

Understanding 'value' in the context of community-based interventions for people affected by dementia: A concept analysis

Nathan Stephens   | Shirley Evans | Chris Russell | Dawn Brooker

Association for Dementia Studies,
University of Worcester, Worcester, UK

Correspondence

Nathan Stephens, Association for
Dementia Studies, University of
Worcester, Worcester, UK.
Email: n.stephens@worc.ac.uk

Abstract

Aim: This study aimed to conduct a concept analysis of value in the context of community-based interventions for people affected by dementia.

Background: Concepts of value play a critical role in shaping the delivery and distribution of community-based health interventions through related concepts. However, the use and meaning of 'value' is rarely clarified limiting the term's utility in practice and research. Increasing need for community healthcare and scarce public resources means developing understanding of value in community-based interventions for people affected by dementia is timely, and may support more informed approaches to exploring, explaining and delivering value.

Design: Evolutionary Concept Analysis was used to systematically determine the characteristics of value.

Data Sources: Peer-reviewed and grey literature databases were searched between April and July 2021, with 32 pieces of literature from different disciplines included in the final sample. No limits were set for the years of literature retrieved.

Methods: Literature was thematically analysed for information on the antecedents, attributes and consequences of value.

Results and Discussion: The analysis uncovered a need and/or desire to understand the experience of people affected by or that affect interventions; and to demonstrate, prove/disprove the (best) quality and nature of results of interventions as antecedents of value. Attributes of value were stakeholder/person centred, measurable, time and context dependent and multidimensional. Consequences of the concept included shared decision-making, valuation of interventions and internal/external investment and development of interventions.

Conclusion: Through concept analysis value can now be better understood and applied. The development of a conceptual model to illustrate the constituent elements and relationships of the concept adds transparency to *where*, *why* and *how* concepts of value are enabled that supports future concept development.

Patient and Public Contribution: No patient or public contribution.

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KEYWORDS

community-based interventions, concept analysis, dementia, nursing, value

1 | INTRODUCTION

This paper presents a concept analysis of value in the context of community-based interventions for people living with dementia and unpaid carers (people affected by dementia hereafter). For the purposes of this article, community-based intervention refers to non-pharmacological interventions delivered across a range of community settings (home, place of worship, recreational spaces) at various levels (neighbourhood, place, national) that have one or several components (education, reminiscence, physical activity) and aim to promote the well-being of people affected by dementia [CBIs].

In the UK, most people living with dementia are in the community (61%) (Social Care Institute for Excellence, [n.d.](#)). Community-based responses to dementia such as Dementia Friendly Communities and Meeting Centres are imperative (Scottish Government, [2023](#)). The receding role of the welfare state since 2010 (Davies, [2019](#)) has meant most CBIs are provided by the third sector with insufficient investment that has created a climate of competition and issues of sustainability (Morton et al., [2021](#)). Hence, many CBIs are short term and small scale which contributes to a gaping post-diagnostic support [PDS] gap (up to 85% globally) (Alzheimer's Disease International, [2022](#)). There are national commitments to increase availability and uptake of community-based PDS (Scottish Government, [2023](#)), in which evidence of value can leverage investment and sustainability.

The shift (or shunting) of responsibility from government to communities is just one context where nuances of value have emerged, not least because we now live in an age of (e)valuation. Funders expect robust evaluations to ensure best use of scarce public resources. Yet, robust evaluation is technically complex, requiring hard skills and additional resources that many community-based organizations do not have. To support organizations, evaluation and impact frameworks (e.g. Social Return on Investment, Inspiring Impact) have been developed and variably used to value CBIs (Banke-Thomas et al., [2015](#)), though evidence is rarely reported in the public domain (Adams et al., [2016](#)). Thus, limiting the use and usefulness of evidence to inform decision-making and support knowledge translation.

Overall, there has been a proliferation in the use and meaning of value in recent decades (Dick et al., [2017](#)). However, a preliminary literature search of CBIs literature identified limited definitions of value, a lack of consistency when definitions were used and weak appreciation of context as a distinguishing feature of developing and evaluating complex social interventions (Skivington et al., [2021](#)). In this paper, context refers to any feature of the conditions that an intervention is rationalized, developed, implemented and evaluated (Skivington et al., [2021](#)). Developing an understanding of value in the context of CBIs may, therefore,

support more informed approaches to exploring, explaining and delivering value.

2 | BACKGROUND

To understand the concept of value, it must be situated in the broader theoretical and contextual background of the analysis: community-based interventions.

2.1 | Community-based interventions

'Community-based' may refer to the intervention setting, for example, leisure centre, place of worship, or café, and by the location it is delivered, for example, neighbourhood, city, or region (McLeroy et al., [2003](#)). There are varying approaches to 'community-based' practice (Meadowcroft, [2004](#)). These include engaging communities to input on the development of interventions; as a resource/asset; and community as agent, which similarly prescribes strengthening the 'supportive capacities of communities' to address complex social challenges. However, public health measures to reduce the impact of COVID-19 pandemic are restricted, and, in some cases, cut critical community-based support prompting and accelerating a shift in the way CBIs are delivered and evaluated. In-person provision was not possible; therefore, remote approaches, technological (phone calls, online) and non-technological (letters, activity packs, doorstep visits), were implemented (Evans et al., [2021](#)). For many organizations, this was a fundamental change in design and delivery, particularly the 'platformization'ⁱ of community-based support creating many nuances to concepts of value. Consequently, concepts allied with health and social care, such as value, need to be (re)considered following the COVID-19 pandemic (Locatelli & Lovari, [2021](#)).

Types of CBIs include, but are not limited to, psychosocial, care coordination, arts-based and educational (Harding et al., [2020](#)). At a national level, 'Memory Cafes' (Burrows, [2020](#)), 'Singing for the Brain' (Alzheimer's Society, [2020](#)) and 'Meeting Centers' (Evans et al., [2022](#)) are notable examples. Generalizing, CBIs exist to prevent, alleviate and delay the onset of neuropsychiatric symptoms and promote general well-being of people affected by dementia (Olazarán et al., [2010](#)). This can enable people to live independently in their communities reducing demand for healthcare intervention (Knapp et al., [2014](#)). This demonstrates the multiple dimensions (social, economic, psychological) and perspectives (funders, service providers, health professionals, researchers, public) through which concepts of value can be defined, and the complexity of generalizing value across a range of contexts (Reilly et al., [2020](#)).

2.2 | Value

Economic assumptions of value dominate literature, mainly due to the aim of achieving high quality services for those drawing on health and social care, and value for money for those funding and providing services. A common definition used in the field is “the health outcomes achieved per dollar of cost spent” (Pappas, 2013, p. 124). However, this definition is problematic as, typically, CBIs are delivered by the third sector to fill gaps in the health and social care pathway, and conventional economic analysis fails to capture the wider non-health impacts in modern societies that have important economic value (Jordan, 2021). This has challenged governments to rethink the traditional financial value model of service procurement through legislation and wider reforms (Teasdale et al., 2012), such as the Public Services (Social Value) Act 2012 and ‘Social Value Model’ in the UK (Government Commercial Function, 2020).

Value is also socially constructed by what is being produced or depleted in everyday interactions (Jordan, 2021) and can refer to an individual's judgement of what is important (values), accepting personal values in dementia contribute to the provision of care (Brooker & Latham, 2015), perception of health (Smith et al., 1995) and valuation of Quality-of-Life states (Ratcliffe et al., 2019). These forms of value manifest at individual, community, organizational and societal levels and are heavily influenced by societal norms and principles that are embedded in social structures (hospitals, schools, workplaces and councils) and embodied in everyday thought and behaviour.

2.3 | Problem statement

The basis for this article is explained by the seminal works of Perry (1954, Chapter 1) and other value theorists, to ask “*Precisely what is meant by ‘value’*” in the context it is being applied. This article, therefore, aims to determine the key elements of value through theoretical concept analysis and construct a conceptual model that makes clear the constituent parts that form concepts of value in CBIs. This is necessary to provide a clearer understanding of what ‘value’ means to inform definition, interpretation and application of value in research and practice.

3 | METHOD

“Concept analysis makes a pattern of usage explicit” (Risjord, 2008, p. 688). This is addressed by either building clarity around vague associations with the concept or developing operational definition (Morse, 1995; Paley, 1996). The former is the purpose of this analysis because value should be defined by what matters to individuals (Singh, 2016), and CBIs are adaptively implemented to fit local contexts and needs (Mangiaracina et al., 2017) and defined by properties of emergence and adaptation (Moore et al., 2017). Such complexity

has led to growing support for research approaches that understand why and how value is created (or not), as opposed to merely report what value is being created (e.g. aggregated effectiveness) (De Silva et al., 2014; Skivington et al., 2018, 2021). Additionally, concepts of value evolve with the political climate, for example, implementation of the Social Value Act in 2012.

At best, we can aim to understand value in CBIs. At worst, we could contribute to the ambiguity that rationalized this paper in the first place, by reducing a mass of contextually nuanced information into a single standardized definition. As this paper makes clear, a definition of value should not be pursued as a soluble issue, but rather a developmental one that warrants recurrent appraisal that is temporally and contextually sensitive. Consequently, Roger's Evolutionary Concept Analysis [ECA] (2000, p.91) was used to inductively explore the contextual basis of the concept through systematic literature search and analysis to determine the situations and variances in which value is used by ‘diverse perspectives’ to explain the “current status of the concept” in the context of CBIs (Cowles & Rodgers, 2000, p. 104). Figure 1 sets out the stages of ECA (Tofthagen & Fagerström, 2010).

3.1 | Data sources

To review the literature a search strategy, see Figure 2, was developed in consultation with a health and social care librarian. CINAHL, MEDLINE, APA and PsycInfo databases were searched between April and July 2021, firstly by using the terms ‘value’ and ‘community-based intervention, program, services, and support’ which yielded 2884 results. To narrow the focus of the search to dementia, ‘people affected by dementia’, ‘dementia’, ‘Alzheimer's’, ‘cognitive impairment’, ‘memory loss’, ‘cognitive decline’, ‘mild cognitive impairment’ and ‘people with dementia’ were added as search terms yielding 108 publications. Twenty-three publications were extracted and 13 were included in the sample which were focused on healthcare, social work, health economics, health policy and public policy. Types of literature included report, systematic review, trial, commentary, qualitative, quantitative and mixed method. Applying the same search terms, Google Scholar was concurrently searched as a database for reviewing grey literature. Due to the high number of publications, literature was assessed for eligibility until a point of saturation. Nineteen publications were extracted, and all were included in the final sample of 32.

Only two definitions of value were found in the sample (Thoma-Lürken et al., 2019; van Haeften-Van Dijk et al., 2016) and so the literature was purposefully added to the sample to include widely used definitions of value in healthcare (Porter, 2010; Porter & Teisberg, 2006). Despite these documents offering contextually different concepts of value (see Paley, 1996), they contributed effectively to the discovery of attributes (need to understand experience of people living with dementia), antecedents (person-centred practice) and consequences (meet people's needs/wishes) because use and meaning was familiar.

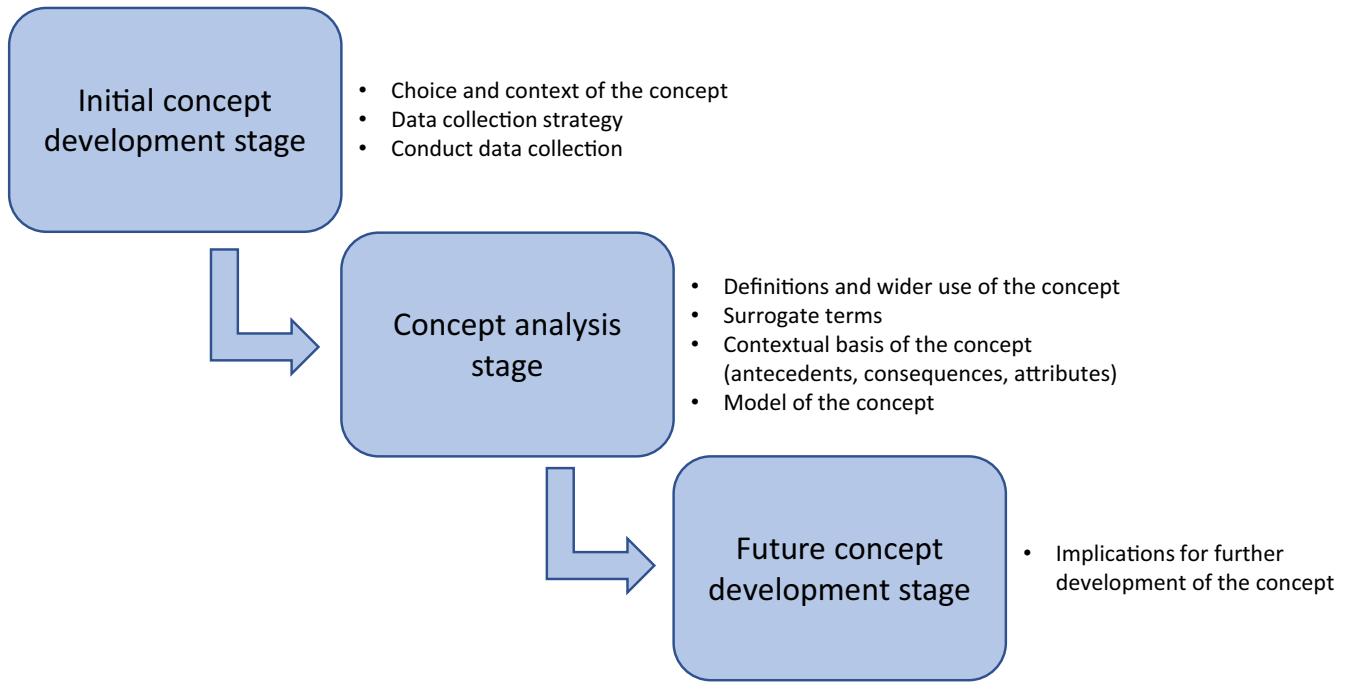


FIGURE 1 Stages of evolutionary concept analysis (adapted from Tofthagen & Fagerstrøm, 2010).

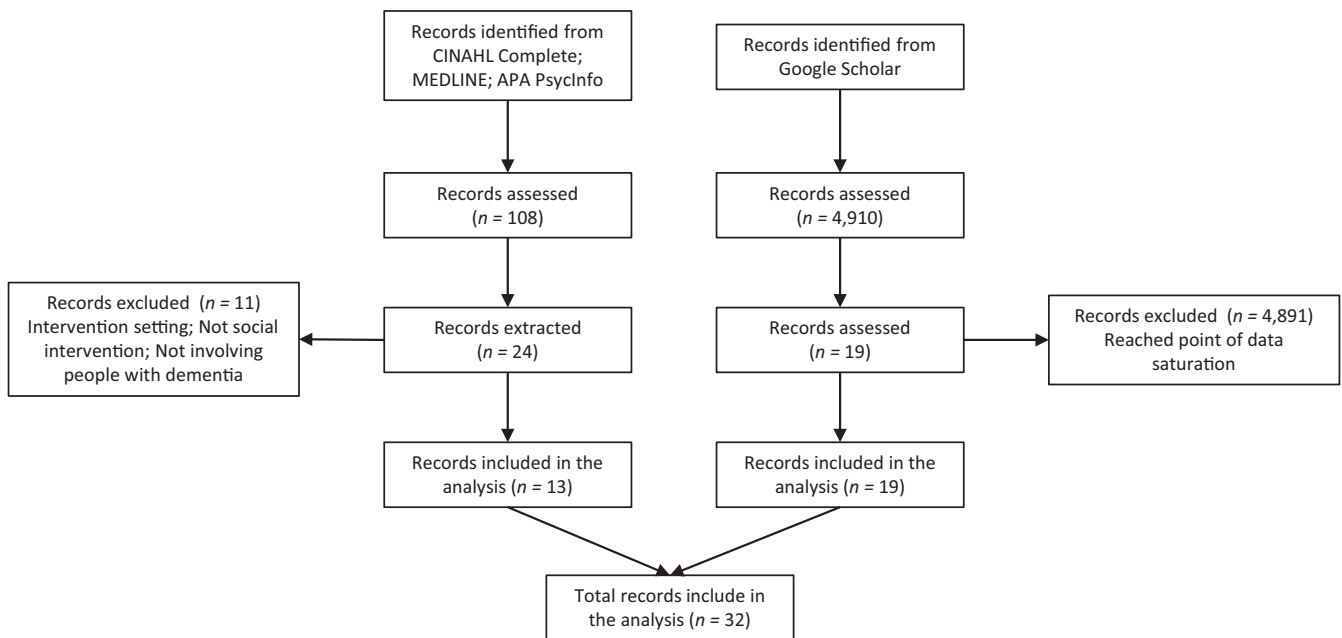


FIGURE 2 Literature search strategy.

3.2 | Data analysis

The analysis was completed by a white male with lived experience of paid and unpaid dementia care. Sample literature were first read in their entirety and familiarization notes created that summarized *how* and *why* concepts of value were enabled. Sample documents were read once more and thematically analysed (Braun & Clarke, 2006). Semantic and latent codes were discovered

according to the antecedents, attributes and consequences of the concept (Rogers, 2000).

In concept analysis, it is important to make explicit *how* attributes were 'evaluated' and *why* they 'resemble' the concept to be transparent about the analytical approach taken (Paley, 1996). Attributes were evaluated by reviewing how literature defined and/or described value in the context of CBIs. However, the lack of definitions meant that researcher reflexivity was necessary to construct meaning and

patterns from vague and disparate uses of the concept including surrogate terms and concepts. Familiarity of codes and relevance of the data to the context of CBIs was used as a two-pronged approach to support validity. Analysis was peer reviewed by a Senior Research Fellow for verification of reliability and consistency of approach.

4 | RESULTS AND DISCUSSION

Results of the analysis are presented and discussed in line with the ECA framework (ibid), as follows: (1) definitions and wider use of the concept; (2) surrogate terms; (3) contextual basis (antecedents, consequences, attributes); (4) model of the concept; (5) conclusion and (6) implications for further development of the concept.

4.1 | Definitions and wider use of the concept

A sociologically inspired concept of value identified in the sample defines it as “the degree of becoming better/worse off experienced by the customer (temporally fluctuating)” (Thoma-Lürken et al., 2019, p. 175). An economic definition of value was added to the sample due to a limited number being identified in the original sample. Porter (2009, p. 109) defines value as “the health outcomes achieved per dollar spent”. This definition is akin to the ‘value-based healthcare’ framework introduced as a way of restructuring care systems with the goal of value for patients with value defined as the ‘health outcomes per unit of costs’ (Porter & Teisberg, 2006). Others describe a more socially constructed concept of ‘value-based care’ as a “person-centered model”, “characterized by a team-based approach” to provide “individuals meaningful and compassionate care that helps them achieve the health outcomes that matter most to them” (Aguirre et al., 2019, p. 3). Adding to variations of ‘value-based care/healthcare’, Berkowitz et al. (2019) describe a delivery model in which professionals are paid or rewarded for improving people’s health. However, none of these were applied in the context of CBIs.

van Haften-Van Dijk et al. (2016, p. 632) operationalized value as the “differences in outcomes, i.e., care needs, behavior and mood problems, and quality of life” of people living with dementia, to “draw conclusions about the potential added value of transforming” nursing home day care to community-based care. No definition of value was given in the study though positive care needs, behaviour and mood problems and quality of life outcomes are indicators of value, and thus value seems the sum of these parts, highlighting the concepts multidimensionality.

‘Social Value’ was also identified in the analysis and described as “a concept of value that goes beyond what can be captured purely in financial terms by incorporating social, environmental and economic elements to calculate the total value”. Social value was used to evaluate a peer support group (Willis et al., 2018, p. 269) and arts-based intervention (Jones et al., 2020, p. 113). No definition of value was found in either study.

4.2 | Surrogate terms

Surrogate terms are those identified in the literature that are used to express the concept. ‘Benefit’, ‘importance’, ‘appreciate’, ‘impact’ and ‘preference’ were frequently found terms; however, a total of 15 were discovered (see Figure 3). While exploration of each term is beyond the scope of this analysis, they can be thematically grouped based on whether they have objective or subjective connotations. A deeper analysis shows how the relationship between the objective and subjective grouped surrogate terms and value can be interactive and developmental. For example, the *belief, meaning and importance* (subjective surrogates) attached to CBIs by researchers, allied professionals and public ultimately rationalizes and determines *benefit, effectiveness and impact* (objective surrogates).

Overall, there were few definitions of value found in the literature and those that were had been operationalized, which according to Paley (1996) warrants conceptual analysis to clarify what prompted use of the concept. In addition, multiple word classes were identified including ‘valued’, ‘values’, ‘valuable’, ‘valuing’ and ‘valuation’. Lack of definition, multiple word classes and surrogate terms used interchangeably added complexity to the analysis and further validated the need for conceptual analysis.

4.3 | Contextual basis of the concept

According to Rogers (2000), to define a concept, one must engage in identifying the contextual and temporal basis of the concept and refers to *antecedents* and *consequences* as the key divisions to do so.

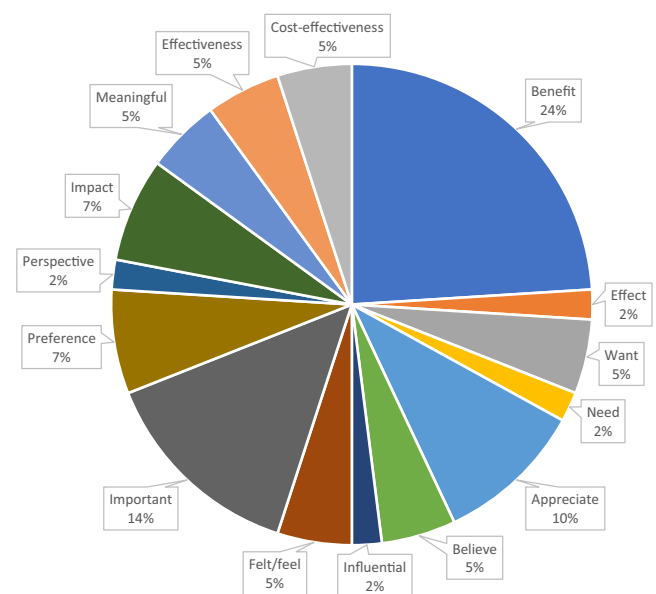


FIGURE 3 Surrogate terms by percentage of total.

4.3.1 | Antecedents

Analysis of the sample literature provided two definitive and distinctly interrelated antecedents of value:

1. a need and/or desire to understand the views and experience of people affected or that affect CBIs, and;
2. to demonstrate, prove/disprove the (best) quality and nature of results relating to CBIs

The desire to compare CBIs to other forms of support/care found in the analysis influences value as an 'order of worth'. However, *comparison* was enacted in this context as the study design (e.g. comparison trials) which facilitated the valuation of interventions to prove/disprove the 'best' quality intervention (e.g. changes in health and well-being). Therefore, antecedent one can exist as a *consequence* of the second, which can also exist as a development of the first, highlighting a symbiotic relationship where it is possible to develop a research programme or CBI focusing on the antecedents of value (Heinich, 2020). For example, assessing the needs of a population during intervention development can be used to develop socially relevant measures to prove/disprove efficacy, demonstrating a mutually beneficial relationship.

4.3.2 | Consequences

Antecedents, in part, determine the consequences which collectively make the contextual basis of value in CBIs. Consequences found in the analysis were:

4.3.2.1 | Shared decision-making

People affected by (unpaid carers) or that affect (staff/volunteers) CBIs engage in a "collaborative approach in deciding what activities are organized". Value acts as a basis and means for stakeholders, notably people living with dementia, to communicate their preferences but also participate in decision-making over the support they receive (van Haeften-Van Dijk et al., 2016, p. 631).

4.3.2.2 | Valuation of CBIs

Researchers build knowledge of the health, social and economic impacts of CBIs to elaborate a robust and evidentially informed understanding of the different kinds of value (Kelsey, 2021). They operationalize and form conclusions of *value* and *added value* in varying ways, for example, by comparing the effectiveness and cost-effectiveness of different interventions against a set of defined outcomes. Staff, volunteers and people attending also lead on the valuation of CBIs to ensure they are designed and delivered relative to the people and communities they intend to serve (relating to Consequence 1).

4.3.2.3 | Internal and external investment and development of CBIs

Value acts as way to interpret "how best to invest...budget" (Willis et al., 2018, pp. 122, 277) and "aid decision making for those looking to commission, invest, or set up interventions"; "as it can facilitate the assessment of..." 'value for money'. If decision-making involves key stakeholders, investment and development will be driven by "the perspectives of those who matter...most", relating to Consequences 1 and 2 (Ratcliffe et al., 2019, p. 81).

4.4 | Attributes

Attributes are the defining characteristics of the concept found in the analysis. These are (1) Stakeholder- and person-centred; (2) Measurable; (3) Multidimensional (health, social, and economic) and (4) Time and context dependent.

Inclusion of different disciplines in the sample and significant influence of context on value has resulted in population-level attributes. Consequently, a "pure exemplar" of the concept could not be discovered (Walker & Avant, 2005, p. 69). The generalizability of attributes means they cannot be applied to a precise incidence of the concept with definition (Paley, 2019), yet they do offer a "current status of the concept by identifying a consensus" found in literature which provides the basis for a middle-range descriptive theory of the concept (Cowles & Rodgers, 2000, p. 104). For example, we have integrated grand and normative theories, such as social value and person-centredness, with context-specific (i.e. CBIs) empirical and observational evidence to construct a practical theory of value in CBIs, and in doing so, offer direction for further inquiry (Risjord, 2011).

4.4.1 | Stakeholder and person centred

There is emphasis on involving and engaging people affected by dementia, key stakeholders (those who have an interest, affect upon, or are affected by dementia) and the community in practice and research to set priorities and develop and evaluate interventions (Woolf et al., 2016). Through this process of sharing experience and stating preferences, concepts of value are enabled. For example, Reilly et al. (2020, p. 2) describe stakeholder involvement to "identify which outcomes are regarded as important" to define effectiveness and understand how to achieve the best outcomes for key stakeholders. Hence, stakeholder involvement has a critical focus on accountability through advocating and acting on people's wishes, however, is challenged by stakeholders competing interests and objectives (Heward et al., 2017). For example, there are political imperatives to reduce inequalities (e.g. 'level up'), yet at the same time commissioners need to make cost-efficiencies in times of fiscal conservatism, while throughout all this should be the involvement of public and professionals who again have varying interests. This begs the question, who is judging value?

In a similar vein to being stakeholder centred, a specific focus in dementia has been on person-centred practice which is widely adopted as a value-based approach to understanding and acting on the preferences of people living with dementia (Brooker & Latham, 2015; Department of Health, 2016). Person-centred practice is referenced explicitly and implicitly throughout the literature and defined as “care in which individuals’ values and preferences are elicited and once expressed, guide all aspects of their health care, supporting their realistic health and life goals” (Goodwin, 2016). It is suggested to empower people living with dementia to “participate in decision-making around the care they receive” (Femiola & Tilki, 2017; van Haefen-Van Dijk et al., 2016). A limitation of this literature, however, is the failure to tie theory and practice of person-centred to human rights, social justice and citizenship lenses which make explicit the interactions between individual and the state (Brannelly, 2016). This would help identify the intersectional experiences of dementia (e.g. race, class, gender, age), whereas the sampled literature simply reinforces person-centred practice as a procedural task for professionals through which default disease pathologies dominate (O’Brien & Blessing, 2011).

As an explanatory attribute of value, an important consideration relates to the participation of people affected by dementia. In reality, CBIs intend to involve people affected by dementia yet rarely do so in a meaningful way (Buckner et al., 2019; Heward et al., 2017; Mathie et al., 2022). Additionally, in research, family, friends and healthcare professionals are commonly used as a proxy for people living with dementia preferences because of resource, time and ethical constraints (Heward et al., 2017), despite proxies consistently underestimating what people living with dementia value (Reamy et al., 2011).

4.4.2 | Measurable

Measurement of intervention outcomes to determine value was common in the sample. This is not surprising, as the value-measure nexus is a major aspect of social theory and research (Brighenti, 2018). Thoma-Lürken et al. (2019, p. 175–180) explored community care workers’ perception of becoming ‘better/worse off’ to assert the ‘added value’ of a digital resource that aids decision making. They concluded, “the added value...described by the participants needs to be operationalized into concrete and objective outcome measures”. It is common practice in effectiveness research to compare outcomes between CBIs to determine “added value” (Meiland et al., 2020; van Haefen-Van Dijk et al., 2016, p. 620). Thus, value is simplistically reduced to aggregated effectiveness, and added value, the degree to which aggregated effectiveness compares to and exceeds that of another intervention (Drummond et al., 2015). Concerningly, a health equity perspective is rarely integrated into dementia effectiveness research (Nicholls et al., 2023). There is a risk, therefore, that current value judgements are unfair and contributing to the ineffective prioritization of resources.

Another axis of this attribute is the relevance of measurement instruments used. For example, Ratcliffe et al. (2019, pp. 78–79) explored “what attributes of quality of life they [people living with dementia] had currently and what they would prefer to have”, to inform more relevant “measuring and valuing” of quality of life. Harding et al. (2020) review of CBIs found that “no instrument is sufficiently reflective enough of what key stakeholders’ value”. Others have attempted to “attain agreement from...stakeholders on what outcomes should be measured as a minimum”, suggesting that value is as a way of portraying what should be measured (Reilly et al., 2020; Singh, 2016). The literature juxtaposes objective value with subjective value, for which a focus on measurement attempts to unite both perspectives. While the dominant narrative suggests measuring outcomes that are important to people to promote objectivity, value is relative (temporally and spatially dependent) in the context of CBIs, particularly for people living with dementia due to the degenerative nature of dementias.

A final consideration of ‘measures’ influence on concepts of value is the failed marketplace that CBIs operate in such as competition, under-investment and inequitable distribution of services. In this context, any “market-driven allocation is likely to be inefficient” and hence concepts of value that arise from such are based on assumptions that will change over time depending on a fluctuating and failed market (Finch et al., 2020, p. 1).

4.4.3 | Multidimensional (health, social and economic)

Multiple dimensions of value were discovered and included those of health, social and economic. Dimensions stem from people’s diverse perspectives of what value means (researcher, health professional, public) and *measure* being inherently multidimensional because CBIs impact different outcome domains such as practical, physical and psychological well-being. Frequently data that supported the social dimension simultaneously supported health, reaffirming health as a social construct in the context of dementia (Dröes et al., 2017; Huber et al., 2011). Consequently, health and social dimensions are jointly discussed.

4.4.3.1 | Health and social

Social factors identified were functional abilities, carer respite, social functioning (relationships with others and community), emotional well-being, professional development or prestige, confidence and practical adjustment (service utilization). A weakness of this discussion is the absence of a health inequality perspective and that all outcomes are related to individual-level changes that do not appreciate the multilevel complexity of CBIs (individual, organizational and system levels) (Peters, 2014).

Social factors were used to conceptualize ‘wellbeing’ or ‘quality of life’. For example, Fields et al. (2019, p. 8) measured feelings of control and increased community engagement to determine well-being. However, the volume and heterogeneity of outcome measures, and

the need for such to be socially relevant are problematic in determining their validity (Bowling et al., 2015). These issues formed the basis of Reilly et al. (2020) study, which attempted to reach a consensus on a set of outcomes for evaluating CBIs. Thirteen outcomes, many of which are listed above as relating to 'social health', are considered "what people value in order to live well with dementia", supporting the worldview of value as what 'should be measured' (Redding, 2016).

4.4.3.2 | Economic

Two economic evaluations were returned in the literature review. Willis et al. (2018) and Jones et al. (2020) used a 'social value' framework to account social and economic impact. The concept of social value is described as "the quantification of the relative importance that people place on the changes they experience in their lives" (Social Value International, 2012, p. 8). This information provides a 'return on investment' ratio akin to cost-benefit analysis that is suggested to support internal and external investment and development (McIntosh et al., 2010). Despite outcomes measured in the studies being socially constructed (values), the purpose for using the social value approach frequently stems from proving value for money (Arvidson et al., 2010). Both studies identify and measure costs and benefits using market prices, reasserting the relative nature of value discussed earlier, before calculating the return on investment.

Economic evaluation of CBIs is scarce. There is a lack of information to compare the value (improvement in length of life and/or quality of life) of different CBIs for the resources expended. Discussion here is limited to one 'valuation paradigm' (social cost-benefit analysis) though approaches to assessing financial efficiency have proliferated in recent times operationalizing concepts of value in varying ways that warrant consideration (Edwards et al., 2013; Thomas & Chalkidou, 2016).

4.4.3.3 | Time and context dependent

Time. Several studies explain the temporal relationship of time in the creation and determination of concepts of value in research and the degree to which assumptions of value can be considered true or trustworthy. van Haeften-Van Dijk et al. (2016), p. 620) measured "change in health over time to assert value", following participants over 12 months, illustrating the view that time is a mandatory criterion for suggesting causation of outcomes, and thus value (Thiese, 2014). Others further the point, implying the need to measure change longitudinally to properly observe outcomes (Faw et al., 2021), and exploration of value needs to be "sensitive...to detect change over time" (Ratcliffe et al., 2019, p. 76). Consequently, the period outcomes of CBIs are observed contributes to understanding and confidence of what value means, or perhaps determines it, in the case of van Haeften-Van Dijk et al. However, all studies were short-term limiting detail pertaining to the time-value-measure relationship.

Discussion here is limited to research time (frame) and equally important is the contribution of 'lived time'. This is particularly pertinent in the context of CBIs because people's lived and learned

experience is an 'important' and 'active' enabling factor for being supported and managing the dementia pathway (Eriksen et al., 2020). For instance, people's identity changes due to their everyday experiences, competencies are required of unpaid carers at different stages of the disease, and varying levels of support and coercion from the state (Brannelly, 2016). Factors affecting the rights of people affected by dementia are, therefore, time and context dependent (Lewis et al., 2014).

Context. The analysis found 'context' to be an influential attribute of value. Context is a fundamental factor in the development and evaluation of CBIs (Skivington et al., 2021), sociology of valuation (Heinich, 2020) and concept analysis (Risjord, 2008, p. 687). Context refers to situations affecting programme development, implementation and evaluation such as location, political and social climate, economic conditions and intervention/group/organizational levels. Evidence of 'context' influence on value found in the sampled literature included how the expertise of a person delivering a therapeutic arts intervention and the size of the intervention affects the value created for recipients (Kelleher, 2001). In the same vein, van Haeften-Van Dijk et al. (2016, p. 620–625) attribute value to the innate personalities of those running and attending interventions, and in a broader sense, the physical context. Resources, human capacity and intervention scale are suggested to determine value by increasing a "programmes recognition in...communities" and improving the standard of provision by employing full-time specialists. This narrow appraisal ignores contextual factors that affect development, implementation and evaluation such as how resources are distributed (top down/bottom up) and to whom (national charities/grassroots organizations, deprived/affluent communities). For example, large third-sector monopolies such as Age UK and Alzheimer's Society are restricted by financial value principles (economies of scale, profit) as opposed to driven by social value (equality, inclusion). This context leaves many community initiatives at odds with their aims and what individuals and society need (Bailey et al., 2013; Davies, 2019). The dynamic nature of value in CBIs means that there is a need for pragmatic research approaches that consider the influence of programme contexts and complexity on value propositions (Crane et al., 2019).

4.5 | Conceptual model of value

Describing a "pure exemplar" of the concept is said to illustrate the defining attributes (Rogers, 2000). The inclusion of diverse perspectives and influence of context on concepts of value meant attributes were aggregated to population-level characteristics and so could not be applied to a precise incidence of the concept with definition. Instead, a conceptual model was developed that provides the basis for a middle-range descriptive theory of value in this context (Walker & Avant, 2005, p. 69). Development of a model goes further than most concept analysis (Paley, 2019). Figure 4 illustrates the antecedents (A), attributes (B) and consequences (C)

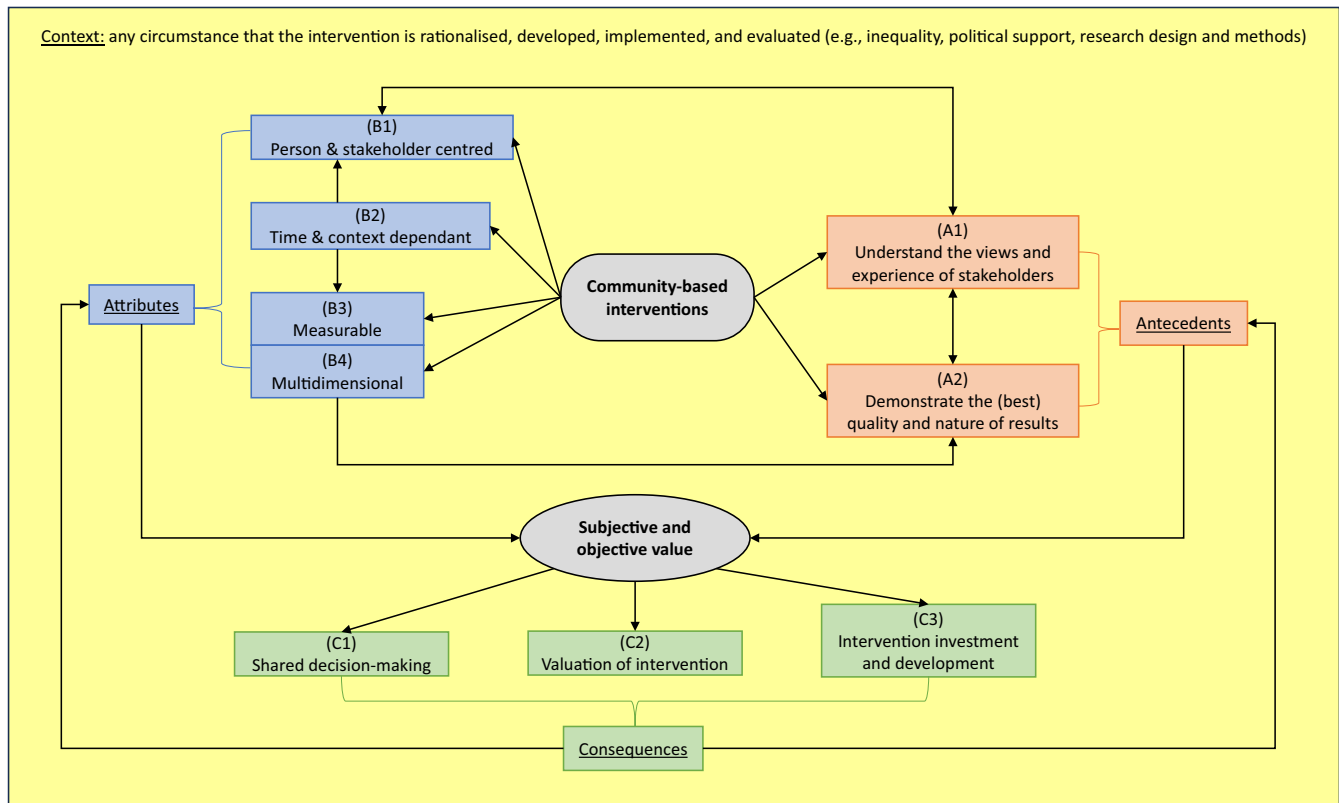


FIGURE 4 Concept model of value in the context of community-based interventions for people affected by dementia.

uncovered in the analysis to depict a theoretical model of value in CBIs.

To understand the views and experience of stakeholders (A1) relates to subjective value for which 'person and stakeholder centered' (B1) approaches are an associating attribute. Associated with objective value is the need/desire to demonstrate the (best) quality and nature of results (A2), which is attributed to the health, social and economic dimensions of CBIs (B4), primarily through measurement of costs and effects (B3). The antecedents and attributes enable concepts of subjective and objective value through which the valuation of interventions (C2), shared decision making (C1) and investment and development (C3) are consequences. However, the development and therefore our understanding of subjective and objective value is practically (e.g. resources available), methodologically (e.g. research design and methods used) and politically (e.g. competing interests) challenged. The time- and context-dependent nature of value in CBIs (B2), along with the nuances of value created through consequences, makes it appropriate to revisit value.

5 | CONCLUSION

This study has found 'value' to be a key term used or inferred (through surrogates) in literature. However, few definitions were provided, with much of the literature operationalizing or not providing any clarity on the use and meaning of value. Surrogates such as benefit, importance and appreciation, and different word uses including values and valuation were prevalent and used interchangeably

with little or no theoretical perspective. A theme uncovered in the analysis was the lack of transparency as to why and how concepts of value were enabled, and this warrants further attention (e.g. consideration of equity). Value is a semantically complex term that is misunderstood. Despite this, concepts of value have utility in dementia through theories of person centredness (Brooker & Latham, 2015), value(s)-based healthcare (Porter & Teisberg, 2006), health economics (Treasury, 2022) and the measurement of outcomes (Harding et al., 2020; Reilly et al., 2020).

In conclusion, through ECA a 'general-consensus' middle-range descriptive theory of the concept has been constructed providing a space in which questions and hypotheses can emerge and drive concept development (Rogers, 2000; Tofthagen & Fagerström, 2010). Greater understanding of value in CBIs can promote the aims of CBIs through clarifying value-based practices (Prilleltensky, 2001). For example, by helping professionals identify attributes of value that are key to their activities, and for people affected by dementia, clarify the purpose of the intervention they are utilizing. Furthermore, the concept's complexity can be better understood, for example, the variety of approaches taken and how these predispose value propositions of CBIs.

6 | RECOMMENDATIONS FOR FUTURE CONCEPT DEVELOPMENT

The concept of value presented in this article would benefit more contextually refined concept analysis, for example, by focusing on a

single stakeholder group (people affected by dementia), specific intervention (care coordination) or/and theory (person centeredness).

A lack of transparency as to *where*, *why* and *how* concepts of value were enabled needs to be addressed for concept and practice development. Particularly for the value-measure nexus which is a key mechanism for concepts of value in this context, connecting subjective and objective conceptions through which definitions of 'value' and 'added value' are formed. For example, more comprehensive and linked reporting (e.g. intervention description, programme theory) on CBIs is needed to understand intervention context and generative mechanisms that explain *where*, *why* and *how* value is created (or not) (King, 2021).

Many studies conclude that value is a product of positive outcome experienced by participants of CBIs. Therefore, ensuring people affected by dementia are involved and described (class, gender, race) in concept analysis will aid comprehension of issues of power, class and inequality. Reporting *who* and *how* individuals/agencies were involved (i.e. type) is important to promote transparency and accountability of concepts of value (Cotterill et al., 2018), and using measures like the Indices of Multiple Deprivation is useful to decision-making who should be using inequality metrics.

A final thought that is overlooked in this context is scale and scalability (ability of CBIs to be scaled) (Milat et al., 2013). Evidence of value is mainly from single interventions operating at a local level which has resulted in a lack of evidence to inform scaling of CBIs. For CBIs to be replicated at the scale and pace needed, researchers and practitioners should consider scaling science, for example, to assess scalability (e.g. monitoring and evaluation, systems readiness, workforce issues) and report scaling outcomes (e.g. costs, fidelity, adoption) (Milat et al., 2020).

Limitations of the analysis were the scarcity of published evidence from the third sector, absence of studies considering value in the context of the COVID-19 pandemic and high number of grey documents retrieved resulting in search limits being applied that may have excluded important information. Future analysis should include literature associated with the COVID-19 pandemic and economic valuation theories, as well as involve key stakeholder of CBIs.

Considering the recommendations made, this analysis should be revisited and refined over time to ensure it provides a relevant evolutionary theory of the concept of value in the context of CBIs.

AUTHOR CONTRIBUTIONS

NS: Made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data. Involved in drafting the manuscript or revising it critically for important intellectual content. Been accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. SE: Involved in drafting the manuscript or revising it critically for important intellectual content. Given final approval of the version to be published. CR: Been involved in drafting the manuscript or revising it critically for important intellectual content. Given final approval of the version

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CONFLICT OF INTEREST STATEMENT

No conflict of interest has been declared by the author(s).

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DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

ORCID

Nathan Stephens  <https://orcid.org/0000-0002-3178-8481>

TWITTER

Nathan Stephens  NathstenW

ENDNOTE

ⁱ Platformization is the increasing domination of the internet by a number of large companies, for example, Zoom and Microsoft whose products work as markets between users and sellers or service providers.

REFERENCES

- Adams, J., Hillier-Brown, F. C., Moore, H. J., Lake, A. A., Araujo-Soares, V., White, M., & Summerbell, C. (2016). Searching and synthesising 'grey literature' and 'grey information' in public health: critical reflections on three case studies. *Systematic Reviews*, 5(1), 1-11. <https://doi.org/10.1186/S13643-016-0337-Y>
- Aguirre, A., Ulack, C., Suarez, J., Carberry, K., Rousseau, J., Wallace, S., & Hilsabeck, R. (2019). Asking the people who matter the most: designing a value-based dementia specialty clinic. *Innovation in Aging*, 3(Suppl_1), S118. <https://doi.org/10.1093/geroni/igz038.434>
- Alzheimer's Disease International. (2022). World Alzheimer Report 2022 Life after diagnosis: Navigating treatment, care and support.
- Alzheimer's Society. (2020). *Spotlight on singing for the brain*®. Alzheimer's Society Services Evaluation 2019.
- Arvidson, M., Lyon, F., Mckay, S., & Moro, D. (2010). *The ambitions and challenges of SROI*.
- Bailey, C., Clarke, C. L., Gibb, C., Haining, S., Wilkinson, H., & Tiplady, S. (2013). Risky and resilient life with dementia: review of and reflections on the literature. *Health, Risk & Society*, 15(5), 390-401. <https://doi.org/10.1080/13698575.2013.821460>
- Banke-Thomas, A. O., Madaj, B., Charles, A., & Van Den Broek, N. (2015). Social Return on Investment (SROI) methodology to account for value for money of public health interventions: A systematic review. *BMC Public Health*, 15(1), 582. <https://doi.org/10.1186/s12889-015-1935-7>

- Berkowitz, S. A., Baggett, T. P., & Edwards, S. T. (2019). Addressing health-related social needs: value-based care or values-based care? *Journal of General Internal Medicine*, 34(9), 1916. <https://doi.org/10.1007/S11606-019-05087-3>
- Bowling, A., Rowe, G., Adams, S., Sands, P., Samsi, K., Crane, M., Joly, L., & Manthorpe, J. (2015). Quality of life in dementia: A systematically conducted narrative review of dementia-specific measurement scales. *Aging and Mental Health*, 19(1), 13–31. <https://doi.org/10.1080/13607863.2014.915923>
- Brannelly, T. (2016). Citizenship and people living with dementia: A case for the ethics of care. *Dementia*, 15(3), 304–314. <https://doi.org/10.1177/1471301216639463>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706QP0630A>
- Brighenti, A. M. (2018). The social life of measures: conceptualizing measure–value environments. *Theory, Culture and Society*, 35(1), 23–44. <https://doi.org/10.1177/0263276416689028>
- Brooker, D., & Latham, I. (2015). *Person-centred dementia care: Making services better with the VIPS framework*. Jessica Kingsley Publishers. https://books.google.co.uk/books?hl=en&lr=&id=Z8CpCgAAQBAJ&oi=fnd&pg=PA3&dq=person+centred+dementia+care&ots=L4Cbp_ol32&sig=AkNsevZyHN2GGCWuQrTYIBUnifl
- Buckner, S., Darlington, N., Woodward, M., Buswell, M., Mathie, E., Arthur, A., Lafortune, L., Killest, A., Mayrhofer, A., Thurman, J., & Goodman, C. (2019). Dementia friendly communities in England: A scoping study. *Wiley Online Library*, 34(8), 1235–1243. <https://doi.org/10.1002/gps.5123>
- Burrows, L. (2020). More than tea and cake: a realist evaluation of memory cafes in Cornwall [University of Plymouth]. <http://hdl.handle.net/10026.1/15785>
- Cotterill, S., Knowles, S., Martindale, A.-M., Elvey, R., Howard, S., Coupe, N., Wilson, P., & Spence, M. (2018). Getting messier with TIDieR: embracing context and complexity in intervention reporting. *BMC Medical Research Methodology*, 18(1), 1–10. <https://doi.org/10.1186/s12874-017-0461-y>
- Cowles, K. V., & Rodgers, B. L. (2000). The concept of grief: An evolutionary perspective. In B. L. Rodgers & K. A. Knafel (Eds.), *Concept development in nursing: Foundations, techniques, and applications* (pp. 103–117). Saunders.
- Crane, M., Bauman, A., Lloyd, B., McGill, B., Rissel, C., & Grunseit, A. (2019). Applying pragmatic approaches to complex program evaluation: A case study of implementation of the New South Wales Get Healthy at Work program. *Health Promotion Journal of Australia*, 30(3), 422–432. <https://doi.org/10.1002/hpja.239>
- Davies, B. (2019). 'The National picture: From 'state monopolies' to 'new providers'', In Davies B. (Ed.), *Austerity, Youth Policy and the Deconstruction of the Youth Service in England* (pp. 67–87). Palgrave Macmillan. https://doi.org/10.1007/978-3-030-03886-1_4
- De Silva, M. J., Breuer, E., Lee, L., Asher, L., Chowdhary, N., Lund, C., & Patel, V. (2014). Theory of Change: A theory-driven approach to enhance the Medical Research Council's framework for complex interventions. *Trials*, 15(1), 1–13. <https://doi.org/10.1186/1745-6215-15-267/FIGURES/2>
- Department of Health. (2016). *Prime Minister's Challenge on Dementia 2020 implementation plan*. www.nationalarchives.gov.uk/doc/open-government-licence/
- Dick, T. K., Patrician, P. A., & Loan, L. A. (2017). The value of nursing care: A concept analysis. *Nursing Forum*, 52(4), 357–365. <https://doi.org/10.1111/nuf.12204>
- Dröes, R. M., Chattat, R., Diaz, A., Gove, D., Graff, M., Murphy, K., Verbeek, H., Vernooij-Dassen, M., Clare, L., Johannessen, A., Roes, M., Verhey, F., & Charras, K. (2017). Social health and dementia: a European consensus on the operationalization of the concept and directions for research and practice. *Aging & Mental Health*, 21(1), 4–17. <https://doi.org/10.1080/13607863.2016.1254596>
- Drummond, M., Sculpher, M., Claxton, K., Stoddart, G., & Torrance, G. (2015). *Methods for the Economic Evaluation of Health Care Programmes (Fourth)*. Oxford University Press. https://books.google.co.uk/books?hl=en&lr=&id=yZ5CwAAQB AJ&oi=fnd&pg=PP1&dq=Methods+for+the+economic+evaluation+of+health+care+programme.+Third+edition&ots=_bTakK2mKO&sig=9jUO_VRNnjQli0JmcQU4kbqrksQ&redir_esc=y#v=onepage&q=Methods%20for%20the%20economic%20evaluation%20of%20health%20care%20programme.%20Third%20edition&f=false
- Edwards, R. T., Charles, J. M., & Lloyd-Williams, H. (2013). Public health economics: a systematic review of guidance for the economic evaluation of public health interventions and discussion of key methodological issues. *BMC Public Health* 13:1, 13(1), 1–13. <https://doi.org/10.1186/1471-2458-13-1001>
- Eriksen, S., Bartlett, R. L., Grov, E. K., Ibsen, T. L., Telenius, E. W., & Mork Rokstad, A. M. (2020). The experience of lived time in people with dementia: A systematic meta-synthesis. *Dementia and Geriatric Cognitive Disorders*, 49(5), 435–455. <https://doi.org/10.1159/000511225>
- Evans, S., Bray, J., & Brooker, D. (2021). How Meeting Centres continue to support people affected by dementia: Report on UK COVID-19 impact. *Working with Older People*, 25(4), 283–293. <https://doi.org/10.1108/WWOP-12-2020-0060>
- Evans, S., Bray, J., Brooker, D., & Stephens, N. (2022). The essential features of meeting centres: development of the UK criteria for community support for people affected by dementia. *Working with Older People*, 27, 191–201. <https://doi.org/10.1108/WWOP-03-2022-0009/FULL/XML>
- Faw, M. H., Luxton, I., Cross, J. E., Davalos, D., Mora, M. G., Pérez-Jover, V., Carrillo Murcia, I., & Tchounwou, P. B. (2021). Surviving and thriving: Qualitative results from a multi-year, multidimensional intervention to promote well-being among caregivers of adults with Dementia. *International journal of environmental research and public health*, 18, 4755. <https://doi.org/10.3390/ijerph18094755>
- Femiola, C., & Tilki, M. (2017). Dementia peer support: Service delivery for the people, by the people. *Working with Older People*, 21(4), 243–250. <https://doi.org/10.1108/WWOP-08-2017-0020>
- Fields, B., Wood, W., & Lassell, R. (2019). Quality in Ageing and Older Adults Impact of a dementia-specific program of equine-assisted activities: providers' perspectives Article information. *Quality in Ageing and Older Adults*, 20(2), 37–47. <https://doi.org/10.1108/QAOA-10-2018-0047>
- Finch, D., Briggs, A., & Tallack, C. (2020). *Improving health by tackling market failure*.
- Goodwin, C. (2016). Person-Centered Care: A Definition and Essential Elements. *Journal of the American Geriatrics Society*, 64(1), 15–18. <https://doi.org/10.1111/jgs.13866>
- Government Commercial Function. (2020). *Guide to using the social value model*.
- Harding, A. J. E., Morbey, H., Ahmed, F., Opdebeeck, C., Elvish, R., Leroi, I., Williamson, P. R., Keady, J., & Reilly, S. T. (2020). A core outcome set for nonpharmacological community-based interventions for people living with dementia at home: A systematic review of outcome measurement instruments. *Gerontologist*, 61, e435–e448. <https://doi.org/10.1093/geront/gnaa071>
- Heinich, N. (2020). A pragmatic redefinition of value(s): Toward a general model of valuation. *Theory, Culture & Society*, 37(5), 75–94. <https://doi.org/10.1177/0263276420915993>
- Heward, M., Innes, A., Cutler, C., & Hambidge, S. (2017). Dementia-friendly communities: challenges and strategies for achieving stakeholder involvement. *Health & Social Care in the Community*, 25(3), 858–867. <https://doi.org/10.1111/HSC.12371>

- Huber, M., André Knottnerus, J., Green, L., van der Horst, H., Jadad, A. R., Kromhout, D., Leonard, B., Lorig, K., Loureiro, M. I., van der Meer, J. W. M., Schnabel, P., Smith, R., van Weel, C., & Smid, H. (2011). How should we define health? *BMJ*, 343(7817), d4163. <https://doi.org/10.1136/bmj.d4163>
- Jones, C., Windle, G., & Edwards, R. T. (2020). Dementia and imagination: A social return on investment analysis framework for art activities for people living with Dementia. *Gerontologist*, 60(1), 112-123. <https://doi.org/10.1093/geront/gny147>
- Jordan, B. (2021). *Social value in public policy*. Palgrave Macmillan Cham.
- Kelleher, A. Y. (2001). The beat of a different drummer music therapy's role in dementia respite care. *Activities, Adaptation & Aging*, 25, 75-84. https://doi.org/10.1300/J016v25n02_05
- Kelsey, T. (2021). Townscapes 7. The Value of Social Infrastructure Policy Report Series.
- King, J. (2021). Expanding theory-based evaluation: Incorporating value creation in a theory of change. *Evaluation and Program Planning*, 89, 101963. <https://doi.org/10.1016/J.EVALPROGPLAN.2021.101963>
- Knapp, M., Comas-Herrera, A., Wittenberg, R., Hu, B., King, D., Rehill, A., & Adelaja, B. (2014). *Scenarios of dementia care: What are the impacts on cost and quality of life?* Personal Social Services Research Unit.
- Lewis, F., Karlsberg Schaffer, S., Sussex, J., Cockcroft, L., & Sussex Jsussex, J. (2014). *The Trajectory of Dementia in the UK-Making a Difference*.
- Locatelli, E., & Lovari, A. (2021). Platformization of healthcare communication: Insights from the early stage of the covid-19 pandemic in Italy. *Catalan Journal of Communication and Cultural Studies*, 13(2), 249-266. https://doi.org/10.1386/CJCS_00052_1
- Mangiaracina, F., Chattat, R., Farina, E., Saibene, F. L., Gamberini, G., Brooker, D., Evans, S. C., Evans, S. B., Szcześniak, D., Urbanska, K., Rymaszewska, J., Hendriks, I., Dröes, R. M., & Meiland, F. J. M. (2017). Not re-inventing the wheel: the adaptive implementation of the meeting centres support programme in four European countries. *Aging & Mental Health*, 21(1), 40-48. <https://doi.org/10.1080/13607863.2016.1258540>
- Mathie, E., Antony, A., Killett, A., Darlington, N., Buckner, S., Lafortune, L., Mayrhofer, A., Dickinson, A., Woodward, M., & Goodman, C. (2022). Dementia-friendly communities: The involvement of people living with dementia. *Dementia*, 21, 1250-1269. <https://doi.org/10.1177/14713012211073200>
- McIntosh, E., Clarke, P., Frew, E., & Louviere, J. (2010). *Applied methods of cost-benefit analysis in health care*. Oxford University Press. <https://books.google.com/books?hl=en&lr=&id=9Hdi7bwTOMoC&oi=fnd&pg=PR11&dq=Applied+Methods+of+Cost-Benefit+Analysis+in+Health+Care&ots=NtBgRilcHF&sig=tbSdHtWd7Aa3G8JiXdwpQ8gg-sw>
- McLeroy, K., Norton, B., Kegler, M., Burdine, J., & Sumaya, C. (2003). A TYPOLOGY OF COMMUNITY-BASED INTERVENTIONS. *American Journal of Public Health*, 93(4), 529-533.
- Meadowcroft, J. (2004). Participation and sustainable development: modes of citizen, community and organisational involvement. In *Governance for Sustainable Development*. Edward Elgar Publishing Limited. <https://books.google.co.uk/books?hl=en&lr=&id=PYL-AQAAQBAJ&oi=fnd&pg=PA162&dq=modes+of+community+based&ots=96ADJ0HMzy&sig=LPZBYem0T-sHRMEUG643JTCOBzg>
- Meiland, F. J., Hattink, B. J., Bakker, J., & Dröes, R.-M. (2020). A comparison of a community-based dementia support programme and nursing home-based day care: Effects on carer needs, emotional burden and quality of life. *Dementia*, 19(8), 2836-2856. <https://doi.org/10.1177/1471301219861767>
- Milat, A., Lee, K., Conte, K., Grunseit, A., Wolfenden, L., Van Nassau, F., Orr, N., Sreeram, P., & Bauman, A. (2020). Intervention scalability assessment tool: A decision support tool for health policy makers and implementers. *Health Research Policy and Systems*, 18(1), 1-17. <https://doi.org/10.1186/S12961-019-0494-2/FIGURES/3>
- Milat, A. J., King, L., Bauman, A. E., & Redman, S. (2013). The concept of scalability: increasing the scale and potential adoption of health promotion interventions into policy and practice. *Health Promotion International*, 28(3), 285-298. <https://doi.org/10.1093/heapro/dar097>
- Moore, G. F., Evans, R. E., Hawkins, J., Littlecott, H. J., & Turley, R. (2017). All interventions are complex, but some are more complex than others: using iCAT_SR to assess complexity. *The Cochrane Database of Systematic Reviews*, 7, ED000122. <https://doi.org/10.1002/14651858.ED000122/FULL>
- Morse, J. M. (1995). Exploring the theoretical basis of nursing using advanced techniques of concept analysis. *Advances in Nursing Science*, 17(3), 31-46. <https://doi.org/10.1097/00012272-199503000-00005>
- Morton, T., Wong, G., Atkinson, T., & Brooker, D. (2021). Sustaining community-based interventions for people affected by dementia long term: the SCI-Dem realist review. *BMJ Open*, 11, 47789. <https://doi.org/10.1136/bmjopen-2020-047789>
- Nicholls, S. G., Al-Jaishi, A. A., Niznick, H., Carroll, K., Madani, M. T., Peak, K. D., Madani, L., Nevins, P., Adisso, L., Li, F., Weijer, C., Mitchell, S. L., Welch, V., Quiñones, A. R., & Taljaard, M. (2023). Health equity considerations in pragmatic trials in Alzheimer's and dementia disease: Results from a methodological review. *Alzheimer's & Dementia*, 15(1), e12392. <https://doi.org/10.1002/DAD2.12392>
- O'Brien, J., & Blessing, C. (2011). *Citizenship & person-centred work*. <https://inclusion.com/site/wp-content/uploads/2021/05/Conversations-on-Citizenship.Bissonette.pdf>
- Olazarán, J., Reisberg, B., Clare, L., Cruz, I., Peña-Casanova, J., del Ser, T., Woods, B., Beck, C., Auer, S., Lai, C., Spector, A., Fazio, S., Bond, J., Kivipelto, M., Brodaty, H., Rojo, J. M., Collins, H., Teri, L., Mittelman, M., ... Muñiz, R. (2010). Nonpharmacological therapies in Alzheimer's disease: A systematic review of efficacy. *Dementia and Geriatric Cognitive Disorders*, 30(2), 161-178. <https://doi.org/10.1159/000316119>
- Paley, J. (1996). How not to clarify concepts in nursing. *Journal of Advanced Nursing*, 24, 572-578.
- Paley, J. (2019). Reading concept analysis: Why Draper has a point. *Nursing Philosophy*, 20(4), e12252. <https://doi.org/10.1111/nup.12252>
- Pappas, S. H. (2013). Value, a nursing outcome. *Nursing Administration Quarterly*, 37(2), 122-128.
- Perry, R. B. (1954). *Realms of value*. Harvard University Press.
- Peters, D. H. (2014). The application of systems thinking in health: Why use systems thinking? *Health Research Policy and Systems*, 12(1), 1-6. <https://doi.org/10.1186/1478-4505-12-51/TABLES/1>
- Porter, M. (2009). A strategy for health care reform-Toward a value-based system. *New England Journal of Medicine*, 361, 109-112.
- Porter, M. (2010). What is value in health care? *New England Journal of Medicine*, 363, 2477-2481.
- Porter, M., & Teisberg, E. (2006). *Redefining health care: creating value-based competition on results*. Harvard Business press. <https://books.google.co.uk/books?hl=en&lr=&id=Kp5fCkAzzS8C&oi=fnd&pg=PR10&dq=porter+and+teisberg&ots=V-x5Mieqcv&sig=QCO0fcNn62bAnNWixQQkLRXouZo>
- Prilleltensky, I. (2001). Value-based praxis in community psychology: moving toward social justice and social action 1. *American Journal of Community Psychology*, 29(5), 747-778. <https://doi.org/10.1023/A:1010417201918>
- Ratcliffe, J., Hutchinson, C., Milte, R., Nguyen, K. H., Welch, A., Caporale, T., Corlis, M., & Comans, T. (2019). How do people with dementia and family carers value dementia-specific quality of life states? An explorative "Think Aloud" study. *Australasian Journal on Ageing*, 38(S2), 75-82. <https://doi.org/10.1111/ajag.12646>
- Reamy, A. M., Kim, K., Zarit, S. H., & Whitlatch, C. J. (2011). Understanding discrepancy in perceptions of values: Individuals with mild to moderate dementia and their family caregivers. *The Gerontologist*, 51(4), 473-483. <https://doi.org/10.1093/GERONT/GNR010>
- Redding, D. (2016). *New approaches to value in health and care report acknowledgements*.

- Reilly, S. T., Harding, A. J. E., Morbey, H., Ahmed, F., Williamson, P. R., Swarbrick, C., Leroi, I., Davies, L., Reeves, D., Holland, F., Hann, M., & Keady, J. (2020). What is important to people with dementia living at home? A set of core outcome items for use in the evaluation of non-pharmacological community-based health and social care interventions. *Age and Ageing*, 49, 664–671. <https://doi.org/10.1093/ageing/afaa015>
- Risjord, M. (2008). Rethinking concept analysis. *Journal of Advanced Nursing*, 65(3), 684–691. <https://doi.org/10.1111/j.1365-2648.2008.04903.x>
- Risjord, M. (2011). Nursing science. *Philosophy of Medicine*, 16, 489–522. <https://doi.org/10.1016/B978-0-444-51787-6.50015-5>
- Rogers, B. L. (2000). Concept Analysis. An Evolutionary View. In B. L. Rogers & K. A. Knafel (Eds.), *Concept development in nursing foundations, techniques and applications* (pp. 77–102). W-B Saunders Company.
- Scottish Government. (2023). Dementia in Scotland: Everyone's story.
- Singh, A. (2016). *Realising the value Ten key actions to put people and communities at the heart of health and wellbeing Report*.
- Skivington, K., Matthews, L., Craig, P., Simpson, S., & Moore, L. (2018). Developing and evaluating complex interventions: updating Medical Research Council guidance to take account of new methodological and theoretical approaches. *The Lancet*, 392, S2. [https://doi.org/10.1016/S0140-6736\(18\)32865-4](https://doi.org/10.1016/S0140-6736(18)32865-4)
- Skivington, K., Matthews, L., Simpson, S. A., Craig, P., Baird, J., Blazeby, J. M., Boyd, K. A., Craig, N., French, D. P., McIntosh, E., Petticrew, M., Rycroft-Malone, J., White, M., & Moore, L. (2021). A new framework for developing and evaluating complex interventions: Update of Medical Research Council guidance. *BMJ*, 374, n2061. <https://doi.org/10.1136/BMJ.N2061>
- Smith, M., Wallston, K., & Smith, C. (1995). The development and validation of the Perceived Health Competence Scale. *Health Education Research*, 10(1), 51–64.
- Social Care Institute for Excellence. (n.d.). *Dementia: At a glance - SCIE*. Retrieved September 27, 2023, from <https://www.scie.org.uk/dementia/about/>
- Social Value International. (2012). *A guide to social return on investment*.
- Teasdale, S., Alcock, P., & Smith, G. (2012). Legislating for the big society? The case of the public services (Social Value) bill. *Public Money & Management*, 32(3), 201–208. <https://doi.org/10.1080/09540962.2012.676277>
- Thiese, M. S. (2014). Observational and interventional study design types; an overview. *Biochemia Medica*, 24(2), 199. <https://doi.org/10.11613/BM.2014.022>
- Thoma-Lürken, T., Lexis, M. A. S., Bleijlevens, M. H. C., & Hamers, J. P. H. (2019). Perceived added value of a decision support App for formal caregivers in community-based dementia care. *Journal of Clinical Nursing*, 28(1–2), 173–181. <https://doi.org/10.1111/jocn.14647>
- Thomas, R., & Chalkidou, K. (2016). Cost-effectiveness analysis. In J. P. Cyclus & P. C. Smith (Eds.), *Health system efficiency: How to make measurement matter for policy and management* (Vol. 46). European Observatory on Health Systems and Policies. <https://www.ncbi.nlm.nih.gov/books/NBK436886/>
- Toftthagen, R., & Fagerström, L. M. (2010). Rodgers' evolutionary concept analysis - a valid method for developing knowledge in nursing science. *Scandinavian Journal of Caring Sciences*, 24(SUPPL. 1), 21–31. <https://doi.org/10.1111/j.1471-6712.2010.00845.x>
- Treasury, H. (2022). *The green book central government guidance on appraisal and evaluation 2022*. www.gov.uk/official-documents
- van Haeften-Van Dijk, A., Hattink, B. J. J., Meiland, F. J. M., Bakker, T. J. E. M., & Droes, R.-M. (2016). Is socially integrated community day care for people with dementia associated with higher user satisfaction and a higher job satisfaction of staff compared to nursing home-based day care? *Ageing and Mental Health*, 21, 624–633. <https://doi.org/10.1080/13607863.2016.1144710>
- van Haeften-Van Dijk, A., Meiland, F. J., Hattink, B. J., Bakker, T., & Droes, R. M. (2016). Community day care with carer support versus usual nursing home-based day care: Effects on needs, behavior, mood, and quality of life of people with dementia. *International Psychogeriatrics*, 28(4), 631–645. <https://doi.org/10.1017/S1041610215001921>
- Walker, L., & Avant, K. (2005). *Strategies for theory construction in nursing*. Pearson. http://catalogue.pearsoned.ca/assets/hip/ca/hip_ca_pearsonhighered/preface/0134754077.pdf
- Willis, E., Semple, A. C., & de Waal, H. (2018). Quantifying the benefits of peer support for people with dementia: A Social Return on Investment (SROI) study. *Dementia*, 17(3), 266–278. <https://doi.org/10.1177/1471301216640184>
- Woolf, S. H., Zimmerman, E., Haley, A., & Krist, A. H. (2016). Authentic engagement of patients and communities can transform research, practice, and policy. *Health Affairs*, 35(4), 590–594. <https://doi.org/10.1377/HLTHAFF.2015.1512>

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