care" OR "community care" OR "aging in place" OR "ageing in place") AND (neurodegenerative OR dementia OR Alzheimer OR Parkinson OR "motor neuron disease" OR ALS OR Huntington) AND ("person-centered care" OR "person centred care" OR "patient-centered care" OR "patient centred care" OR "holistic care" OR "integrated care" OR "comprehensive care"))*. The search was limited to English-language publications classified as journal articles or reviews and indexed as final publications. The resulting metadata were exported for subsequent screening, cleaning, and bibliometric analysis.

Document Selection and Metadata Cleaning

Metadata were exported from Scopus in CSV format and processed through document selection and metadata cleaning procedures. The initial search retrieved 373 records. Automatic filtering was first applied based on publication language, source type, document type, and publication stage. Only English-language publications from journals, classified as articles or reviews, and indexed as final publications were retained. This filtering resulted in 333 records, after 40 records were excluded.

The remaining 333 records underwent metadata screening based on titles, abstracts, and author keywords using predefined inclusion and exclusion criteria. Publications were included if they addressed home-based care, homecare, community-based care, or aging in place; focused on older adults with neurodegenerative diseases, including dementia, Alzheimer's disease, Parkinson's disease, amyotrophic lateral sclerosis (ALS), or Huntington's disease; and addressed at least one of the predefined care paradigms: person-centered care, patient-centered care, holistic care, integrated care, or comprehensive care.

Records were excluded when they focused on pediatric homecare, maternal homecare, veterinary homecare, homecare unrelated to neurodegenerative diseases, or non-journal documents such as editorials, notes, letters, conference abstracts, and book chapters. Metadata screening was conducted by five researchers, with records distributed among team members for assessment using the predefined criteria. The screening process was coordinated by the first researcher, and screening decisions were subsequently discussed by the research team. No substantive disagreement regarding eligibility was identified during this process. Eighteen records were excluded during metadata screening, resulting in 315 publications retained as the final dataset for bibliometric analysis. The identification and selection process was presented using a flow diagram adapted from PRISMA 2020 (Page et al., 2021).

Before bibliometric analysis, the final dataset was cleaned using OpenRefine version 3.10. Cleaning focused on standardising author keywords, including variations in spelling, hyphenation, and conceptually equivalent terms. Standardisation was guided by the substantive meaning of each term to reduce terminological fragmentation while preserving relevant conceptual distinctions.

Bibliometric Analysis and Science Mapping

Bibliometric analysis followed the framework described by Donthu et al. (2021), integrating performance analysis and science mapping to examine publication development and the conceptual, intellectual, and social structures of the research field. Science mapping was used to examine relationships among research components across different dimensions of the knowledge structure (Aria & Cuccurullo, 2017; Cobo et al., 2011).

Analyses were performed using Biblioshiny for bibliometrix version 5.0 and VOSviewer version 1.6.21, according to their respective analytical functions. Biblioshiny was used for performance analysis, including main information, annual scientific production, and most relevant sources, as well as thematic development through Trend Topics and the Thematic Map. The Thematic Map was generated from author keywords using 250 terms, a minimum frequency of two occurrences, and Louvain clustering. The position of themes was interpreted according to their centrality and density.

VOSviewer was used to construct bibliometric networks. Author keyword co-occurrence analysis was used to examine the conceptual structure, while overlay visualisation was used to examine temporal patterns based on average publication year. Co-citation analysis of cited references was used to identify intellectual foundations, whereas document-level bibliographic coupling was used to examine the research front. The social structure of knowledge production was examined through co-authorship analysis at the country, organisation, and author levels. These analytical procedures corresponded to the conceptual, intellectual, and social dimensions examined in the study (Cobo et al., 2011; Van Eck & Waltman, 2010).

Network analyses used full counting. A minimum threshold of three was applied according to the unit of analysis to retain interpretable network structures. Network interpretation considered node size, cluster structure, relationships among items, and total link strength. In overlay visualisations, average publication year was used to examine the temporal distribution of terms or items. Findings from performance analysis, conceptual and intellectual mapping, research-front analysis, thematic development, and collaboration networks were subsequently synthesised to examine patterns of connectivity and knowledge integration across the different analytical dimensions.

Result

Metadata Identification and Selection

The initial Scopus search identified 373 publication records. After automatic filtering based on language, source type, document type, and publication stage, 40 records were excluded, leaving 333 records for metadata screening. Screening of titles, abstracts, and author keywords resulted in the exclusion of 18 records that did not meet the predefined eligibility criteria. The remaining 315 publications constituted the final dataset for bibliometric analysis. The metadata identification and selection process is presented in Figure 1.

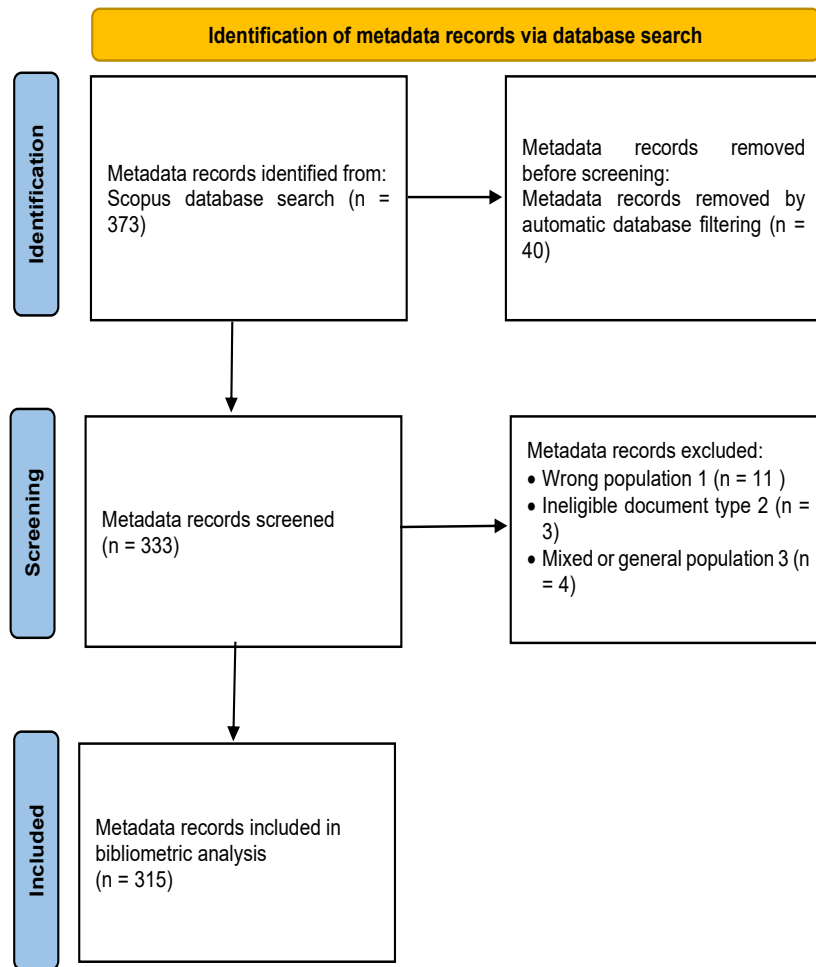


Figure 1. Flow diagram of metadata identification and selection.

Source: Developed by the authors based on an adaptation of PRISMA 2020.

Publication Characteristics and Research Development

The final dataset comprised 315 publications from 156 sources, with records spanning 1994 to 2026. Annual scientific production was limited during the early period but increased overall in the later years, with fluctuations across individual years. Publication output increased from one publication in 1994 to 31 publications in 2025, with a marked increase after 2012. The number of publications reached 30 in both 2018 and 2022, while the highest annual output was recorded in 2025 with 31 publications. At the time of data retrieval on 8 July 2026, 20 publications had been indexed for 2026. Biblioshiny reported an annual publication growth rate of 9.81% for the 1994–2026 period. Because 2026

represented an incomplete publication year, the 2026 output and the reported growth rate should be interpreted in the context of the partial-year observation. The annual scientific production trend is presented in Figure 2.

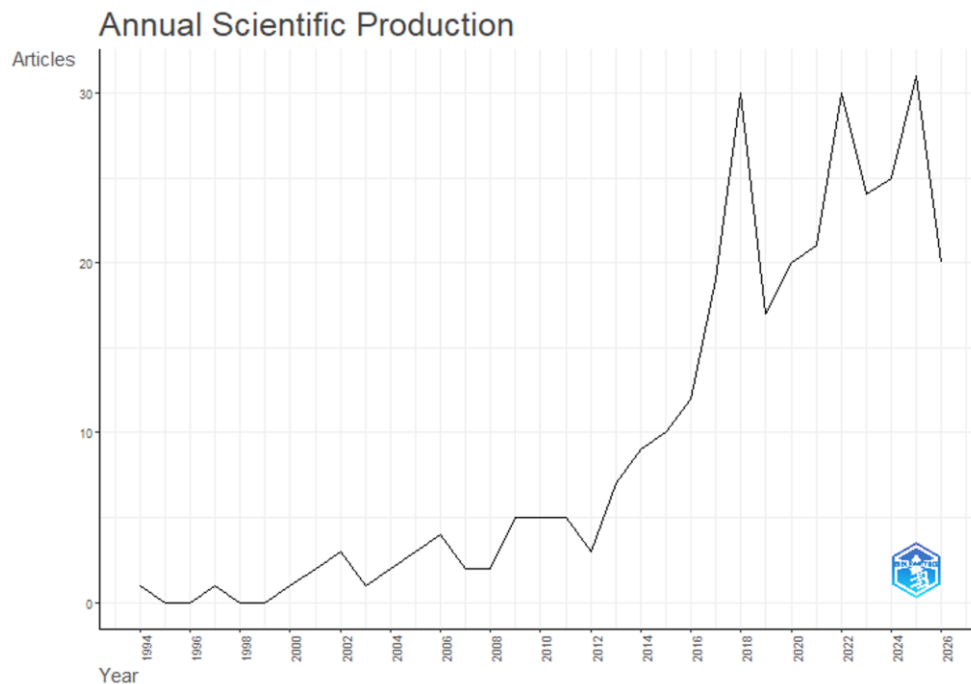


Figure 2. Annual scientific production trend during the period 1994–2026.

Source: Developed by the authors based on Biblioshiny analysis.

A total of 1,759 authors contributed to the 315 publications, with an average of 6.44 authors per document. International co-authorship accounted for 21.59% of the publications. The most productive sources were BMJ Open and the Journal of the American Medical Directors Association, with 12 publications each, followed by Dementia with 10 publications. BMC Geriatrics, BMC Health Services Research, and Health and Social Care in the Community each contributed nine publications. These sources span geriatrics, dementia, health services, and social care, reflecting the multidisciplinary scope of the research field.

Table 1. Main bibliometric characteristics of the research field

Indicator	Result
Documents	315
Sources	156
Publication period	1994–2026
Authors	1,759
Average authors per document	6.44
International co-authorship	21.59%
Annual publication growth rate	9.81%
BMJ Open	12
Journal of the American Medical Directors Association	12
Dementia	10
BMC Geriatrics	9
BMC Health Services Research	9
Health and Social Care in the Community	9

Source: Developed by the authors based on the Scopus dataset and Biblioshiny analysis. Note. The 2026 publication output represents a partial publication year, as the Scopus search was conducted on 8 July 2026. The annual publication growth rate of 9.81% was reported by Biblioshiny for the 1994–2026 dataset.

Conceptual and Intellectual Structures of the Field

Author keyword co-occurrence analysis showed an interconnected conceptual structure comprising several thematic clusters. Dementia was the most prominent keyword, with 151 occurrences and a total link strength of 333. Patient-centered care was the second most prominent care-related concept, with 82 occurrences and a total link strength of 195, followed by home care with 60 occurrences and a total link strength of 162. Caregiver and care coordination were also prominent, with 38 and 27 occurrences and total link strengths of 85 and 53, respectively. These keywords occupied central positions within a network that also included older adults, long-term care, dementia care, palliative care, community care, primary care, and other neurodegenerative conditions.

The network connected disease-related concepts with care approaches and service-related themes. Dementia was linked across several areas of the network, while patient-centered care, home care, caregiver, and care coordination were positioned as important concepts within the broader structure. Other concepts, including community-based integrated care, health services accessibility, palliative care, Parkinson's disease, amyotrophic lateral sclerosis, nursing, and quality of life, extended the network across clinical, service, and care-related domains.

Holistic care was present in the network but had substantially lower frequency and connectivity than the major concepts, with five occurrences and a total link strength of 20. Its position was smaller than that of patient-centered care, home care, caregiver, and care coordination. The finding indicates that holistic care was represented within the conceptual structure but had not emerged as a dominant organising concept in the mapped literature.

The conceptual structure is presented in Figure 3.

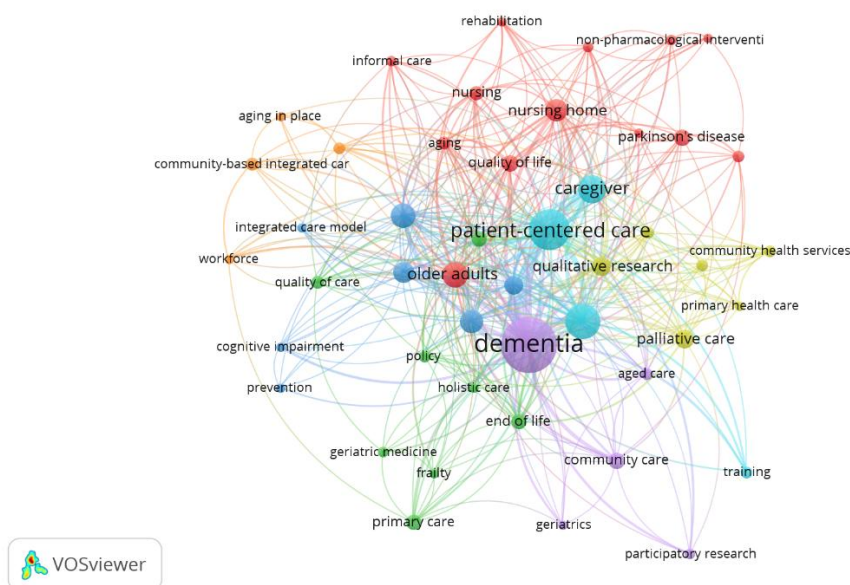


Figure 3. Conceptual structure of the research field based on author keyword co-occurrence analysis.

Source: Developed by the authors based on VOSviewer analysis.

Co-citation analysis of cited references showed that the intellectual structure was organised around several interconnected knowledge traditions. A prominent group centred on person-centered dementia care, including Kitwood's *Dementia reconsidered: The person comes first*, which received 30 citations and a total link strength of 22, together with works addressing person-centered dementia care and its effectiveness. Brooker's *Person-centred dementia care: Making services better*, Samsi and colleagues' *Person-centered dementia care: Current perspectives*, and Park and colleagues' systematic review were also represented in this part of the network.

A second group was associated with dementia as a public health and policy concern. *Dementia: A public health priority* was the most frequently cited reference in this group, with 18 citations and a total link strength of 19, and was connected with policy-oriented documents including the *Global action plan on the public health response to dementia 2017–2025*, *Living well with dementia: A national dementia strategy*, and the *National service framework for older people*.

The network also included methodological and conceptual references, such as Clarke et al.'s work on thematic analysis and Craig et al.'s COREQ reporting criteria, alongside references addressing quality of care and the foundations of person-centered care. These references indicate that the intellectual base of the field draws from more than one disciplinary tradition, combining dementia care concepts, person-centered approaches, public health and policy, and research methodology.

Taken together, the co-citation network shows that the field has developed from several related but distinguishable intellectual traditions. The network provides evidence of connections among person-centered dementia care, public health and policy, and methodological approaches, but it does not show a single dominant reference framework that explicitly integrates home-based care, caregiver involvement, care coordination, and holistic care.

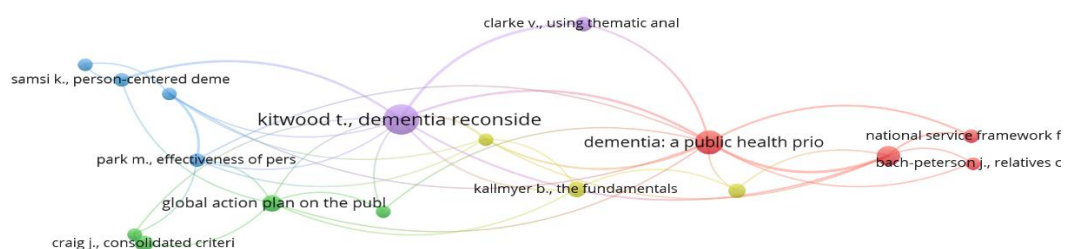


Figure 4. Intellectual foundation structure based on co-citation analysis of cited references.

Source: Developed by the authors based on VOSviewer analysis.

Document-level bibliographic coupling showed that the research front was organised into several interconnected publication clusters. Prominent documents included works by Abraham (2017), van der Eijk (2013), Hampel (2011), Low (2011), Kim (2017), Gilster (2018),

and Roen (2018), which occupied relatively prominent positions within the network. The network also contained more recent publications, including Hendricksen (2022), Cardona (2023), and Liu (2024), indicating continued development of the research field through interconnected publication streams.

The distribution of documents across the network indicates that recent research has developed through several related streams rather than through a single publication cluster. The connections among these documents reflect shared intellectual bases across the research front, while the separation between some groups indicates that not all contemporary publications draw equally on the same body of literature. The bibliographic coupling structure therefore provides evidence of related but distinguishable research streams within the field.

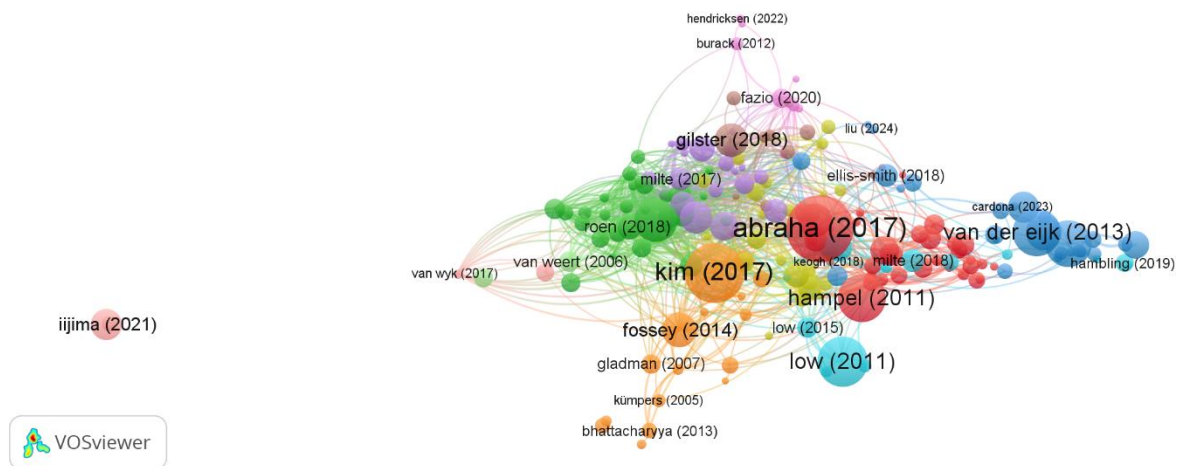


Figure 5. Research front based on document-level bibliographic coupling.

Source: Developed by the authors based on VOSviewer analysis.

Taken together, the conceptual and intellectual mapping showed a research field shaped by multiple interconnected concepts, reference traditions, and publication streams. The next analysis examined how these themes developed and changed over time.

Thematic Evolution and Research Dynamics

Temporal analysis based on overlay visualization showed a shift in the emphasis of research themes across the study period. Keywords associated with home nursing, nursing home, Parkinson's disease, and non-pharmacological interventions were positioned toward the earlier end of the temporal scale, whereas primary health care, community health services, palliative care, and community-based care appeared toward the more recent end. Patient-centered care and caregiver occupied intermediate to more recent positions, indicating increasing attention to care approaches and caregiver involvement in the later development of the field. The temporal distribution therefore suggests a broadening of research attention from established home and institutional care topics toward community-based services, primary health care, palliative care, and patient-centered approaches.

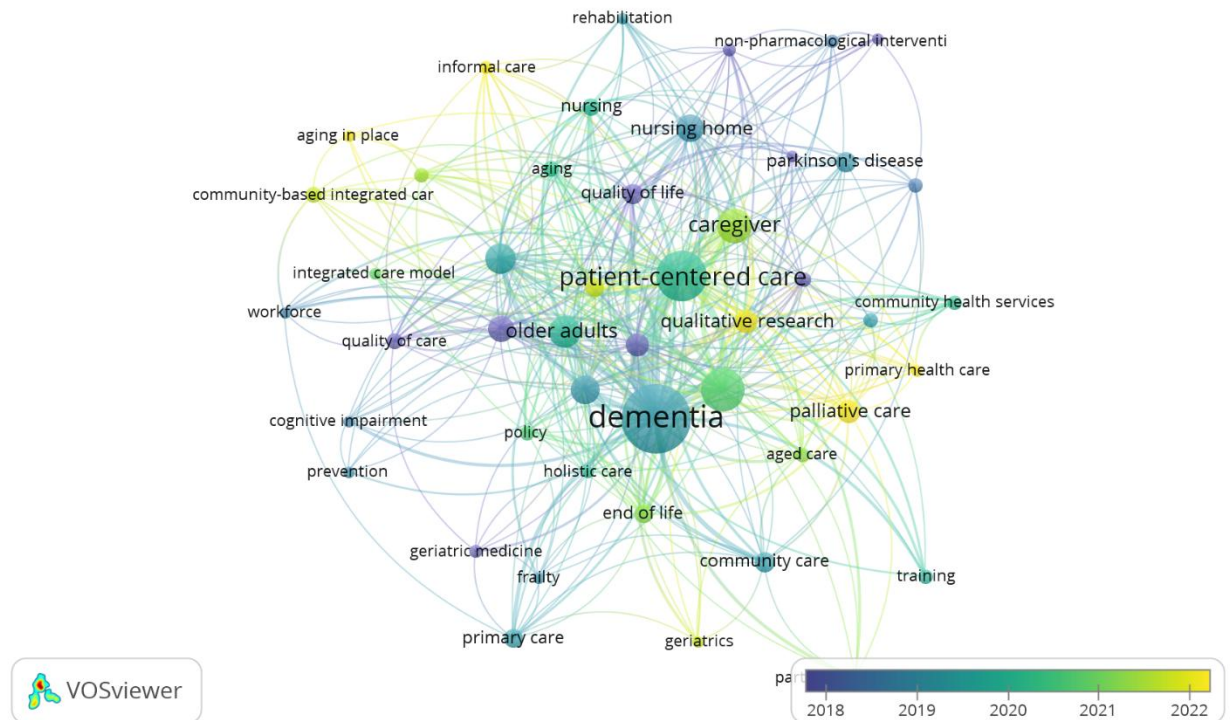


Figure 6. Temporal development of research themes based on author keywords.

Source: Developed by the authors based on VOSviewer analysis.

The temporal development of research topics was further examined using Trend Topics analysis. Earlier topics included home nursing, psychological aspect, adaptive behavior, and psychological adaptation, with median years ranging from 2003 to 2010. The subsequent period was characterised by topics related to health services research, health policy, nursing, community health services, and organisation and management, with median years generally between 2014 and 2017. Later research increasingly included patient care, dementia, caregivers, home care services, and qualitative research. Their median years ranged from 2018 to 2022, indicating a shift toward care delivery, caregiver involvement, and service-related concerns.

More recent topics were concentrated around older adults, terminal care, primary medical care, palliative therapy, and palliative care, with median years between 2023 and 2024. The most recent topics were therapy, person-centered care, and diagnosis, each having a median year of 2025. Person-centered care occurred in 20 records, while palliative care and palliative therapy occurred in 27 and 32 records, respectively. These temporal patterns indicate a recent expansion of research attention toward person-centered approaches, palliative care, and the broader care needs of older adults.

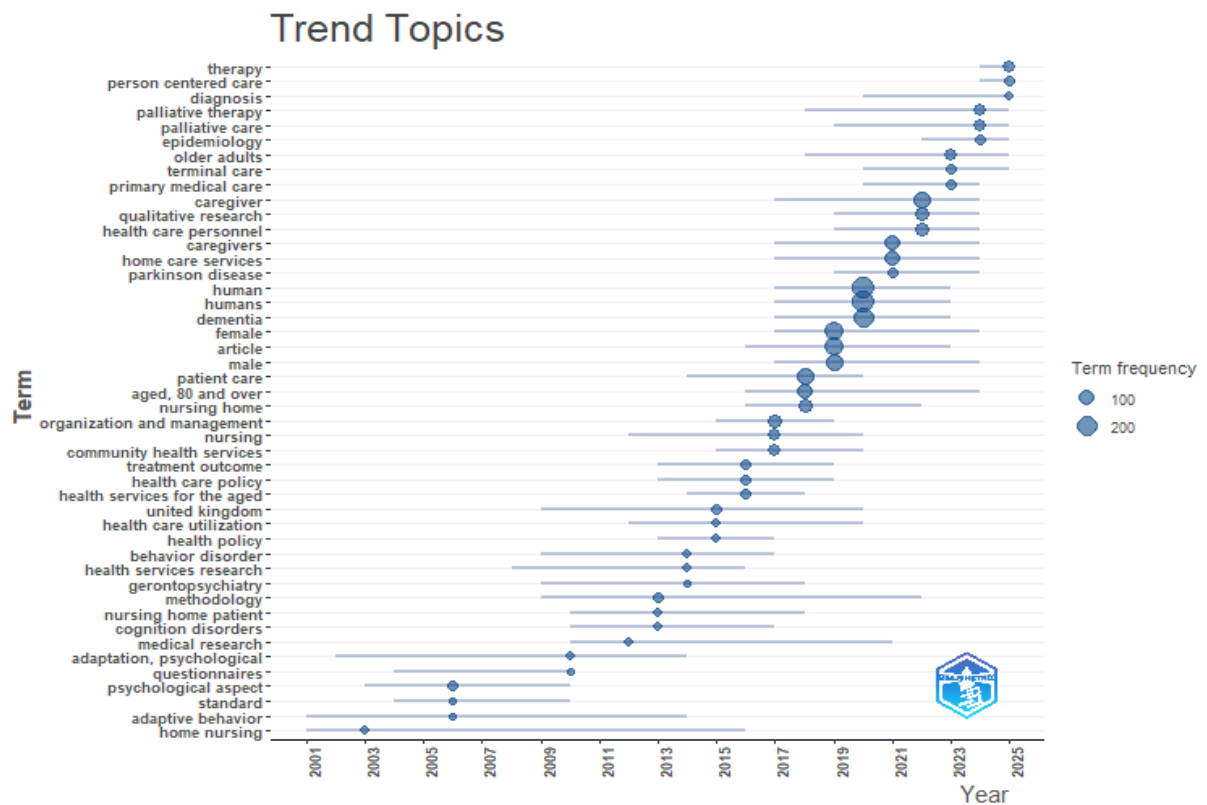


Figure 7. Development of research topics based on Trend Topics analysis.

Source: Developed by the authors based on Biblioshiny analysis.

The Thematic Map further characterised the internal development and relevance of research themes according to centrality and density. Dementia, patient-centered care, and home care were positioned within the Basic Themes quadrant, indicating themes that were well connected to the broader research structure but had relatively limited internal development. Care coordination, palliative care, and quality of life were also located within the Basic Themes quadrant, suggesting their relevance to the field while indicating scope for further thematic consolidation.

Alzheimer's disease, cognitive impairment, and prevention were positioned in the Motor Themes quadrant, reflecting comparatively developed thematic structures with relevance to the broader field. In contrast, qualitative research, geriatrics, and qualitative appeared as Niche Themes, together with caregiver, community-based integrated care, and social support. These themes showed greater internal development but more limited integration with the wider thematic structure.

Psychosocial intervention, non-pharmacological intervention, and behavioral and psychological symptoms of dementia were located in the Emerging or Declining Themes quadrant. Their position indicates relatively limited centrality and density within the mapped thematic structure, making it difficult to distinguish whether they represent emerging areas or themes that are declining without considering their temporal development.

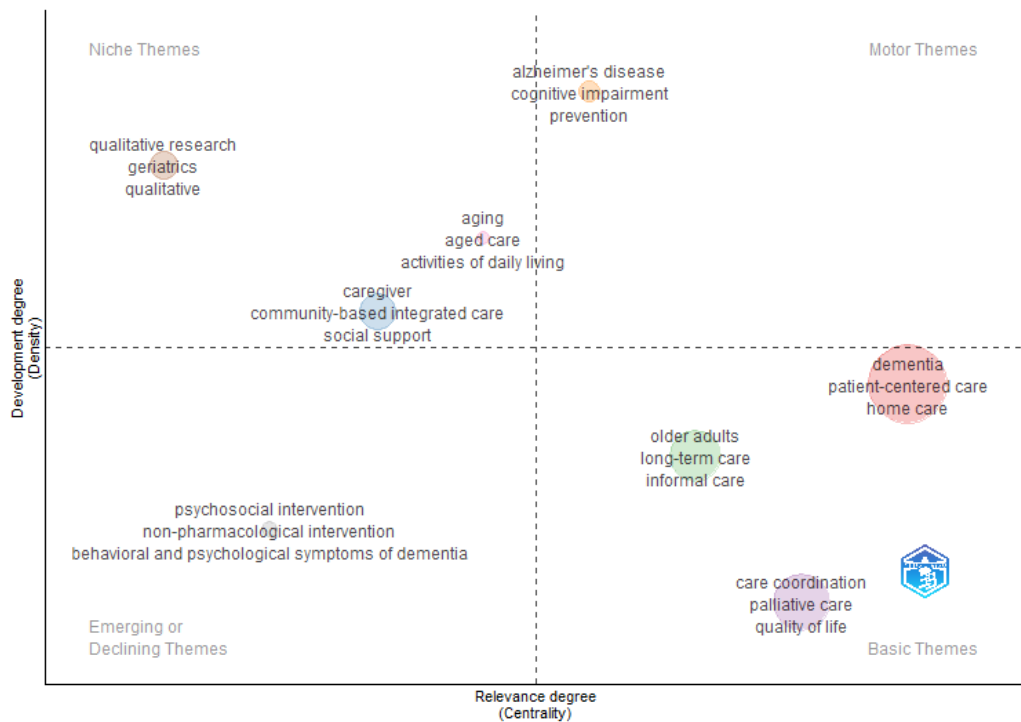


Figure 8. Thematic structure of the research field based on centrality and density.

Source: Developed by the authors based on Biblioshiny analysis.

Taken together, the temporal and thematic analyses indicate a broadening of research attention from earlier home nursing and psychosocial topics toward caregiver involvement, home care services, primary health care, palliative care, and patient-centered approaches. The Thematic Map further shows that dementia, patient-centered care, home care, care coordination, and palliative care occupied the Basic Themes quadrant, indicating their relevance to the broader research structure but relatively limited internal thematic development. Meanwhile, Alzheimer's disease and related cognitive and prevention topics appeared as Motor Themes, while caregiver and community-based integrated care occupied more specialised positions. These findings indicate that the field has expanded across several care-related domains, but the themes are positioned differently in terms of centrality and internal development.

Scientific Collaboration Structure

Co-authorship analysis showed that scientific collaboration was distributed across a network of countries, organisations, and authors, although the strength of connectivity varied across the network. At the country level, the United Kingdom had the largest number of publications (82) and the highest total link strength (55), followed by the United States (67 publications; total link strength 20), Australia (41; 15), and the Netherlands (33; 40). The Netherlands showed a relatively high level of network connectivity in relation to its publication volume, whereas countries such as Belgium, Italy, Spain, and Sweden also showed substantial links within the network despite having fewer publications.

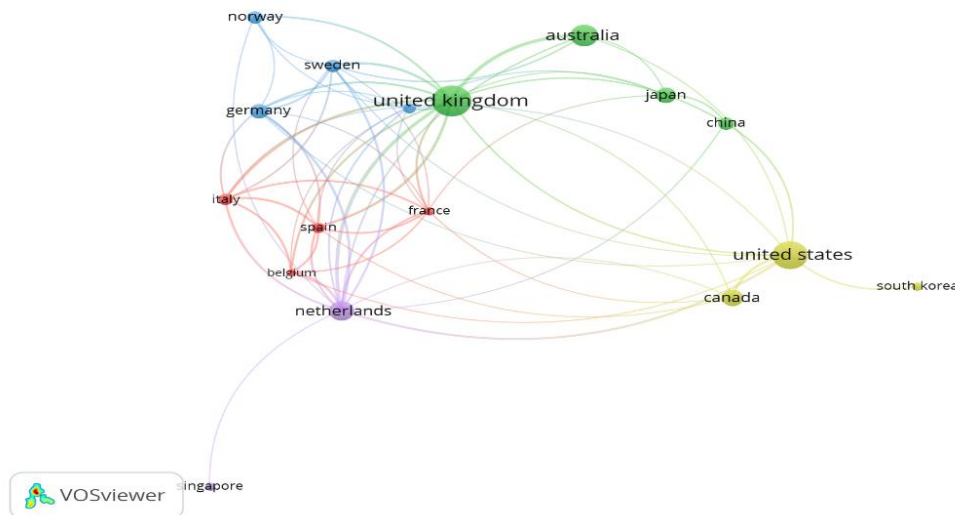


Figure 9a. Country-level co-authorship network.

Source: Developed by the authors based on VOSviewer analysis.

At the organisational level, the network comprised institutions from universities, healthcare organisations, research centres, and public health organisations. Several organisations contributed three or four publications, including the Division of Psychiatry at University College London (4 documents; total link strength 10), Dementia UK (4; 5), the Department of Geriatric Medicine at Oslo University Hospital (4; 8), the Faculty of Medicine at the University of Oslo (4; 8), and Parnassia Psychiatric Institute (4; 4). Other organisations, including the Centre for Applied Dementia Studies at the University of Bradford and the NIHR Policy Research Unit on Health and Social Care Workforce at King's College London, were also connected within the network. The distribution indicates that collaboration involved multiple institutional groups rather than being concentrated in a single organisation.

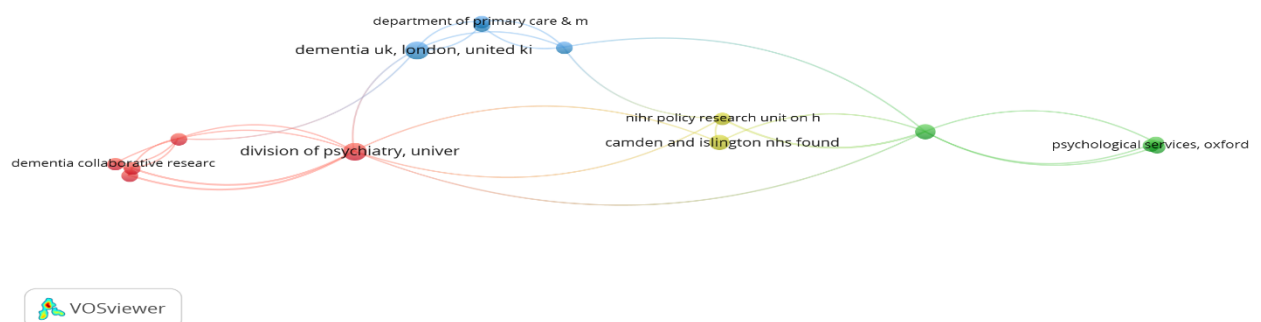


Figure 9b. Organisation-level co-authorship network.

Source: Developed by the authors based on VOSviewer analysis.

At the author level, the network consisted of several interconnected research groups. Cooper had the highest number of publications among the mapped authors (8 documents)

and a total link strength of 30. Low contributed six publications and received 452 citations, while Bergh, Livingston, Manthorpe, and Rapaport each contributed five publications. Several other authors formed smaller but connected groups around these researchers, indicating that knowledge production was distributed across multiple research communities rather than organised around a single author network.

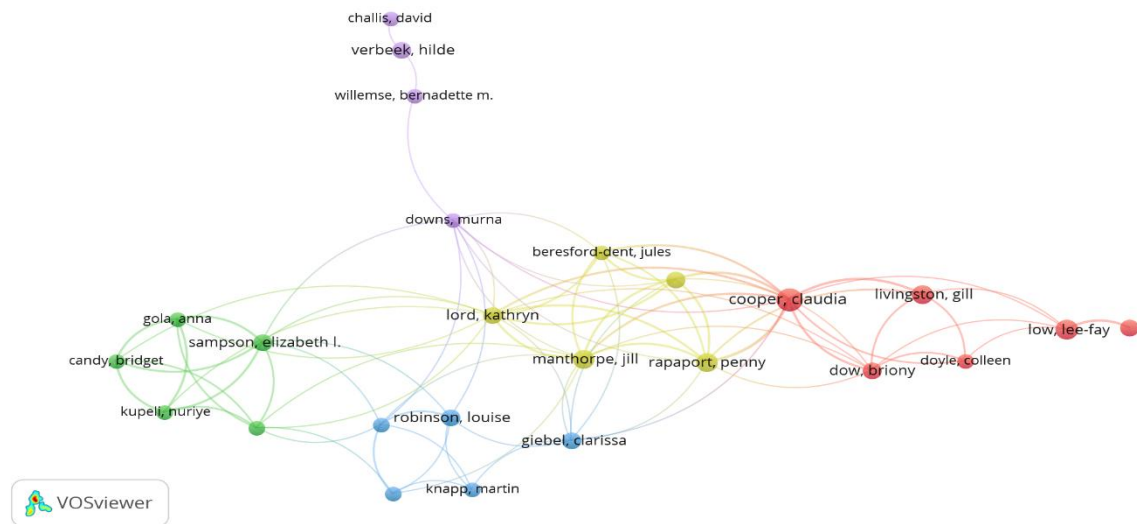


Figure 9c. Author-level co-authorship network.

Source: Developed by the authors based on VOSviewer analysis.

Across the three levels of co-authorship analysis, the field showed active collaboration among countries, organisations, and authors, although the strength of connectivity varied across the network. The dataset comprised 1,759 authors, with an average of 6.44 authors per document and 21.59% international co-authorship. These indicators, together with the network structures, indicate that research production has developed through multiple collaboration groups rather than through a single integrated network. Connections among some countries, organisations, and author groups remained uneven, reflecting a social structure characterised by multiple collaboration centres and cross-group links.

Synthesis of Knowledge Gaps

Integration of the conceptual, intellectual, thematic, and social structure findings indicates that research on home-based care for older adults with neurodegenerative diseases has developed across several related care orientations, but these components have not yet been fully consolidated into a coherent organising framework. In this study, the knowledge integration gap refers to a condition in which relevant knowledge components have developed across the research field, while their conceptual, intellectual, thematic, and collaborative relationships remain insufficiently consolidated.

At the conceptual level, dementia formed the main axis of the author keyword network, with patient-centered care, caregiver, home care, and care coordination occupying important positions. Holistic care was present but had a smaller network position than these more prominent concepts. The conceptual structure therefore shows that several components relevant to multidimensional care are already represented in the field, but they are not organised around holistic care as a dominant organising concept.

At the intellectual and research-front levels, the field was supported by several knowledge traditions and contemporary research streams related to person-centered dementia care, dementia policy and public health, care services, caregivers, and related

care approaches. The coexistence of these streams demonstrates a developed knowledge base, but the mapped structures did not identify a single intellectual framework that explicitly connects person-centered care, caregiver involvement, home-based services, and care coordination within a holistic orientation.

The thematic analyses further showed a shift toward caregiver involvement, home care services, older adults, primary care, palliative care, and person-centered care. The Thematic Map positioned dementia, patient-centered care, and home care among the basic themes, while care coordination, palliative care, and quality of life also occupied this quadrant. At the same time, holistic care did not emerge as a major trend topic or as a dominant thematic cluster. Taken together, these findings indicate that themes relevant to comprehensive and multidimensional care have expanded, while their explicit consolidation under a holistic organising concept remains limited.

The social structure provides an additional dimension to this pattern. Co-authorship networks demonstrated active collaboration across countries, organisations, and authors, but connectivity was not uniform across the network. Research production was distributed among multiple collaboration centres and research groups rather than organised through a single integrated collaboration structure. This finding should be interpreted as a characteristic of the social structure of knowledge production rather than as evidence of fragmentation in clinical or community care.

Taken together, the findings point to a knowledge integration gap across analytical dimensions. The field has accumulated substantial knowledge on disease-specific needs, person-centered care, caregivers, home-based services, care coordination, primary care, and palliative care, but these components have not yet been consistently connected at the conceptual, intellectual, thematic, and collaborative levels. The gap therefore concerns the organisation and connection of existing knowledge, rather than a lack of research activity or the absence of individual care components. This synthesis provides a basis for considering a more integrative framework for home-based care that can connect multidimensional needs, person-centered approaches, caregiver involvement, care coordination, and continuity across services.

Discussion

Field Growth and the Multidisciplinary Knowledge Landscape

Research on home-based care for older adults with neurodegenerative diseases has expanded over the past three decades. Publication output in the present study increased overall, although the pattern was not linear across individual years. Similar growth has been reported in related areas of ageing and long-term care research. Yu et al. (2026) identified increasing attention to community-based palliative care, including community-oriented services and emerging health technologies, while Pang et al. (2026) reported continued growth in long-term care research. These developments provide a broader context for the growing research interest in care beyond institutional settings. However, increasing publication output does not in itself indicate that knowledge generated across these areas has become integrated.

The multidisciplinary distribution of the literature further reflects the breadth of care needs associated with neurodegenerative diseases. Publications in the present dataset spanned geriatrics, dementia, psychogeriatrics, nursing, health services, and social care, indicating that the field extends beyond disease management within a single clinical specialty. Durgante et al. (2025) examined mechanisms associated with the well-being of people living with dementia, including processes operating at individual, caregiver, and care-process levels. Similarly, Nascimento et al. (2026) reported that home-based

interventions for older adults with complex needs address physical, psychological, social, empowerment, and palliative dimensions. These studies provide context for understanding why research in this area draws on several disciplinary and service perspectives.

The breadth of these care needs also has implications for how integration is understood. The WHO Integrated People-Centred Health Services framework, as discussed by Hafiz et al. (2024), encompasses interrelated strategies involving coordination across sectors, reorientation of care models, engagement of people and communities, governance, and an enabling environment. Khatri et al. (2023) similarly identified coordination across sectors, participatory care, and community engagement as components of people-centred primary health care. These perspectives distinguish multidisciplinary from integration. Different disciplines may contribute knowledge to the same care problem while retaining distinct conceptual orientations and service perspectives; integration requires attention to how these contributions relate to one another.

The findings therefore raise a question that extends beyond the growth of the field: how far has the knowledge developed across these disciplinary and care domains become connected in ways that can inform comprehensive home-based care? The publication trends demonstrate sustained research activity, while the multidisciplinary landscape shows that relevant knowledge is generated across several domains. Neither feature, considered alone, establishes how well the resulting knowledge is connected. This distinction provides the basis for examining the conceptual, intellectual, and thematic relationships mapped in the subsequent analyses.

From Disease-Centred Research to More Comprehensive Care Orientations

The conceptual mapping identified dementia as the main organising concept in the research field, while patient-centered care, home care, caregiver involvement, and care coordination also occupied prominent positions. The temporal and thematic analyses add another dimension to this pattern. Earlier research topics included home nursing and psychosocial concerns, whereas more recent topics increasingly included older adults, primary health care, palliative care, and person-centered care. Together, these findings indicate that the literature encompasses both disease-related concerns and a broader range of care approaches and service needs.

The prominence of dementia reflects the central role of the disease context in this literature, but the accompanying concepts show that research attention extends beyond the condition itself. Patient-centered care places the individual and their care needs within the discussion, while caregiver involvement and care coordination introduce relational and service-related dimensions. The appearance of primary health care, community-based care, and palliative care among more recent topics further illustrates the range of settings and care approaches represented in the literature. These patterns suggest a broadening of research attention, although the bibliometric results do not establish that this development has occurred uniformly across the field or translated into changes in care delivery.

Previous research on integrated dementia care provides a useful context for interpreting these relationships. Lin et al. (2025) identified components of integrated dementia healthcare across macro, meso, and micro levels, including multidisciplinary care, primary care integration, long-term care, community-based services, and care mediation. Similarly, Murphy et al. (2025), in their review of older people's experiences of person-centred integrated care, identified coordination, continuity, relational care, involvement in care, and effective communication as relevant features of care. These reviews illustrate

that comprehensive care involves relationships among individual needs, caregivers, professionals, and services rather than the presence of separate care approaches alone. Their findings provide a point of comparison for the range of concepts identified in the present study, although they do not directly establish how those concepts are connected within our bibliometric dataset.

Holistic care was present in the author keyword network but had substantially lower frequency and connectivity than dementia, patient-centered care, and home care. This relative visibility suggests that holistic care has not emerged as a dominant organising concept in the mapped literature. However, its lower prominence should not be interpreted as evidence that holistic approaches are absent from research or practice. Rather, it indicates that the concepts most visible in the literature are organised primarily around dementia, person-centered care, home-based services, caregiver involvement, and coordination, while holistic care has a more limited position as an explicit keyword in the network.

Taken together, the conceptual and thematic findings show that the field addresses a range of care dimensions extending beyond disease management. At the same time, the prominence and temporal development of individual themes do not establish whether these dimensions have been consolidated into a shared framework for comprehensive home-based care. This distinction provides the basis for the next section, which examines the relationships among conceptual, intellectual, thematic, and social structures and develops the interpretation of a knowledge integration gap.

Knowledge Integration Gap Across Conceptual, Intellectual, and Social Structures

The synthesis of conceptual, intellectual, thematic, and social mapping indicates that research on home-based care for older adults with neurodegenerative diseases has developed across several related but distinguishable knowledge domains. At the conceptual level, dementia was the most prominent keyword, while patient-centered care, home care, caregiver involvement, and care coordination also occupied important positions in the network. The intellectual structure drew on several traditions, including person-centered dementia care, public health and policy, and methodological approaches. The thematic analysis further identified dementia, patient-centered care, home care, care coordination, and palliative care among the Basic Themes. Together, these findings show that the literature contains multiple components relevant to comprehensive care. However, their presence across the mapped structures does not establish that they have been consolidated into a shared framework for holistic home-based care.

Previous reviews of integrated care provide a useful basis for interpreting this pattern. Lin et al. (2025) identified components of integrated dementia healthcare across macro, meso, and micro levels, including multidisciplinary care, primary care integration, long-term care, and community-based services. Chen et al. (2024) examined the role of person-centered outcome measures in supporting integrated palliative care for older people, considering integration across system, organisational, professional, and clinical dimensions. Murphy et al. (2025) identified coordination, continuity, relational care, involvement in care, and effective communication as important features of older people's experiences of person-centred integrated care. These reviews illustrate that integration involves relationships among care needs, professionals, organisations, and services. The present study approaches a related question from a different perspective by examining how knowledge relevant to these dimensions is represented and connected in the published literature. The reviews provide contextual support for interpreting the findings, but they do not independently confirm the knowledge integration gap identified in this analysis.

The thematic and social structures add further dimensions to this interpretation. In the Thematic Map, care coordination and palliative care appeared among the Basic Themes, indicating their connection to the broader thematic structure, although their positions alone cannot establish the extent to which their underlying concepts have been developed or integrated in practice. Meanwhile, the co-authorship analysis showed that knowledge production involved multiple countries, organisations, and author groups. International co-authorship accounted for 21.59% of publications, and the country-level network showed differences in connectivity among research communities. These patterns indicate that research collaboration is distributed across several groups with varying network connections. They do not, however, demonstrate that the corresponding clinical services are disconnected or that researchers working in different areas have failed to exchange knowledge. Rather, the collaboration findings describe the social organisation of research production and provide an additional perspective on the structure of the field.

The central contribution of this study is therefore the identification of a potential knowledge integration gap across the mapped research structures. This gap refers to a situation in which relevant concepts, intellectual traditions, thematic areas, and research communities are present, but their relationships have not been sufficiently consolidated in the mapped literature around an explicit framework for holistic home-based care. This interpretation is a cross-analytical synthesis rather than a standalone bibliometric measure. It must also be distinguished from a knowledge-to-practice gap: the present study did not assess how evidence is adopted in clinical settings, how services are coordinated in practice, or whether existing care models achieve integrated outcomes. The findings consequently do not establish the absence of holistic care in practice. Instead, they point to an opportunity for future research to clarify how multidimensional care needs, person-centered approaches, caregiver involvement, home-based services, care coordination, and continuity across primary and palliative care can be related within a coherent conceptual framework for older adults with neurodegenerative diseases.

Theoretical Implications for Holistic Home-Based Care

The findings have theoretical implications for how holistic home-based care for older adults with neurodegenerative diseases may be conceptualised. A key consideration is how different dimensions of care relate to one another and contribute to a coordinated response to changing needs. Person-centered care, caregiver involvement, home-based services, care coordination, and palliative care represent relevant dimensions, but their inclusion in a theoretical framework would need to be accompanied by an explanation of how they interact across individual, family, professional, and service levels. This shifts the theoretical emphasis from identifying care components to explaining the relationships through which they may contribute to holistic care.

Research on integrated dementia care provides a basis for considering this multidimensional and multilevel perspective. Lin et al. (2025) identified components of integrated dementia healthcare across macro, meso, and micro levels, including multidisciplinary care, primary care integration, long-term care, and community-based services. Chen et al. (2024) examined integration in palliative care for older people across system, organisational, professional, and clinical dimensions. These perspectives indicate that integration involves more than combining different interventions; it also concerns the relationships among individual needs, professional roles, organisational arrangements, and service delivery. In a related context, Khatri et al. (2023) discussed coordination across sectors, community engagement, and the reorientation of care models as components of people-centred primary health care. Together, these studies provide conceptual points of reference for examining holistic home-based care across individual, caregiver, professional,

and service levels, although they do not directly validate a framework for older adults with neurodegenerative diseases receiving care at home.

The WHO Integrated People-Centred Health Services framework, as discussed by Hafiz et al. (2024), offers a further perspective on relationships among people, communities, care models, and health service organisation. Hafiz et al. examined the use and application of this framework in research and identified challenges associated with implementing people-centred approaches. Its relevance to the present study lies in its emphasis on connections across care and service domains rather than treating individual needs as isolated concerns. However, the framework serves here as a conceptual reference, not as evidence that the potential knowledge integration gap identified in this study has been resolved. Its application to home-based care for older adults with neurodegenerative diseases would require attention to the specific needs of this population, the contribution and capacity of family caregivers, and the organisation of primary and community services.

A theoretical framework for this population would need to explain how clinical and functional needs relate to psychological and social well-being, personal preferences, caregiver capacity, and coordination across services. These dimensions should not simply be combined into a list of care components; their relationships and significance may vary as individual needs and care circumstances change. Person-centered care may provide an organising orientation, while caregiver involvement, continuity, and coordination may help explain how care responds to changing needs across home-based, primary, community, and palliative care settings. This is a theoretical proposition arising from the synthesis, not an empirically tested model. Its contribution would lie in specifying relationships among care dimensions that can subsequently be examined through conceptual development and empirical research.

Implications for Future Research and Practice

The findings of this study point to several priorities for future research on holistic home-based care for older adults with neurodegenerative diseases. The first is the development of a conceptual framework that specifies the core dimensions of care and explains the relationships among them. Lin et al. (2025) identified components of integrated dementia healthcare across macro, meso, and micro levels, including multidisciplinary care, primary care integration, and community-based services. Chen et al. (2024) similarly showed how person-centered outcome measures may support integrated palliative care through multidisciplinary collaboration, joint working across care settings, and timely specialist referral. Building on these findings, future research could examine how clinical and functional needs, psychological and social well-being, caregiver involvement, care coordination, and continuity can be organised within a framework specifically designed for home-based care. Such a framework should distinguish the components of care from the mechanisms connecting them and the contextual factors influencing their application.

Framework development should involve older adults, family caregivers, nurses, other healthcare professionals, researchers, and relevant service decision-makers. Khatri et al. (2023) identified community engagement, empowerment, accountability, and coordination across sectors as components of people-centred primary health care. Murphy et al. (2025) also found that older people's positive experiences of person-centred integrated care were associated with coordination, continuity, relational care, effective communication, and involvement in care. These findings support involving service users and caregivers in defining the priorities and relationships represented in a proposed framework. Consensus methods, including Delphi studies where appropriate, could help

establish the relevance of its components. Subsequent studies should assess conceptual clarity, content validity, and applicability across different care contexts. These steps are necessary because the present bibliometric analysis maps patterns in published research but does not establish the completeness or validity of a proposed holistic care model.

For nursing practice, future research should examine how nurses contribute to the assessment of changing care needs, care planning, caregiver support, referral, and follow-up in home-based settings. Lin et al. (2025) identified multidisciplinary collaboration, clear professional roles, effective leadership, and streamlined referral processes as factors associated with integrated dementia healthcare. Lewis et al. (2024) described a nurse-led case management initiative for older adults with complex needs, including people with dementia and Parkinson's disease, in which case management supported early hospital discharge and proactive follow-up. However, the report was a conference abstract and should be treated as an illustrative service example rather than conclusive evidence of effectiveness. Future studies could investigate how nursing roles, caregiver capacity, workforce preparation, and local service availability influence continuity and coordination across home care, primary care, and community services.

A further priority is the development and empirical evaluation of indicators for integration within home-based care models. Davies et al. (2025) found that the systematic reviews they examined did not cover all domains of dementia palliative care; notably, none addressed care transitions, continuity, and care coordination. Murphy et al. (2025) likewise identified challenges involving communication, discontinuity, and limited coordination in person-centred integrated care for older people. These findings provide a basis for investigating whether care models adequately address these dimensions. Potential indicators could include continuity across services, coordination of referrals and follow-up, caregiver involvement, responsiveness to changing needs, and alignment of care with the preferences of older adults. Such indicators would require stakeholder input and empirical testing. Their relationships with patient and caregiver experiences, care processes, service use, and other outcomes should then be examined rather than assumed.

Finally, proposed frameworks and care approaches should be evaluated across different healthcare systems and social contexts. Hafiz et al. (2024) found that the WHO Integrated People-Centred Health Services framework remained underused in primary research and identified limitations in primary care capacity and the healthcare workforce among barriers to implementation. Doucet et al. (2025) described patient navigation programmes involving people with dementia, caregivers, and care teams, illustrating one approach to improving access to education, support, and resources across health and social care. As this publication is a conference abstract, it provides an example of service development rather than definitive evidence of effectiveness. Future research should examine how resources, workforce capacity, caregiver support, and access to community services affect the feasibility of integrated home-based care. Digital tools and remote monitoring may also warrant evaluation where they address identified care needs and fit the preferences of older adults and caregivers. Collectively, these priorities provide a pathway from the knowledge integration gap identified in this study toward the development, validation, and evaluation of holistic home-based care approaches.

Strengths and Limitations

This study provides a multidimensional bibliometric overview of research on home-based care for older adults with neurodegenerative diseases by combining performance analysis with conceptual, intellectual, thematic, and social mapping. The use of complementary analytical approaches enabled the examination of publication development, keyword relationships, cited-reference networks, research fronts, thematic

patterns, and scientific collaboration. The application of predefined eligibility criteria and metadata cleaning procedures also provided a structured basis for analysing the selected literature. By synthesising findings across these analytical dimensions, the study identified a potential knowledge integration gap as an interpretive proposition that warrants further investigation.

Several limitations should be considered when interpreting the findings. First, the search was conducted exclusively in Scopus and restricted to English-language journal articles and reviews indexed as final publications. Relevant literature available in other databases, languages, or publication formats may therefore have been omitted. Second, the search strategy required publications to include terms representing at least one of the predefined care paradigms: person-centered care, patient-centered care, holistic care, integrated care, or comprehensive care. Although this boundary was established before data retrieval, it may have excluded relevant literature that addressed similar approaches using different terminology or without explicitly naming these paradigms. The resulting dataset should therefore be understood as representing literature within the study's predefined conceptual scope, rather than the entirety of research on home-based care for older adults with neurodegenerative diseases.

Third, the conceptual mapping relied on author keywords, which may not capture all concepts discussed in the full texts or represented through indexing terms. The frequency and connectivity of a keyword consequently reflect its representation in the selected metadata, rather than the full extent to which the corresponding approach is addressed in research or practice. In addition, metadata standardisation using OpenRefine involved decisions concerning spelling variants, hyphenation, and conceptually equivalent terms. These decisions may influence the distribution and connectivity of keyword networks, although standardisation was intended to reduce terminological variation while preserving meaningful conceptual distinctions.

Fourth, citation-based analyses are influenced by publication age and citation accumulation. Publications from 2025 and 2026 may not yet have accumulated citations comparable to those of older publications. Furthermore, the dataset covered only part of 2026 because data retrieval was conducted on 8 July 2026. Publication and citation patterns involving recent years should therefore be interpreted in light of these temporal limitations. Finally, bibliometric mapping describes patterns in publications, references, keywords, and collaboration networks; it does not directly assess the content of care delivered, the implementation of holistic approaches, the coordination of clinical services, or patient and caregiver outcomes. Accordingly, the potential knowledge integration gap identified in this study represents a cross-analytical interpretation of the mapped literature, not a direct measurement of knowledge integration or evidence of fragmented clinical services.

These limitations define the scope of the study's conclusions. Future research could extend database coverage, examine additional search terminology and indexing terms, and complement bibliometric mapping with full-text content analysis. Empirical studies would also be needed to investigate whether the relationships proposed from the mapped literature are reflected in conceptual frameworks, service organisation, and actual care delivery.

Conclusion

This study mapped the development and knowledge structures of research on home-based care for older adults with neurodegenerative diseases. The findings show that the literature encompasses disease-related concerns alongside person-centered care,

caregiver involvement, care coordination, primary care, and palliative approaches. Although holistic care was represented in the author keyword network, it was less prominent than several major concepts and had not emerged as a dominant organising concept within the mapped literature. The combined conceptual, intellectual, thematic, and social analyses suggest a potential knowledge integration gap: relevant concepts and research traditions are represented across the field, but their relationships have not been shown to form a coherent framework for holistic home-based care. This interpretation is a cross-analytical synthesis rather than a directly measured bibliometric indicator and does not establish fragmentation in clinical practice.

The findings should be interpreted in light of the study's reliance on Scopus-based bibliometric analysis, metadata, author keywords, and network mapping. The analysis did not directly assess the implementation of care approaches, coordination of clinical services, or patient and caregiver outcomes. Future research should develop and validate conceptual frameworks that explain the relationships among multidimensional care needs, person-centered approaches, caregiver involvement, and coordination across home-based, primary, community, and palliative care. Empirical evaluation across diverse healthcare contexts will be necessary to determine the conceptual validity, applicability, and practical value of such frameworks.

Acknowledgement

The authors would like to express their appreciation to their respective institutions, including STIKES Panti Kosala, STIKes Muhammadiyah Ciamis, Universitas Esa Unggul, and UM PKU Surakarta, for the academic support provided throughout the research process. The authors also acknowledge all individuals who contributed indirectly to the development of this study and the preparation of the manuscript.

Author Contribution

Author 1 contributed to the conceptualization of the study, development of the research methodology, interpretation of findings, preparation of the original manuscript draft, and manuscript revision. Author 2 contributed to the development of the literature search strategy, database retrieval, identification of relevant publications, and screening and selection of studies according to the predefined criteria. Author 3 contributed to dataset management, data cleaning, preparation of data for bibliometric analysis, and data quality assessment. Author 4 contributed to bibliometric analysis, network visualization, interpretation of mapping results, and analysis of the conceptual and intellectual structures of the research field. Author 5 contributed to visualization development, science mapping analysis, interpretation of analytical results, and synthesis of findings to support the scientific arguments of the manuscript. All authors reviewed and approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

Conflict of Interest

The authors declare that there are no conflicts of interest related to the research, authorship, or publication of this manuscript. The authors confirm that there are no financial, personal, or professional relationships that could have influenced the research process, interpretation of findings, or decision to publish this study.

Ethical Clearance

Ethical approval was not required for this study because the research used publicly available bibliographic metadata retrieved from the Scopus database. The study did not

involve human participants, the collection of personal information, or any intervention involving research subjects.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

References

- Abrams, R., Spiers, J., Maben, J., Grosvenor, W., Touray, M., & Gage, H. (2024). Implementing and sustaining dementia care coordinators across integrated care systems: a realist evaluation. *BMC Medicine*, 22(584), 1–17. <https://doi.org/10.1186/s12916-024-03806-0>
- Ambushe, S. A., Awoke, N., Demissie, B. W., & Tekalign, T. (2023). Holistic nursing care practice and associated factors among nurses in public hospitals of Wolaita zone, South Ethiopia. *BMC Nursing*, 22(390), 1–9. <https://doi.org/10.1186/s12912-023-01517-0>
- Aria, M., & Cuccurullo, C. (2017). bibliometrix: An R-tool for comprehensive science mapping analysis. *Journal of Informetrics*, 11(4), 959–975. <https://doi.org/https://doi.org/10.1016/j.joi.2017.08.007>
- Baas, J., Schotten, M., Plume, A., Côté, G., & Karimi, R. (2020). Scopus as a curated, high-quality bibliometric data source for academic research in quantitative science studies. *Quantitative Science Studies*, 1(1), 377–386. https://doi.org/10.1162/qss_a_00019
- Chen, L., Sleeman, K. E., Bradshaw, A., Sakharang, W., Mo, Y., & Ellis-smith, C. (2024). The Use of Person-Centered Outcome Measures to Support Integrated Palliative Care for Older People : A Systematic Review. *Journal of the American Medical Directors Association*, 25(8), 1–30. <https://doi.org/10.1016/j.jamda.2024.105036>
- Cobo, M. J., López-Herrera, A. G., Herrera-Viedma, E., & Herrera, F. (2011). Science mapping software tools: Review, analysis, and cooperative study among tools. *Journal of the American Society for Information Science and Technology*, 62(7), 1382–1402. <https://doi.org/https://doi.org/10.1002/asi.21525>
- Davies, N., Barrado-Martín, Y., Aworinde, J., Vickerstaff, V., Moore, K., Kenten, C., McMullen, S., Evans, C., & Sampson, E. L. (2025). A meta-review and synthesis of the effectiveness of psychosocial interventions for people living with dementia nearing the end of life and their family carers. *International Psychogeriatrics*, 37(6), 1–18. <https://doi.org/10.1016/j.inpsyc.2025.100068>
- Davies, N., Barrado-Martín, Y., Aworinde, J., Vickerstaff, V., Moore, K., Kenten, C., McMullen, S., Evans, C., & Sampson, E. L. (2025). A meta-review and synthesis of the effectiveness of psychosocial interventions for people living with dementia nearing the end of life and their family carers. *International Psychogeriatrics*, 37(6), 1–23. <https://doi.org/10.1016/j.inpsyc.2025.100068>
- Donthu, N., Kumar, S., Mukherjee, D., Pandey, N., & Lim, W. M. (2021). How to conduct a bibliometric analysis: An overview and guidelines. *Journal of Business Research*, 133, 285–296. <https://doi.org/https://doi.org/10.1016/j.jbusres.2021.04.070>
- Doucet, S., Luke, A., & MacNeill, L. (2025). Enhancing Care Integration and Accessibility through Patient Navigation. *International Journal of Integrated Care*, 25(S2), 1–3. <https://doi.org/doi.org/10.5334/ijic.NACIC24065>
- Durgante, H., Perkins, A., Birt, L., & Spector, A. (2025). Mechanisms of change in subjective wellbeing of people with dementia : a systematic review. *Aging & Mental Health*, 29(11), 1967–1980. <https://doi.org/10.1080/13607863.2025.2515178>

- Egan, A., Griffin, L., & Boland, P. (2023). 232 A scoping review of Interprofessional collaboration for people over 65 with dementia living in the community. *Age and Ageing*, 52(Supplement_3), iii45. <https://doi.org/10.1093/ageing/afad156.190>
- Galinsky, A., Sorkin, C., & Marfeo, E. (2025). Identifying Community-Based Needs of Older Family Caregivers: A Systematic Review & Meta-Synthesis. *Innovation in Aging*, 9(S2), 2977. <https://doi.org/10.1093/geroni/igaf122.2977>
- Gallop, M., Ford, J., Bowman, A., Mullen, A., Schwebel, D., Johnson, A., & Fernandez, R. (2026). Palliative Care for People With Very Severe to Extreme Behavioural and Psychological Symptoms of Dementia (BPSD): A Scoping Review. *Journal of Advanced Nursing*, 82, 1076–1090. <https://doi.org/10.1111/jan.17011>
- Hafiz, O., Yin, X., Sun, S., Yang, J., & Liu, H. (2024). Examining the Use and Application of the WHO Integrated People-Centred Health Services Framework in Research Globally – a Systematic Scoping Review. *International Journal of Integrated Care*, 24(2), 1–11. <https://doi.org/10.5334/ijic.7754>
- Khatri, R. B., Wolka, E., Nigatu, F., Zewdie, A., & Erku, D. (2023). People-centred primary health care : a scoping review. *BMC Primary Care*, 24(236), 1–15. <https://doi.org/10.1186/s12875-023-02194-3>
- Lewis, N., McDonald, P., Lee, J., Mcgrath, K., & Mcauliffe, E. (2024). Challenges and Benefits of Developing Case Management in an ICPOP Hub. *Age and Ageing*, 53(Supplement_4), 261. <https://doi.org/https://doi.org/10.1093/ageing/afae178.261>
- Lewis, S., Damarell, R., Tieman, J., & Trenerry, C. (2018). Finding the Integrated Care Evidence Base in PubMed and Beyond: A Bibliometric Study of the Challenges. *International Journal of Integrated Care*, 18(3), 11. <https://doi.org/10.5334/IJIC.3975>
- Li, J., & Li, J. (2025). Trends, inequalities, and cross-location similarities in global dementia burden and attributable risk factors across 204 Countries and Territories (1990–2021) a systematic analysis for the global burden of disease study 2021. *International Journal of Surgery*, 111, 5298–5310. <https://doi.org/10.1097/js9.0000000000002628>
- Lin, G., Lin, T. K., Alluhidan, M., Saber, R., Hamza, M., Rakic, S., Alfaisal, A., Alamri, A., Cetinkaya, V., & Alazmi, N. (2025). Evidence for Building an Integrated Dementia Healthcare System : A Systematic Review Evidence for Building an Integrated Dementia Healthcare System : A Systematic ABSTRACT. *Clinical Gerontologist*, 48(5), 879–895. <https://doi.org/10.1080/07317115.2025.2505577>
- Murphy, S., McCance, T., & White, P. J. (2025). How Do Older People Experience Person-Centred Integrated Care? An Integrative Review of the Evidence. *International Journal of Integrated Care*, 25(4), 1–21. <https://doi.org/10.5334/ijic.9066>
- Nascimento, V., Lopes, M. G., Leitao, M. M., Fonseca, C., Alves, E., & Bico, I. (2026). Person-Centered Health Intervention Programs Provided at Home to Older Adults with Multimorbidities and Their Caregivers : A Systematic Review. *Healthcare (Switzerland)*, 14(6), 1–17. <https://doi.org/https://doi.org/10.3390/healthcare14060815>
- Page, M. J., Mckenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-wilson, E., McDonald, S., ... Moher, D. (2021). The PRISMA 2020 statement : an updated guideline for reporting systematic reviews. *Systematic Reviews*, 10(89), 523–538. <https://doi.org/https://doi.org/10.1186/s13643-021-01626-4>
- Pang, Q., Xu, S., Zhao, Y., Li, Y., Nong, Y., Qin, H., & Bi, X. (2026). Research status and trends analysis of long-term care: A bibliometric analysis. *Medicine*, 105(27), 1–10.

- <https://doi.org/10.1097/MD.00000000000049602>
- Peng, T., Yang, Y., Ma, J., Xu, P., & Xie, X. (2024). Dementia and metabolic syndrome : a bibliometric analysis. *Frontiers in Aging Neuroscience*, 16, 1–17. <https://doi.org/10.3389/fnagi.2024.1400589>
- Samus, Q. M. (2023). Primer : MIND at Home Alzheimer ' s and Dementia Care Coordination Program. *Alzheimer's & Dementia*, 19(e078208), 78208. <https://doi.org/10.1002/alz.078208>
- Tjin, A., Fitri, F. I., Maitimoe, M., & Syafitri, D. (2026). Mapping dementia research in Indonesia : A scoping review of evidence , gaps , and future directions. *Global Public Health*, 6(3), 1–20. <https://doi.org/10.1371/journal.pgph.0005444>
- Van Eck, N. J., & Waltman, L. (2010). Software survey: VOSviewer, a computer program for bibliometric mapping. *Scientometrics*, 84(2), 523–538. <https://doi.org/https://doi.org/10.1007/s11192-009-0146-3>
- Widyastuti, R. H., Sahar, J., Rekawati, E., & Kekalih, A. (2023). Barriers and support for family caregivers in caring for older adults with dementia: a qualitative study in Indonesia. *Nurse Media Journal of Nursing*, 13(2), 188–201. <https://doi.org/https://doi.org/10.14710/nmjn.v13i2.55729>
- Yu, Q., Wei, X., & Xue, X. (2026). Community-Based Palliative Care : A Bibliometric and Visual Analysis of Scientific Publications (2015 – 2025). *SAGE Open Nursing*, 12(12), 1–15. <https://doi.org/10.1177/23779608261465166>
- Zhang, F., Xiong, Y., Meng, X., Xu, H.-Z., & Zhang, Q. (2024). Bibliometric Analysis of Comprehensive Geriatric Assessment from 2004 to 2023. *Journal of Multidisciplinary Healthcare*, 17(2024), 1–18. <https://doi.org/10.2147/jmdh.s488030>
- Zhu, E. M., Samardžić, M. B., Ahaus, K., Sevdalis, N., & Huijsman, R. (2023). Implementation and dissemination of home - and community - based interventions for informal caregivers of people living with dementia : a systematic scoping review. *Implementation Science*, 18(60), 1–37. <https://doi.org/10.1186/s13012-023-01314-y>