

REVIEW SUMMARY OPEN ACCESS

# Socio-Healthcare for Older People in the Mediterranean Basin: An Integrative Review and Quality Appraisal

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## ABSTRACT

**Objectives:** The aging Mediterranean Basin population presents complex challenges for healthcare systems, which require innovative care approaches. The study aimed to critically assess 19 socio-healthcare practices in the Mediterranean Basin that target the elderly population by analyzing their theoretical foundations, integration of care services, ethical considerations, gender-specific approaches, and use of technology.

**Design:** An integrative literature review was conducted using a structured methodology.

**Sample:** Diverse sources across multiple languages were searched, with the inclusion criteria focusing on the alignment of socio-healthcare practices with the components of the nursing metaparadigm, the incorporation of transversal values, and relevance to the elderly population.

**Results:** The socio-healthcare practices exhibited common themes, such as person-centered care, interdisciplinary collaboration, and incorporation of technology for coordinated care delivery. Ethical principles of autonomy, dignity, and respect were central, with some socio-healthcare practices addressing gender-specific care needs. Evidence-based findings emphasized holistic care, integration, ethics, and innovation in elderly socio-healthcare.

**Conclusions:** New eldercare frameworks should integrate these aspects, which offer a comprehensive approach to addressing the complex needs of elderly patients. Managers should design systems prioritizing patient well-being, whereas policymakers should develop equitable and high-quality care policies that collectively improve the well-being of the elderly population in the Mediterranean Basin.

## 1 | Background

Global life expectancy has continued to increase, with estimates projecting that the elderly population will have accounted for approximately 80% of the total population of low- to middle-

income countries by 2050 (Rudnicka et al. 2020). Studies have observed that older individuals are at risk for social exclusion (Walsh, Scharf, and Keating 2017), which influences poverty, capabilities, quality of life, and vulnerability dimensions (Whe- lan, Layte, and Maître 2002).

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European social rights ensure sustainable social protection and access to essential services, including long-term care, fostering dignity and societal engagement (Garben 2019). However, Europe's proximity to African and Asian Mediterranean countries has revealed shared shortfalls in the socio-ethical care of dependent elderly individuals (World Health Organization 2020). The increasing prevalence of frailty has challenged health policies and development (Brañas et al. 2018; Porcel-Gálvez et al. 2021). The healthcare continuum, shaped by determinants and resources, needs fresh paradigms that emphasize prevention (Pérez-Wilson et al. 2020). In line with this, the World Health Organization has advocated for holistic, patient-centered care (Statistical Office of the European Union 2020).

Some contemporary care paradigms believe that health, a holistic entity intertwined with culture and economy, can be affected by social aspects (Braveman, Egerter, and Williams 2011; Dalsania et al. 2022). Models like Leininger's Transcultural Nursing (Leininger 2002), Pender's Health Promotion (Pender 2011), and Antonovsky's salutogenic reflect these elements (Vinje, Langeland, and Bull 2017). Patient-centered care aligns with sociodemographic reality, integrating preferences, families, caregivers, prevention, and promotion (Ekman et al. 2011; McCormack and McCance 2006).

The social determinants of the health paradigm recognize health as a product of not only biological factors but also social, economic, and environmental factors. In this sense, culture is considered an asset for well-being given its contribution toward improving people's health and well-being. This viewpoint has not been sufficiently addressed from the perspective of the elderly population and elder care, highlighting the importance of analyzing the care paradigm in the Mediterranean and its emphasis on promising and successful experiences that can be replicated in similar contexts (Butler-Jones 2012).

Cultivating culturally sensitive research on social determinants is crucial for formulating effective interventions that enhance the health and well-being of older adults from diverse cultural backgrounds. Overcoming the hurdles hindering culturally sensitive research can guarantee that social care models incorporate successful strategies from previous research in this domain (Clark 2017).

In this sense, the socio-healthcare approach has been selected to investigate promising strategies through which healthcare systems can be more responsive to the social needs of their patients. Hence, research has focused on the intersection between social care and healthcare (Alonso Morán et al. 2014). Integrated care coordinates professionals, patients, and families, adapting to improve health and quality of life (Van Kemenade and van der Vlegel-Brouwer 2019), and cultural shifts are crucial to promoting evidence-based person-centered care (Santana et al. 2018).

Other contemporary care paradigms provide holistic healthcare for the person, not only biologically but also psychologically, socially, and spiritually (Santos, Lima-Basto, and Researcher 2014); attend to the culturally diverse backgrounds of patients (Lekas, Pahl, and Fuller Lewis 2020); and consider community- and telehealth-based care to provide more decentralized care closer to patients and families (Sharman 2014).

In this context, the nursing discipline, as a care science grounded in its metaparadigm (Fawcett 2013), allows for the integration of all these care paradigms. The nursing metaparadigm comprises the person, the environment, health, and the nursing role. "Person" considers cultural contexts; "environment" includes cultural, social, and economic influences; "health" involves life processes; and "nursing role" corresponds to practice (Bahramnezhad et al. 2015).

## 1.1 | Problem Identification

Countries located within the Mediterranean Basin share cultural bonds and mutual challenges in the care of the elderly amid social and health crises. However, evidence has shown that multiculturalism adds vulnerability (Grady 2009). Despite nurses engaging in socio-ethical care practices, a comprehensive review regarding such practices has been absent, hindering the analysis of promising practices aligned with contemporary care paradigms.

Within the "Cross-Border Cooperation" initiative implemented by the European Union under the European Neighbourhood Instrument (ENI) 2014–2020, the TEC-MED project (Development of a Transcultural social-ethical-care model for dependent population in Mediterranean basin) (Porcel et al. 2019) aims to create a cross-cultural ethical care model for vulnerable elderly populations in the Mediterranean. In line with this, Spain (Lead Beneficiary [LB]), Greece, Italy, Lebanon, Egypt, and Tunisia (Participant Partners) have been guided by the values of justice, privacy, equity, accessibility, community engagement, and the welfare state.

In this complex context, an integrative review is one of the crucial phases before the TEC-MED model development. This review synthesizes evidence on promising socio-healthcare practices for dependent and socially excluded older people in the Mediterranean Basin from the viewpoint of defining the elements of the nursing metaparadigm.

## 2 | Methods

An integrative literature review was conducted following the methodology proposed by Whittemore and Knafel (2005). An integrative review is a specific review method that summarizes past empirical or theoretical literature to provide a more comprehensive understanding of a particular phenomenon or healthcare problem (Broome 2000). This approach has the potential to allow for diverse primary research methods to become a substantial part of evidence-based socio-healthcare practice (Whittemore and Knafel 2005). The integrative review followed the five suggested steps (1) problem identification stage (2) literature search stage, (3) data evaluation, (4) data analysis, and (5) presentation (Whittemore and Knafel 2005).

### 2.1 | Problem Identification Stage

The initial step of any review involves identifying the problem and purpose. The current integrative review was guided by

**TABLE 1** | Search strategy.

"Home Care Services"[Mesh] OR "community care"[tiab] OR "Social services" [Mesh] OR "Social support" [Mesh] OR "primary care"[tiab] OR "Home care services"[tiab] OR "Home care service"[tiab] OR "Domiciliary care"[tiab] OR "Formal home care"[tiab] OR "district nursing"[tiab] OR "home care"[tiab] OR "domestic health care"[tiab] OR "domiciliary care"[tiab] OR "home care agencies"[MeSH Terms] OR "home care agencies"[tiab] OR "Home Care Services/organization and administration"[Mesh] OR "Home Health Aides/organization and administration"[Mesh] OR "long term care"[tiab] OR "Apps"[tiab] OR "Social Media Groups"[tiab] OR "Arts"[tiab] OR "Social inclusion"[Mesh] OR "Social care module" AND "aged"[Mesh] OR "aged, 65 and over"[Mesh] OR "aged"[tiab] OR "aged, 65and over"[tiab] OR "frail elderly"[tiab] OR "oldest old"[tiab] OR "older people"[tiab] OR "senior"[tiab] OR elder\*.

the following research question: "In older individuals and/or those at risk of social exclusion, what promising socio-healthcare attention practices have the most impact on outcomes?" On the first level of analysis, the selected health and social care practices covered the components of the nursing metaparadigm (person, environment, health, and nursing role/caregiving), focused on older people; on the second level of analysis, it was identified how health and social care practices incorporated transversal values (i.e., development of digital care platforms, ethics, gender, and transcultural aspects).

## 2.2 | Literature Search Stage

### 2.2.1 | Search and Identification

A systematic search was conducted to identify scientific and gray literature. The search strategy was agreed upon by the whole team- Leader Beneficiary and Participant Partners (Table 1).

Then, following an agreed flow diagram (Figure 1), the Leader Beneficiary searched English scientific literature and English gray documents and for gray literature in Spanish. At the same time, Participant Partners searched the rest of the national languages (i.e., Italian, Greek, Arabic, and French) for gray literature. Concerning the scientific literature the Cochrane Library was searched followed by Scopus, Web of Science, and PubMed. Grey literature was accessed through various platforms, such as Open Grey, Google Scholar Database, ProQuest, and local/national authority websites.

### 2.2.2 | Inclusion and Exclusion Criteria

The current study considered original research articles, case studies, systematic reviews, and theoretical studies published from 2000 to 2019 in English, Spanish, French, Italian, Greek, and Arabic. Gray literature describing specific socio-healthcare practices for older, dependent, and socially excluded individuals was included. Practices are needed to explain the nursing metaparadigm components and consider transversal values. No exclusion criteria were defined.

## 2.3 | Screening, Data Analysis, and Synthesis

The registers obtained from the searches were inserted into a shared Excel document. Following the PRISMA guidelines (Page

et al. 2021) (Supporting Material 1), two different reviewers did the screening and data extraction. Once this process was completed, all researchers reached a consensus regarding which studies to include in the analysis during an online meeting. A flowchart was designed to graphically represent the process of selecting final studies (Figure 2). Among the 9481 documents from official databases and 833 from other sources/grey literature, a total of 19 studies had ultimately been included in the integrative review.

The final set of selected studies was presented in a table containing the following categories: country, source type, theoretical basis, cross-sectional values, and aspects of the nursing metaparadigm addressed. The synthesis approach used was a deductive method based on the framework of nursing discipline (Fawcett 2013). Thus, as a first level of analysis, we identified those socio-health practices that respond to the components of the nursing metaparadigm: person, health, environment, and nursing/provision of care. On the other hand, at a second level of analysis, it was identified how the selected socio-healthcare practices considered the transversal values of ethics, gender, use of new technologies, and transcultural aspects (Table 2).

### 2.3.1 | Critical Appraisal

The LB reviewers evaluated the quality and level of evidence of the included studies according to the Johns Hopkins Institute of Medicine guidelines (Dang and Dearholt 2017). The evaluation focused on the quality of methodological practice development.

The documents identified for each socio-healthcare practice corresponded to one of the following four typologies:

1. Published article: A written research study or analysis officially published in a journal or publication.
2. Program report: A comprehensive document detailing the activities, goals, outcomes, and processes of a specific program or project.
3. Statutes of the organization: Formal written rules and regulations outlining the structure, purpose, and governance of an organization.
4. Annual activity report: A summary document that outlines the activities, achievements, and challenges of an organization or program over the course of a year

**TABLE 2** | The most promising socio-healthcare practices.

	Nursing metaparadigm (first analysis level)					Transversal values (second analysis level)				Quality appraisal		
	Source type	Person	Health	Environment	Nursing/health delivery	Technology/eHealth	Ethics	Gender	Transcultural aspects			
1	Sustainable tailored integrated care for older people in Europe-SUSTAIN (de Bruin et al. 2018; Lette et al. 2020; Reynolds et al. 2021; Stoop et al. 2019)	Austria, Belgium, Estonia, Germany, Ireland, Norway, Spain, Netherlands, United Kingdom	Published article	Patient, family, and caregivers (older people)	Autonomy and wellbeing	The home care and community services	Multiprofessional support. Holistic and interdisciplinary approach. Person-centered care	Undeveloped	Dignity and safety	Non-specified	Non-specified	IIIB
2	Benchmarking integrated care for better management of chronic and age-related conditions in Europe-INTEGRATE (Borgermans and Devroey 2017; Cash-Gibson and Rosenmoller 2014)	Spain, Sweden, Netherlands, Germany	Published articles	Patients (older people)	Autonomy, well-being, and social integration (integrated care)	Different management levels	Multiprofessional support. Holistic and interdisciplinary approach. Person-centered care. Empowerment of older people	Clinical information systems assessed	Non-specified	Non-specified	Cultural sensibility	VA
3	Providing integrated health and social care for older persons-issues, problems, and solutions- PROCARE (Leichsenring 2004; Leichsenring and Alaszewski 2004)	Austria, Denmark, Finland, France, Germany, Greece, Italy, the Netherlands, and the United Kingdom	Published article and book	Patients (older people and disabled people)	Autonomy, well-being, and social integration (integrated care)	Different management levels: exploring the coordination between social and health systems	Multiprofessional support. Holistic and interdisciplinary approach. Person-centered care. Empowerment of older people	Non-specified	Dignity	Non-specified	Non-specified	VB

(Continues)

TABLE 2 | (Continued)

	Nursing metaparadigm (first analysis level)				Transversal values (second analysis level)				Quality appraisal		
	Source type	Person	Health	Environment	Nursing/health delivery	eHealth	Ethics	Gender		Transcultural aspects	
4	Care Well Project (Mateo-Abad et al. 2020, Mateo-Abad et al. 2020)	Spain, Croatia, Poland, Italy, United Kingdom	Patients and caregivers (older people)	Autonomy and mental health.	Home-based care	Multiprofessional support. Holistic and interdisciplinary approach. Person-centered care.	ICT tools: Electronic prescription, Messaging clinicians and Patients, Electronic Health Record, Call Center, Virtual Conference, Personal Health Folder, Nurse Information System, Educational Platform	Patient and caregiver empowerment	Non-specified	Non-specified	IIA
5	Sustainable integrated care models for multi-morbidity: delivery, financing, and performance- SELFIE (Leijten et al. 2018)	Netherlands, Germany, Austria, Norway, Hungary, United Kingdom, Croatia, Spain	Patient and informal caregivers (older people and frail people)	Autonomy and mental health	Housing and social network, community	Multiprofessional support. Holistic and interdisciplinary approach. Person-centered care. Empowerment of older people	Shared information systems	Risk management and consideration of personal preferences or needs	Non-specified	Non-specified	VA
6	BUURTZORG (Buurtzorg 2023)	The Netherlands	Patient and family (older people)	Autonomy and wellbeing	Networks in the neighborhood	Home care nurse-led program. Person-centered care. Empowerment of older people	Web-based care platform to support the Buurtzorg program: research-based, standardized taxonomy for healthcare; assessment, interventions, and outcomes	Based on universal human values	Non-specified	Active in 24 countries and has a small international team to support	VB

(Continues)

TABLE 2 | (Continued)

	Nursing metaparadigm										Transversal values (second analysis level)		
	Initiative	Country	Source type	Person	Health	Environment	Nursing/health delivery	Technology/ eHealth	Ethics	Gender	Transcultural aspects	Quality appraisal	
7	KAPI- open care centers for older people "Health pro Elderly" (Pavlova et al. 2017; Sourtzi et al. 2008)	Greece (partners: Austria, Czech Republic, Germany, Italy, Netherlands, Poland, Slovenia, Slovakia, Spain, and the United Kingdom)	Program report	Patients (older people)	Quality of life, physical and mental health	Open care centers	Multiprofessional support. Holistic and interdisciplinary approach. Person-centered care	Undeveloped	Universal socio-health support	Non-specified	Universal socio-health support	IIIB	
8	WE DO (Social Care Wales 2023)	Wales	Statutes of the organization	Patient, family, and caregivers (older people)	Social integration and wellbeing	Work in the community	Social workers and healthcare workers. Person-centered care. Empowerment of older people	Thematic reports and case studies to show the progress towards realizing its vision on the webpage	Organizational values: equality, accessibility, and inclusion	Non-specified	The prevention of discrimination, the promotion of equality and diversity	VB	
9	Takaful and Karama (World Bank Group 2023)	Egypt	Statutes of the organization	Patients (older people)	Social integration, autonomy	Foster homes	Multiprofessional support. Holistic and interdisciplinary approach. Person-centered care	Undeveloped	Organization value: dignity	Promoting Egyptian Women's Empowerment	Non-specified	VB	
10	Sekem (SEKEM Initiative 2018)	Egypt	Statutes of the organization	Patient and caregiver (older people)	Functional ability, physical and mental health	Home cares	Multiprofessional support. Holistic and interdisciplinary approach. Person-centered care	A platform for collecting clinical data and analyzing results	Organization value: empowerment	Non-specified	Diversity support	VB	

(Continues)

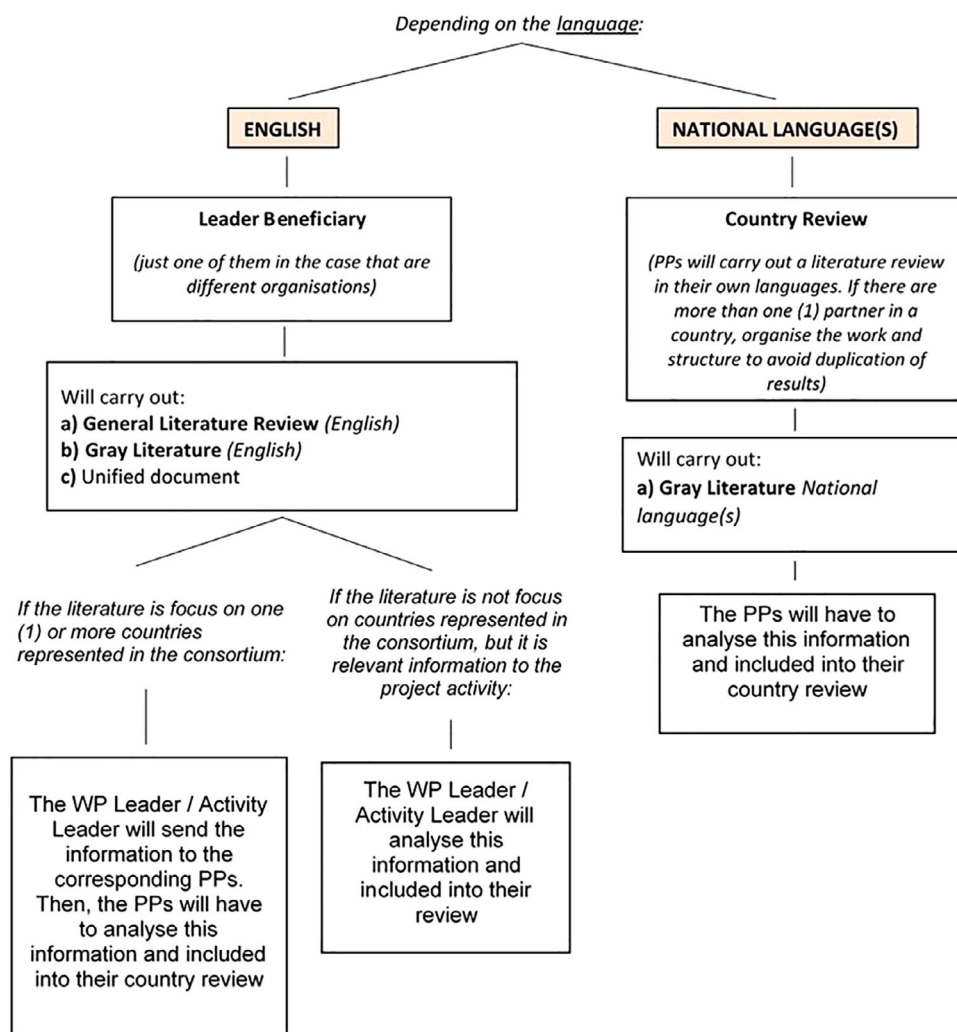
**TABLE 2** | (Continued)

	Nursing metaparadigm (first analysis level)						Transversal values (second analysis level)				Quality appraisal
	Source type	Country	Person	Health	Environment	Nursing/health delivery	Technology/eHealth	Ethics	Gender	Transcultural aspects	
11	COMUNITÀ MONTANA GRAND PARADIS (Unité des Communes Valdôtaines Grand-Paradis 2023)	Italy	Patients and caregivers (older people)	Active aging and well-being	Residential structure and home care	Multiprofessional support. Training programs for caregivers. Holistic and interdisciplinary approach. Person-centered care	Undeveloped	Non-specified	Non-specified	Transnational cooperation programs	VB
12	COMMUNITÀ DI SANT'EGHIDIO (Community of Sant'Egidio—Ministry of Health in Italy 2023)	Italy	Patients (older people)	Social integration, autonomy, and mental health	Street, home care, and home-sharing	Multiprofessional support and volunteers. Holistic and interdisciplinary approach. Person-centered care	Telemedicine program	Organizational values: dignity and integrity	Non-specified	Minority support programs such as gypsy	VB
13	IDRAAC Institute for Development, Research, Advocacy, and Applied Care (IDRAAC 2023)	Lebanon	Patients (children, adults, older people)	Mental health and social integration	The research center, clinic workshops	Multiprofessional support. Holistic and interdisciplinary approach. Person-centered care	A platform for communication between users and with the organization's professionals	Non-specified	Specific training programs on gender issues	Non-specified	VB
14	SANAD Home Hospice Care (SANAD 2020)	Lebanon	Patient and family (older people)	Mental health, well-being	Hospice care center	Multiprofessional support. Training for the healthcare professional. Holistic and interdisciplinary approach. Person-centered care	Undeveloped	Respect for the beliefs, values, and practices of the patient and his family	Non-specified	Respect for the beliefs, values, and practices of the patient and his family	VB
15	The Lebanese Center for Palliative Care-Balsam (Lebanese Ministry of Interior 2017)	Lebanon	Patient and family (adults and older people)	Autonomy, well-being, and mental health	Home cares	Multiprofessional support. Holistic and interdisciplinary approach. Person-centered care	Undeveloped	Organization value: Dignity	Inclusive care, considering gender, religion, and sexual orientation	Inclusive cares: considering gender, religion, and sexual orientation	VB

(Continues)

**TABLE 2 |** (Continued)

	Nursing metaparadigm (first analysis level)						Transversal values (second analysis level)				
	Source type	Country	Person	Health	Environment	Nursing/health delivery	Technology/ eHealth	Ethics	Gender	Transcultural aspects	Quality appraisal
16	Matia Foundation (Fundación MATIA 2023)	Spain	Patient and family (older people)	Autonomy and adaptation	Hospitals, daycare centers, long-term centers, home cares	Multiprofessional support. Training programs for caregivers and health professionals. Holistic and interdisciplinary approach	Undeveloped	Beneficence, justice, autonomy; dignity	Non-specified	Non-specified	VB
17	Aging Lab Foundation (Ageing Lab Foundation 2020)	Spain	Patient and family (older people)	Active Aging	Creation of research and professional networks	Research projects to implement their results in real life. Empowerment of older people	Some projects are related to caring platform development	Beneficence, justice, autonomy	Non-specified	Non-specified	IV
18	Saint John of God (San Juan de Dios 2021)	Spain	Patients (older people, disabled people, frailty people)	Autonomy, holistic conception and integration in society	Hospitals, daycare centers, long-term centers, home cares	Multiprofessional support. Holistic and interdisciplinary approach. Empowerment of older people	Undeveloped	Beneficence, justice, autonomy	Non-specified	Consideration of cultural and religious values	VB
19	Pilares Foundation (Fundación PILARES 2021)	Spain	Patients (older people)	Autonomy, community participation. Improvement in health quality	Hospitals, daycare centers, long-term centers, home cares, community centers	Multiprofessional support. Holistic and interdisciplinary approach. Person-centered care. Empowerment of older people	Undeveloped	Beneficence, justice, autonomy; dignity	Non-specified	Non-specified	VB



**FIGURE 1** | Systematic Literature (scientific and gray literature) review flowchart. PP, Participant Partner; WP, Work Package. [Color figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com)]

### 3 | Results

#### 3.1 | Descriptive Analysis and Quality Appraisal

A total of 9432 records were obtained from the initial literature search. Among them, 19 socio-healthcare practices were finally selected: two from Egypt, four from Spain, three from Lebanon, two from Italy, one from the Netherlands, one from Wales, and six from a consortium of countries across Europe. All socio-healthcare practices were published in English, except for those from Italy and Spain, which were published in Italian and Spanish, respectively. According to source type, we found five published articles, two program reports, seven organization statutes, and four annual activity reports. A summary of the 19 most promising socio-healthcare practices is shown in Table 2.

Following the recommendations of the Johns Hopkins Institute of Medicine (Dang and Dearholt 2017), the quality of the scientific evidence for the design of all socio-healthcare practices included in our study was evaluated. Among the 19 socio-healthcare practices identified as promising, 16 obtained a VB quality level. Only Sustain (de Bruin et al. 2018; Lette et al. 2020; Reynolds et al. 2021; Stoop et al. 2019) and KAPI (Pavlova et al. 2017; Sourtzi et al.

2008) obtained a IIIB and Care Well IIA quality level. Among the selected socio-healthcare practices, only Sustain, Integrate (Borgermans and Devroey 2017; Cash-Gibson and Rosenmoller 2014), Procure (Leichsenring 2004; Leichsenring and Alaszewski 2004), Care Well (Mateo-Abad et al. 2020; Mateo-Abad et al. 2020), Selfie (Leijten et al. 2018), and KAPI had scientific publications in journals. The remaining socio-healthcare practices belonged to associations or foundations that have not conducted secondary studies with scientific publications. Only two of the six socio-healthcare practices that have been published in scientific article format (e.g., Sustain and Care Well) demonstrated a higher level of evidence than the rest (Figure 3).

#### 3.2 | Analysis Levels

##### 3.2.1 | First Level: Nursing Metaparadigm

The analysis, on the first level, is based on each component of the nursing metaparadigm. Figure 4 summarizes the main characteristics of the most promising health and social care practices described below regarding the person, health, environment, and nursing and health delivery.

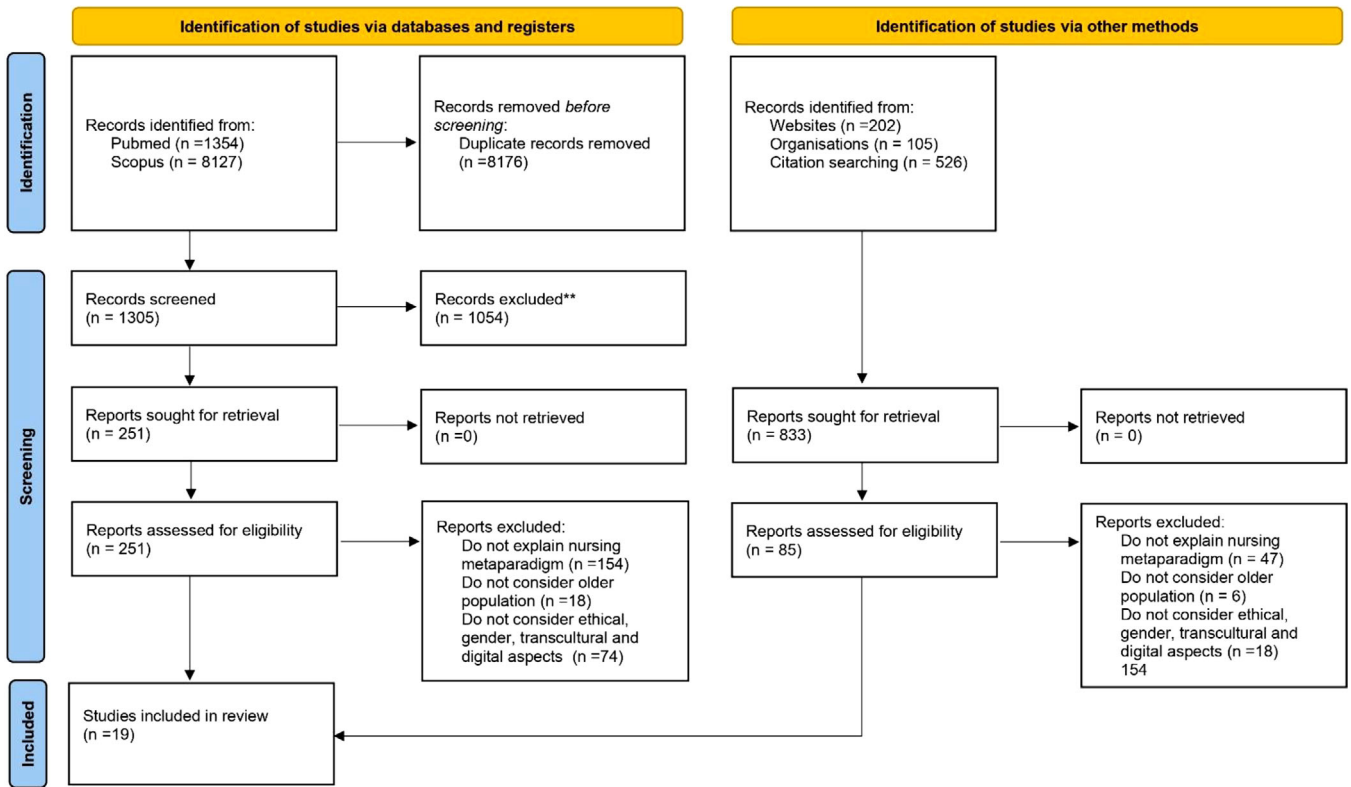


FIGURE 2 | Diagram flow charts for refining data. [Color figure can be viewed at wileyonlinelibrary.com]

### Most promising models of socialhealth care initiatives quality level - number

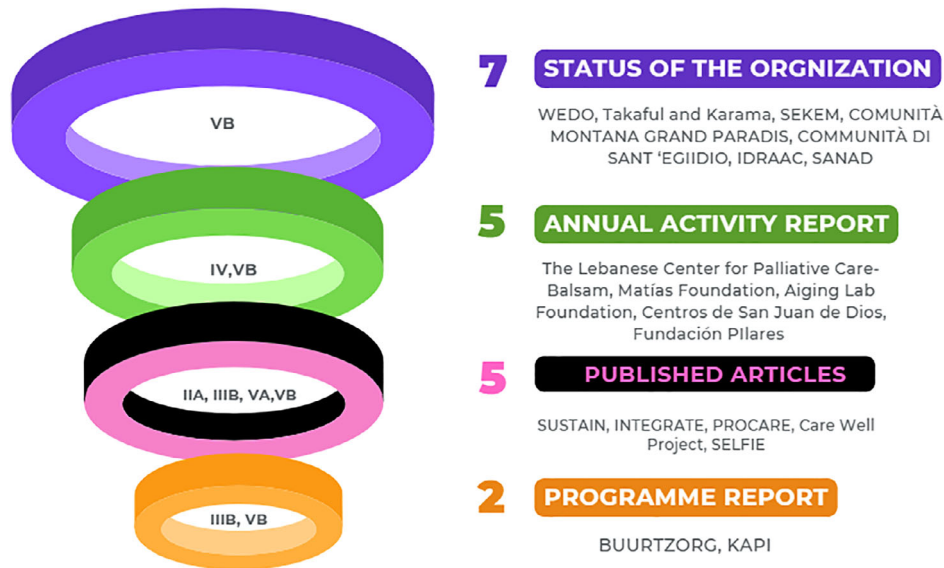
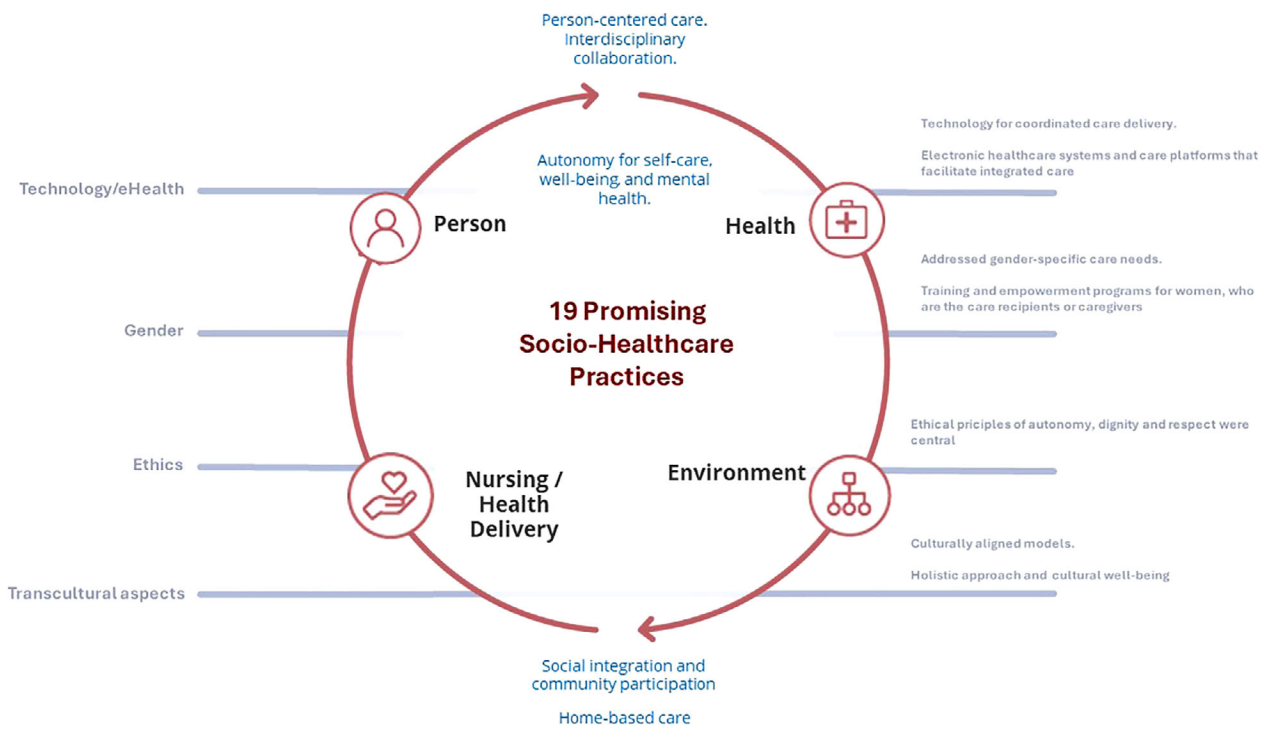


FIGURE 3 | Most promising practices of socio-healthcare practices: Quality level & sample size. [Color figure can be viewed at wileyonlinelibrary.com]

**3.2.1.1 | Person.** When evaluating the selected socio-healthcare practices, the prevailing interpretation of the “person” concept positions the older individual, their family, and caregivers at the core of attention. Notably, the IDRAAC

(2023) socio-healthcare practice extends its purview to children, whereas both the Sant John of God Model and the Lebanese Center for Palliative Care-Balsam socio-healthcare practices encompass any adult in need of care and not just the elderly.



**FIGURE 4** | Promising socio-healthcare practices for elderly individuals in the Mediterranean Basin. [Color figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

**3.2.1.2 | Health.** The selected socio-healthcare practices universally conceptualize health in terms of autonomy in self-care, well-being, and mental health. Distinctively, the Integrate, We Do, Procure, Takaful and Karama (World Bank Group 2023), Comunità di Sant’Egidio (Community of Sant’Egidio—Ministry of Health in Italy 2023), Sant John of God Model, and Pilares Foundation socio-healthcare practices emphasize societal integration and community participation as integral to the health concept. Furthermore, the Ageing Lab and the Comunità Grand Paradis (Unité des Communes Valdôtaines Grand-Paradis 2023) stress the importance of active aging.

**3.2.1.3 | Environment.** Regarding the contextual dimension, all socio-healthcare practices factor into home-based care. However, Sustain, Selfie, We Do, and Buurtzorg also incorporate care facilitated through social networks or community centers not tied to residential settings. IDRAAC and Ageing Lab, while not directly providing care, highlight the need to design research networks that support project development and the organization of empowerment workshops for the target demographic. Moreover, Comunità di Sant’Egidio identifies streets as viable care environments, alluding to the spaces inhabited by the homeless.

**3.2.1.4 | Nursing and Health Delivery.** The most promising models shared several common characteristics, such as a holistic and interdisciplinary approach, as seen in Sustain and Matia Foundation (Fundación MATIA 2023). The most efficient models were based on person-centered care at all levels (i.e., clinical, professional, normative, and organizational), an example of which is the Buurtzorg Model (Buurtzorg 2023), Sustain, or We Do (Social Care Wales 2023). Consequently, enhancing the integration of services at a systemic level is essential. This integration should not be limited to medical services but also encompass

psychological assistance, social and spiritual support for patients, and assistance within the family and home environment. Crucially, quality-of-care services must also prioritize the well-being of caregivers by investing in human capital development, as seen in the cases of Integrate and Selfie.

Reflecting on the need for social care is also important to be grounded in the empowerment of older people. This can be achieved through the development of health promotion activities that are patient-centered, proactive, and coordinated within a multidisciplinary care framework. Examples include Selfie, Integrate, Procure, the Pilar Foundation (Fundación PILARES 2021), the Aging Lab Foundation (Ageing Lab Foundation 2020), the Buurtzorg Model, We Do, and the Sant John of God Model (San Juan de Dios 2021).

Among the main objectives of the different socio-healthcare practices, one of the most promising focused on quality of life, well-being, autonomy, and prevention. This was achieved by improving established integrated care socio-healthcare practices (at the patient’s residence, by training professionals, and by raising public care awareness) and advances in person-centered care for persons with multiple morbidities, as in the case of Matia Foundation, Lebanese Center for Palliative Care-Balsam (Lebanese Ministry of Interior 2017), Open Care Centers for older people KAPI, CareWell, and Sekem Medical Center (SEKEM Initiative 2018).

Regarding the role of nursing, a consistent theme across socio-healthcare practices is the deployment of a multi-professional team catering to the designated population. A notable exception is Buurtzorg, which solely emphasizes nurses. Other socio-healthcare practices, such as Comunità Grand Paradis, Sanad

(SANAD 2020), Matia Foundation, and Pilares Foundation, not only offer specialized training modules for caregivers but also recognize them as pivotal stakeholders in the care continuum. Similarly, Comunità di Sant'Egidio furnishes tailored care training for its volunteer corps.

### 3.2.2 | Second Level: Transversal Values

The analysis, on a second level, identified how the selected socio-healthcare practices considered the cross-cutting aspects of technology and eHealth, ethics, gender, and cultural sensibility.

**3.2.2.1 | Technology/eHealth.** Socio-healthcare practices Care Well, Buurtzorg, Integrate, and Selfie have spearheaded the development of electronic healthcare systems and care platforms that facilitate integrated care. Furthermore, Sekem, We Do, Comunità di Sant'Egidio, and IDRAAC have independently introduced electronic platforms designed to collect clinical data from patients and promote interprofessional communication. Meanwhile, Ageing Lab is in the process of executing projects geared toward the creation of integrated care platforms.

**3.2.2.2 | Ethics.** All socio-healthcare practices adhere to the bioethical principles of beneficence, justice, and autonomy. Specifically, Care Well and Sekem emphasize empowerment as an extension of the autonomy principle, whereas Selfie and Sanad prioritize individual personal preferences and desires. Additionally, several socio-healthcare practices, including Sustain, Procure, Takaful and Karama, and others, regard dignity as a pivotal ethical value. We Do distinctly identifies equality, accessibility, and inclusion as the ethical underpinnings of its project while simultaneously addressing the transcultural facets of care and respect for individual beliefs. This comprehensive perspective is echoed by socio-healthcare practices such as Integrate and Sekem, among several others.

**3.2.2.3 | Gender.** Regarding the gender perspective, only IDDRAAC, Takaful and Karama, and the Lebanese Center for Palliative Care-Balsam have developed specific training and empowerment programs for women as either care recipients or caregivers.

**3.2.2.4 | Cultural Sensibility.** Among the 19 socio-healthcare practices, nine considered cultural/religious values. Some of them included values such as preventing discrimination (WeDo), supporting diversity (Sekem), or minority support (Comunità di sant'Egidio), whereas others focused on considering cultural differences across different regions (Comunità Montana Grand Paradis).

## 4 | Discussion

The current study aimed to integratively review and critically evaluate promising socio-healthcare practices for the elderly population in the Mediterranean Basin, focusing on innovative care approaches. Our evidence-based review revealed key findings that guide effective care models for this demographic. In particular, only a subset of practices (Sustain, Integrate, Procure, Care Well, Selfie) had been published in journals, most of which

were in English. Unfortunately, dissemination challenges still persist despite international accessibility. As such, comprehensive research and documentation are needed for robust evidence (Gottlieb, Wing, and Adler 2017) to address the knowledge gap in sharing outcomes with the healthcare community (Moo and Schwartz 2021).

### 4.1 | Nursing Metaparadigm

Integrative care has emerged as a central theme in several socio-healthcare practices, such as Integrate, Selfie, and Procure. The integration of various health and social services within a cohesive and coordinated framework is vital for ensuring continuity of care and addressing the complex needs of the elderly population (Lawless et al. 2020). These socio-healthcare practices recognize the importance of interdisciplinary collaboration among healthcare professionals and the active engagement of caregivers and families in providing comprehensive and seamless care experiences (Gabrielová and Velemínský 2014). This aligns with the integrated care paradigm, which emphasizes coordinated care delivery to improve quality of life and health outcomes (Van Kemenade and van der Vlegel-Brouwer 2019).

The holistic approach to care paradigms underscores the importance of adopting an approach to care that considers not only the physical health of elderly individuals but also their psychological, social, and cultural well-being (Entwistle and Watt 2013). Several socio-healthcare practices, such as Sustain, Matia Foundation, and Buurtzorg, emphasize person-centered care that accounts for individual preferences, family dynamics, and community involvement. This aligns with the patient-centered care model that recognizes the unique needs and preferences of each individual, facilitating a more comprehensive and tailored care experience (McCormack and McCance 2006; Sharma, Bamford, and Dodman 2015).

During the evaluation of the selected socio-healthcare practices, the central interpretation of the nursing metaparadigm around the concept of “person” is highlighted, placing the older individual, their family, and caregivers at the center of attention. All socio-healthcare practices consider home-based care and incorporate care through social networks or community centers without relying on residential settings. Furthermore, a recurring theme across all socio-healthcare practices is the formation of multi-professional teams that cater to the designated population as the optimal approach for care provision. They address health from a universal perspective, focusing on autonomy in self-care, well-being, community participation, and mental health. Therefore, all selected socio-healthcare practices could be considered examples of care frameworks, from the perspective of the nursing discipline, based on which new integrated care models could be developed (Vonarx 2017).

### 4.2 | Transversal Values

#### 4.2.1 | Technological Innovation and Evidence Base

Technology plays an important role in shaping the future of elderly care (Mace, Mattos, and Vranceanu 2022). In fact,

socio-healthcare practices like Care Well and Selfie have embraced electronic healthcare systems and platforms that facilitate integrated care and communication among healthcare professionals. These technological advancements can improve care coordination and access to services for older people, particularly those with limited mobility (Garçon et al. 2016), consequently improving treatment and monitoring plans for older adults and their families. As such, caregivers and clinicians should incorporate not only the physical but also emotional, social, and spiritual dimensions of health into the nursing approach.

The implications of the current integrative review encompass clinicians, researchers, managers, administrators, and policy-makers. Integrated care aligns with the needs of clinicians in addressing the complexity of elderly patients. Accordingly, educators can integrate person-centered care into curricula, researchers assess the effectiveness of care, managers prioritize patient well-being, and policymakers develop equitable and high-quality care programs, all of which improve the well-being of the elderly population within the Mediterranean Basin.

#### 4.2.2 | Ethical Considerations and Gender Perspective

Ethical principles underpin the foundation of many socio-healthcare practices, emphasizing values such as dignity, autonomy, and respect for individual beliefs. Care Well, for instance, prioritizes empowerment as an extension of the autonomy principle, whereas We Do identifies equality, accessibility, and inclusion as its project's ethical underpinnings. In addition, gender-specific programs within socio-healthcare practices, such as IDDRAAC and Takaful and Karama, address the unique needs of women regardless of whether they are care recipients or caregivers. This recognition of the diverse ethical and gender dimensions of care is crucial for developing inclusive and culturally sensitive care models (Turkson-Ocran et al. 2022).

#### 4.2.3 | Cultural Sensibility

In general, most of the identified initiatives raise the need to consider cultural aspects in care delivery. In a globalized world, healthcare is faced with the challenge of serving an increasingly diverse population. Cultural sensitivity thus becomes a crucial element in ensuring quality and equitable healthcare (Latif 2020).

Considering cultural sensitivity involves understanding and respecting a patient's cultural beliefs, values, and practices. This means avoiding assumptions, biases, and stereotypes, and instead establishing open and respectful communication with each individual (Stubbe 2020).

Incorporating cultural sensitivity into social and healthcare care enhances trust between patients and healthcare professionals, which promotes adherence to treatment and better health outcomes; in another way, it also contributes to reducing health disparities and allows addressing the specific needs of minority groups that are often in vulnerable situations (Chae et al. 2020).

### 4.3 | Limitations

This review offers insights into socio-healthcare practices for the elderly in the Mediterranean Basin based on the available evidence. However, some limitations need to be addressed. First, inclusion based on publications might overlook effective practices lacking scientific support. Moreover, practices not published in scientific literature could bias efficacy assessment. Second, our analysis only focused on alignment with care paradigms and not specific outcomes. Research conducted in the native language of the target participants is vital for culturally aligned models.

### 5 | Conclusions

Based on available evidence, our findings showed that socio-healthcare practices for elderly populations emphasize holistic and integrated care models, ethics, and innovation. Future research should rigorously evaluate the impact of socio-healthcare practices on health, well-being, and quality of life. Moreover, new eldercare frameworks should integrate socio-healthcare, ethics, social inclusion, gender perspective, and technology while also respecting cultural values. More robust evidence and wider dissemination are imperative for research into Mediterranean elderly care.

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#### Ethics Statement

The authors have nothing to report.

#### Conflicts of Interest

The authors declare no conflicts of interest.

#### Data Availability Statement

The data are available upon request to the corresponding author.

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