Check for updates

Government & Resilience

Journal Homepage: https://journal.dealingsfoundation.com/index.php/GR/
ISSN: 3032-2820 (Online) / 3032-7601 (Print)

Can Home-Based Care for Disabilities Foster Social Resilience? Implications for Research and Future Directions

Rd Ahmad Buchari[1]*

[1]Department of Public Administration, Universitas Padjadjaran, Indonesia

*Corresponding Author Email: ahmad.buchari@unpad.ac.id

Received: 1 October 2024; Revised: 30 October 2024; Accepted: 1 November 2024

Abstract

This research aimed to identify, review, and study the development of scientific publication trends regarding home-based care for disability issues worldwide. This study provides scientific guidance and recommendations for the development of home-based disability care research to create social resilience. The method of this study is a systematic review and meta-analysis through the PRISMA protocol. The findings of this study evaluated the literature review taxonomy through two specific analyses: (1) this study explores the evolution of the research literature from year to year across the three databases on home-based disability care in the last 10 years; and (2) this study investigates whether home-based disability care research has a positive impact on addressing issues of social change, inclusive development, increased sustainability, increased community resilience, and improved quality of life. This research contributes to helping researchers explain, support, and expand the emergence of new theories from the results of research on disability and social issues.

Keywords: Home-Based Care, Social Resilience, Disabilities, Social Development, Research Agenda

How to quote: Buchari, R. A. (2024). Can home-based Care for Disability Create Social Resilience?: Implication Research and Future Directions. *Government & Resilience, 2*(2), 77-93. https://doi.org/10.62503/gr.v2i2.20

Introduction

Political crises, social conflicts, and the giant effects of digital development, as well as the extraordinary impact of climate change and the Covid-19-pandemic on health, social justice, and welfare for vulnerable groups, have made dramatic changes that have affected global people's lives (Alcamo et al., 2007; Lorant et al., 2007; Mofijur et al., 2023; Rusliadi & Aina, 2024; Liyandi et al., 2024). Global dynamics include population shifts, fast urbanization, rising international migration, and a heavy reliance on digital technology all contribute to their exacerbation.

In the first half of the 20th century, visiting nurse associations and nursing divisions of government health agencies (Yamada, 2002; Boris & Klein, 2015; Murashima et al., 2002). This continued until the mid-1960s, when the Medicare Act was passed. Since then, home care services, which are Medicare benefits for the elderly, are increasingly being used, especially after there are restrictions on the period of hospital stay (Yamada, 2002; Boris & Klein, 2015; Murashima et al., 2002; Stanhope & Lancaster, 2015).

What do home-care services mean? is a health service comprehensively provided by professional health workers to clients, either individuals or families, at their place of residence at home (Health and Public Policy Committee, 1986; National Research Council, 2011; World Health Organization, 2015). What are the aims of home-care services? This service aims to make clients independent in maintaining their health, in addition to improving their health status. What is the scope of home-care services? The purpose of home care services is to address a patient's biopsychosocial needs, which include health consultations, medical examination, simple laboratory tests such as sugar, uric acid, and cholesterol, administering medication in the form of injection or oral, as needed, as well as wound care to patients who need it (Landers et al., 2016; Woodward et al., 2004; Shaughnessy et al., 1994; Piercy & Woolley, 2000). Home-based care addresses the needs of patients who have problems accessing health facilities. Generally, patients with total disabilities, such as post-stroke patients who experience mobility impairments, elderly patients, and patients undergoing self-isolation (isoman) during the pandemic (Health and Public Policy Committee, 1986; National Research Council, 2011; World Health Organization, 2015; Jones & Bowles, 2020; Shang et al., 2020).

The existence of home healthcare services provides many benefits for individuals and families who are receiving care at home (Shaughnessy et al., 1994; Piercy & Woolley, 2000), including the following: (1) Maintenance efficiency and trusting treatment to experts makes the treatment process faster. If treatment is performed by non-experts, the treatment process will take a long time (Cattafi et al., 2012; Valdmanis et al., 2017; Nakamura et al., 1999). Home healthcare nurses are, of course, professional, so they know exactly how to properly treat patients (Hestevik et al., 2019; Mol 2008); (2) Time efficiency, because the treatment is carried out at home, you can continue working if you have busy work. There is no need to go to the hospital to check your health condition; everything can be done from home by trained and professional medical personnel (Cattafi et al., 2012; Valdmanis et al., 2017; Cappanera et al., 2014); and (3) it is more cost-effective. By using home healthcare services, you can save more money. There is no need to incur large costs for treacost-effectiveness in the hospital and incur round-trip costs for visiting the hospital (Hestevik et al., 2019; Mol, 2008); (4) Make the patient more comfortable. A comfortable home atmosphere can bring calmness to the patient and accelerate the recovery process. Apart from receiving attention from nurses, patients also receive attention and support from their families. This will make patients more enthusiastic about recovering (Hestevik et al., 2019; Mol, 2008); and (5) Quality of Care. Nurses focus only on one patient by providing care at home. This is different from hospitals, where patients have to wait for their turn to receive medical treatment. Information about patient health development can also be obtained quickly and accurately (Cattafi et al., 2012; Valdmanis et al., 2017; Cappanera et al., 2014). This is

because the nurse lives at home and knows all the patients' daily activities, from waking up to going back to sleep. By using home health care services, nurses can help meet patient needs, both regarding health problems and information on health developments quickly and accurately (Hestevik et al., 2019; Mol 2008; Cattafi et al., 2019; Mol, 2008; Cattafi et al., 2012; Valdmanis et al., 2017; Cappanera et al., 2014).

This study conducted a systematic literature review regarding home-based care for disability research conducted from 1980 to 2023, which was published in various databases (Scopus, Dimensions, and Google Scholar. The purpose of this article is to identify, review, and examine trends in scientific publications regarding home-based care for disability research using three databases (Scopus, Dimensions, and Google Scholar). Simultaneously, it identifies the main problems in the field of home-based disability care and offers plans to address these problems to achieve social resilience. This study contributes to academics on home-based care for disability research, with a particular focus on published literature review studies located in the Scopus, Dimensions, and Google Scholar databases. The structure of this article is as follows: The first part presents a bibliometric analysis of publication trends at the research scale (including authors, countries, and research subjects) using search results via Scopus, dimensions, and Google Scholar assisted by VOSviewer tools version 1.6.17 and RStudio. Furthermore, 120 documents were found that were relevant to the keywords: "Home-Based Care" AND "Disability" based on titles and abstracts, which were sorted by cluster to see the network and relationship of various research issues. In the next stage, we selected and filtered based on the criteria and relevance of documents on citations and document relevance to explore and identify the most influential research findings and novelties in the topic of home-based disability care research. Finally, we hope to develop this research agenda to guide future research.

Research Methods: Study Designs, Data Collations, and Data Analysis

This study uses a systematic literature review (using the PRISMA protocol) method with bibliometric analysis and qualitative-statistical analysis using various sources of literature data (Grant & Booth, 2009; Abdillah et al., 2023a; Abdillah et al, 2023b). Dimensions and sources from the Google Scholar database, as well as primary data from the Scopus database, were used in this study. The author selected these databases because they are among the best in numerous scientific domains, have complete data, are easily accessible, and are well regarded in many different nations across the world. The goal of this systematic literature analysis was to improve research accuracy and derive the best findings possible through the comparison of data from the three databases. To produce relevant discussions and conclusions, the author used the VOSviewer version 1.6.17 & Rstudio analysis tool as data processing tools (Abdillah et al., 2023a; Abdillah et al., 2023b; Patel & Jhalani, 2023; Moral-Muñoz et al., 2020; Cobo et al., 2011). Other analysis features also use "*analyze search results*" (https://www.scopus.com/search/form.uri?zone=TopNavBar&origin=sbrowse&display=basic#basic.

The initial stage of this systematic review included keywords *("Home-Based Care" AND "Disability"*) from the three databases. The relevance and quality of the selected studies were assessed. This phase consisted of two main steps. First, 120 study documents were obtained from the Scopus Database, 123 from the Dimensions Database, and 10070 from the Google Scholar Database. We then read the identified research titles and abstracts to determine the relevance of the research using the following three criteria: 1) appropriateness of the research topic; 2) completeness of document review in terms of research topic, conceptual approach, rationale of study, research design, results and discussion, research implications, conclusions, and research limitations; 3) connectedness to the research topic; and 4) research implications found or recommended (Abdillah

et al., 2023a; Abdillah et al, 2023b). This resulted in the final selection of the 15 documents that were most relevant to this study (based on citation level and document relevance) (see Figure 1).

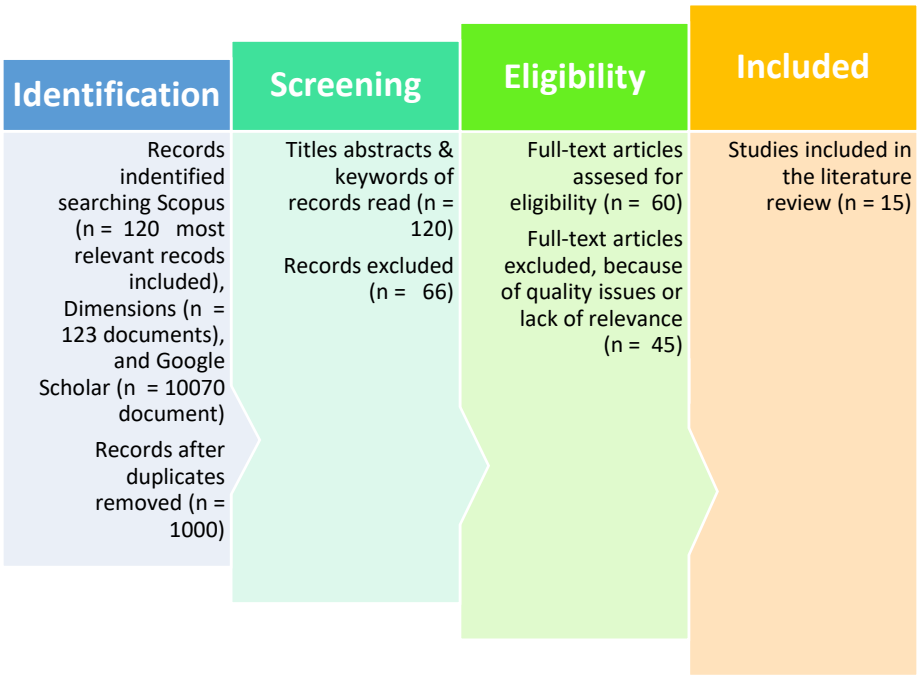


Figure 1. Study Selection, Assessment, and Inclusion (In ***VOSviewer versi 1.6.17 & Bibliometrix-Biblioshiny*** Program)

From a total of 120 studies originating from the Scopus Database, Dimensions Database, and Google Scholar (in this literature review study, 15 documents were taken, which will be explored in terms of content and research findings selected based on citation level and research relevance), all search results were stored in a CSV (Excel) file, which was then processed and checked using VOSviewer version 1.6.17 & R-Studio program (van Eck & Waltman, 2010; Nafi'ah et al., 2023; Moral-Muñoz et al., 2020; Cobo et al., 2011).

All data used in this research were obtained from the Scopus database, Dimensions database, and Google Scholar. On February 13, 2024, bibliometric analysis was carried out on selected documents to identify trends, scales, and research topic clusters. The results of this synthesis stage become academic outputs about home-based care for disabilities that show interdisciplinarity and trends between various fields of knowledge, so that they can be used as material for understanding various challenges in future research and creating more comprehensive and original research. We also carried out further identification and analysis to see the research contribution, research limitations, and research agenda as reference and evaluation materials for further research in the field of inclusive and resilient societies in home-based care programs for disabled groups.

Results – Trends and Issues

In this section, we divide the data into three parts. In the first part, we present a bibliometric study with 120 documents that we obtained in the Scopus database, 123 documents from Dimension, and 10070 Google Scholar documents from 19980 to 2023. This bibliometric presentation is intended to see trends and the scale of previous research regarding the development of home-based care for disability research in various databases, such as annual production trends, the scale of the most productive authors on this topic, the countries and affiliations that have the most impact on this

topic in the three databases, and what subject areas and types of documents most often discuss the topic of transformative research.

The following is an explanation of the trends and results of publications by various world researchers regarding Home-Based Care for disability research, using the keywords *TITLE-ABS-KEY ("Home-Based Care" AND "Disability")*.

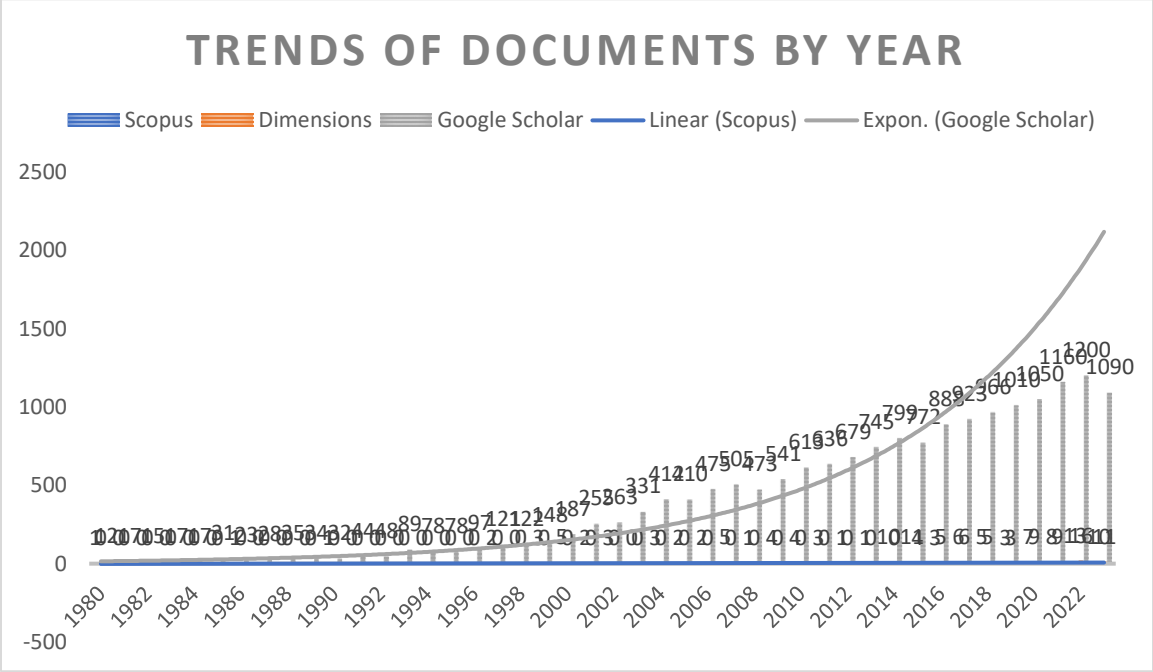


Figure 2. Publication trends based on the number of documents regarding home-based care for disability research from 1980 to 2023.

Based on Figure 2 shows the publication trends based on the number of documents per year from 1980 to 2023, experiencing a dynamic trend in three databases (Scopus, Dimensions, and Google Scholar). Although document production in the Google Scholar database experienced significant growth, document growth in the Scopus and Dimensions databases, the quantity is still insufficient. However, these three databases experienced different conditions in terms of document growth, with an increasing trend every year. Similar to the growth trend of documents in the Scopus database, it shows that the trend of increasing documents started in 1980, but in the five years from 2019 to 2023, there has been a significant increase in research on home-based care for disabilities, even though the number of documents is low. In contrast to the growing trend of documents in the Dimension database, which only started from 2015 to 2023, it can also be seen that the quantity of documents was still low in that year. The Google Scholar database shows a significant increasing trend from 1980 to 2023 and has the highest document quantity among the two databases, Scopus and Dimensions. Based on this, we can see that a number of factors, including research interest, the accessibility of references, and the high cost of publication, influence publication trends surrounding home-based care for disability study.

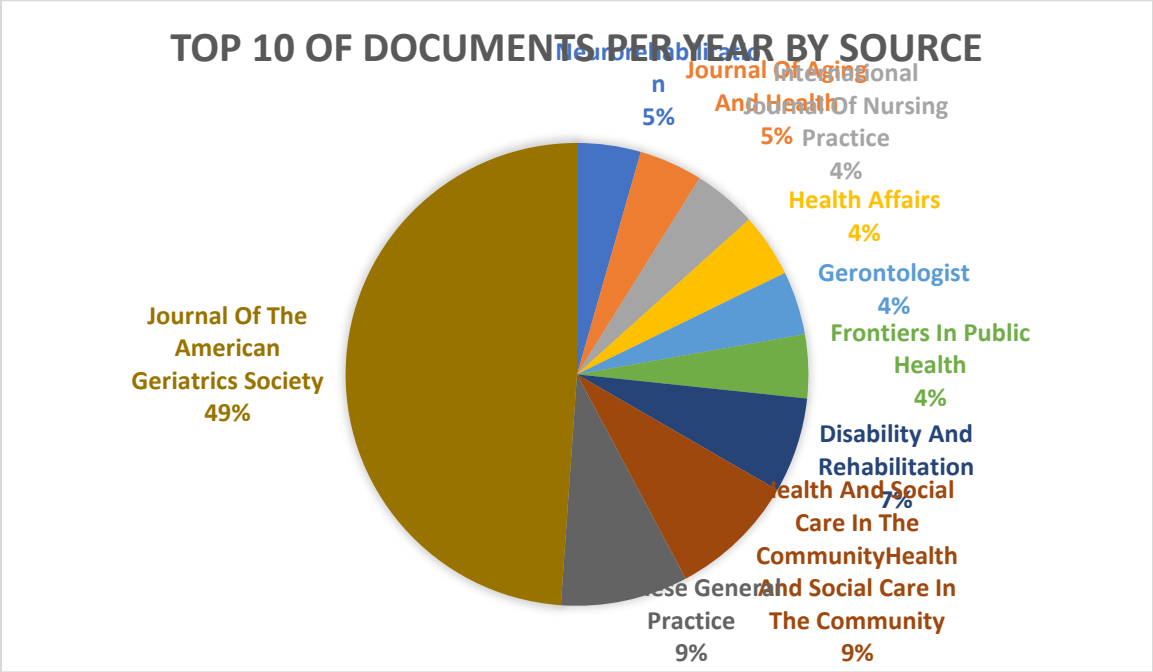


Figure 3. Top 10 Journals based on the source of documents.

Based on Figure 3 shows the top ten journals based on document sources that published various documents on "home-based care for disability research" from 1980 to February 10, 2024, which are in the Scopus Database. Based on the figure above, sources/journals that publish on the topic/issue of home-based care for disabilities research tend to be in the 1st Quartile (Q1), 2nd Quartile (Q2), and 3trid Quartile (Q3). CiteScore), Health and Social Care in the Community (Q1 with 10.4 CiteScore); Chinese General Practice (Q3 with 0.5 CiteScore), Frontiers in Community (Q1 with 3.3 CiteScore), Disability and Rehabilitation (Q1 with 4.4 CiteScore), Frontiers in Public Health (Q2 with 3.8 CiteScore), The Gerontologist (Q1 with 10.0 CiteScore), Health Affairs (Q1 with 11.9 CiteScore), International Journal of Nursing Practice (Q1 with 3.7 CiteScore), Journal of Aging and Health (Q1 with 4.9 CiteScore), and NeuroRehabilitation (Q1 with 3.5 CiteScore). This shows that the topic of home-based care for disability research has been examined by various well-reputed journals worldwide for publication.

Table 1. Top 10 Authors Concerning the Topic home-based care for disabilities

Name	Citations/ Authors	H-index	Number of Documents Relevant to the Topic	Country
Hanass-Hancock, J.	1114	19	3	South Africa
He, B.	49	4	3	China
Wang, Y.H.	50	4	3	China
Zhou, J.	24	2	3	China
Apezetxea, A.	125	7	2	Spain

Bryer, A.	2801	22	2	South Africa
Chen, H.	13486	24	2	China
De La Cuerda, C.	656	13	2	Spain
Evans, R.	998	18	2	United Kingdom
Forga, M.T.	961	16	2	Spain

Source: processed by authors, 2024

Based on Table 1 shows the top 10 authors who published various documents on home-based care for disability research from 1989 to 2023 in various databases. Based on the data, Hanass-Hancock, J. (three documents), He, B. (three documents), Wang, Y.H. (three documents), and Zhou, J. (three documents) studied and published the most frequently on the topic/issue home-based care for disabilities research. These researchers are experts in their fields who have published many articles and have a high degree of influence on home-based care for disability research. In addition, several countries concerned with home-based care for disability research can be seen from the number of documents that have been published, including China, Spain, and South Africa.

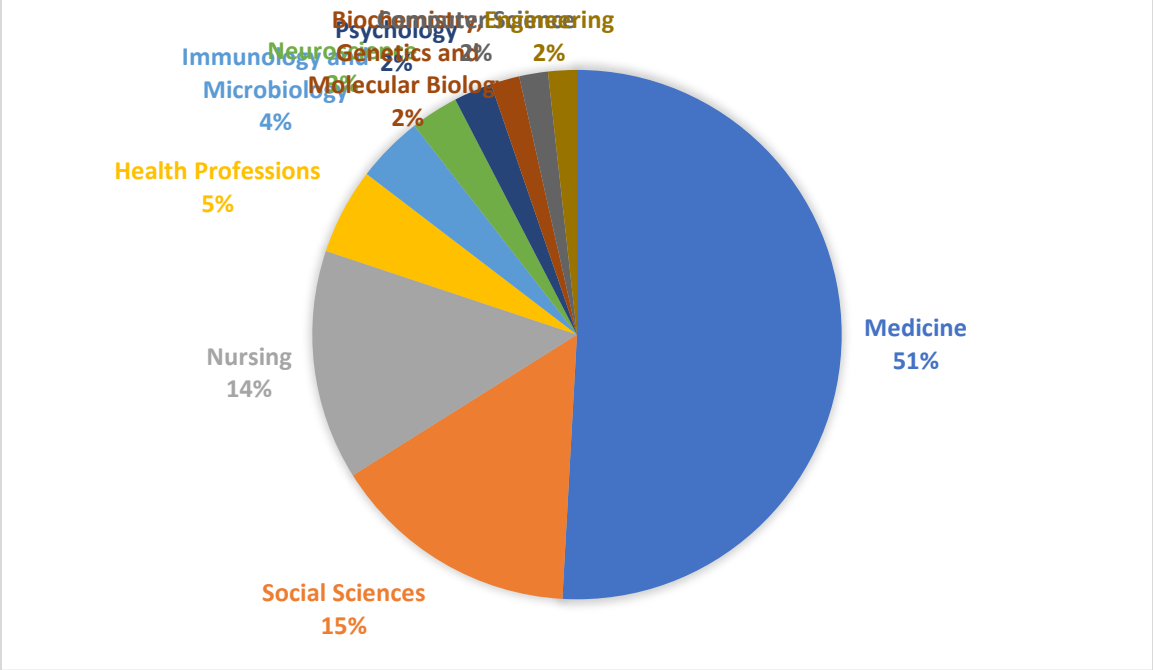


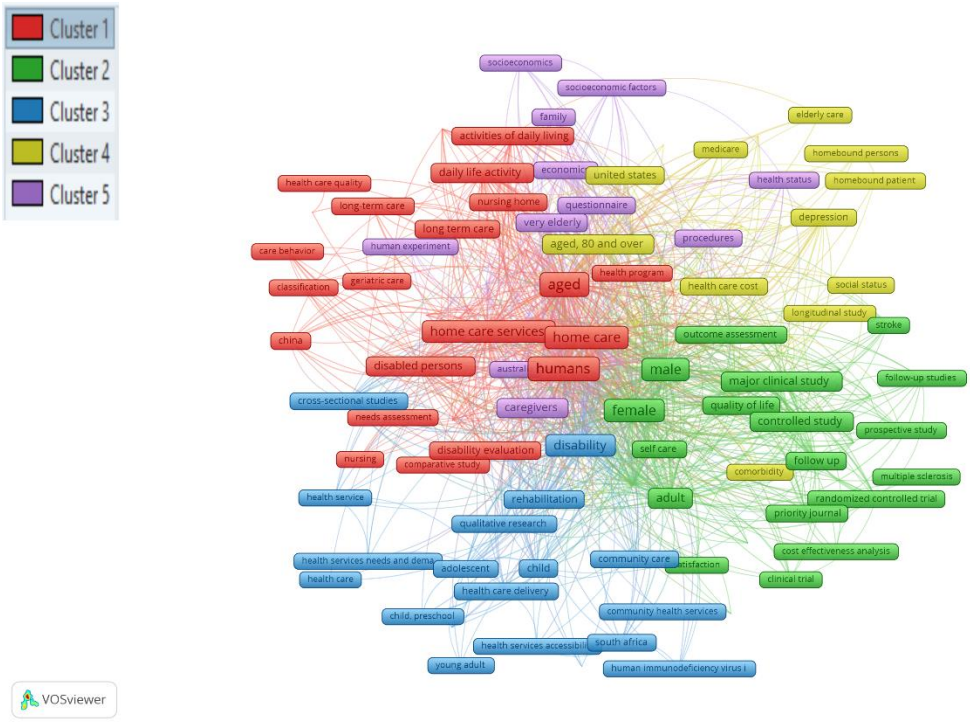
Figure 4. Top 10 Subject Areas with the highest number of publications.

Based on Figure 4 shows the top 10 Subject Areas with the highest number of publications regarding "home-based care for disability research" from 1980 to 2023, which are in various databases. Medicine (51%), Social Science (14%), Nursing (24%), Health Professionals (5%), Immunology and Microbiology (4%), Neuroscience (3%), Psychology (2%), Biochemistry, Genetics and Molecular Biology (2%), Computer Science (2%), and Engineering (2%), were the subject areas that dominated the topic/issue of home-based care for disability research. Therefore, the

development of global home-based care for disability research is closely related to the problems of medicine, social sciences, nursing, health professionals, and psychology.

Mapping of research topics related to home-based care for disabilities research

In this section, we explore and analyze research topic scales and clusters regarding home-based care for disability research, including those published from 1999 to February 2024 in various databases. Document filtering is based on the level of accuracy and relevance of documents on this research topic by examining the article title and abstract (Abdillah, A., 2023a; Abdillah, A., 2023b). The results were 460 documents that were mapped based on scale and cluster using the Vosviewer and Rstudio tools, which were intended to identify and map trend issues, weights, and relationships of various topics in the home-based care for disability research that was developed in various databases. Figure 5 shows the results of the identification and analysis of topics/issues regarding home-based care for disability research using Vosviewer with Co-occurrence analysis of All Keywords.



Keyword in Scopus Database: TITLE-ABS-KEY ("Home-Based Care" AND "Disability")	
Cluster 1 (Red)	(29 items) activities of daily living; aged; aging; care behavior; china; classificarion; compararive study; daily life activity; disability evaluation; disabled persons; geriatric care; health care personnel; health care quality; health program; home care; home care services; humans; independent living; long term care; needs assessment; nursing; nursing home; organization and management; patient care; public health; quality of health care; review; social support; statistics.
Cluster 2 (Green)	(24 items) adult; clinical trial; complication; controlled study; cost effectiveness analysis; female; follow up studies; hospital discharge; hospitalization; major clinical study; male; middle aged; multiple sclerosis; outcome assessment; patient care team; physical disability; priority journal; prospective studies; quality of life; randomized controlled trial; satisfaction; self-care; stroke; treatment outcome.

Cluster 3 (Blue)	(16 items) adolescent; child-preschool; community care; community health service; cross-sectional studies; disability; health care; health care delivery; health service; health service accessibility; health services needs and demand; human immunodeficier virus infection; physiotherapy; qualitative research; rehabilitation; south Africa; young adult.
Cluster 4 (Yellow)	(19 items) aged, 80 and over; chronic disease; cohort analysis; comorbidity; cost of illness; dementia; depression; diabetes mellitus; elderly care; health care cost; elderly care; homebound patient; homebound persons; longitudinal study; medicare; mental health; prevalence; primary medical care; social status; united states.
Cluster 5 (Purple)	(14 items) Australia; caregivers; economics; family; health status; home-based care; human experiment; procedures; psychology; questionnaire; socioeconomic factors; statistics and numerical; very elderly.

Figure 5. Identification and analysis of topic issues regarding home-based care for disabilities research. Source: Processed from Vosviewer, 2024

Based on Figure 5, the results of the identification and analysis of home-based care for disabilities research content is developing worldwide. The results show: (1) there are 5 cluster divisions based on a discussion of studies conducted and the relationship of issues to one another; and (2) The figure also shows that the topics in home-based care for disabilities research have been studied in various scientific dimensions, including various subject areas such as Social Sciences; Environmental Science; Business, Management, and Accounting; Medicine; Engineering; Computer Science; and Economics, Econometrics and Finance.

Based on Figure 5, these various relationships, the development of research and publications from 1980 to 2023 regarding home-based care for disability research. It can be said that the existing literature tends to be connected with various scientific disciplines that currently exist. As the previous bibliometric identification results show, social science, environmental science, economics, and medicine studies are the most significant in publishing documents on transformative research in various journals in various databases (Scopus, Dimension, and Google Scholar). The mapping and division of clusters in Figure 5 show the novelty, topic growth, and citations of research topics published regarding "Transformative Research." Clusters 1–5 show the level of grouping of keyword citation strength in the 120 documents analyzed. The latest trends in the growth of keywords/research issues regarding home-based care for disability research are presented in Figure 6, which shows that the growth of research topics/issues regarding home-based care for disabilities research in various databases (Scopus, Dimensions, and Google Scholar) can be seen in the topics listed most recently researched and published (related to bacteriemia, cathere, intestinal failure, multimorbidity, older adults, and disability severity), topics whose growth is according to (community care, home care, caregiving, and home care services) and moving up to the present (older people, transitional care, home care service, home-based care, disability, rehabilitation, caregivers, and home care services).

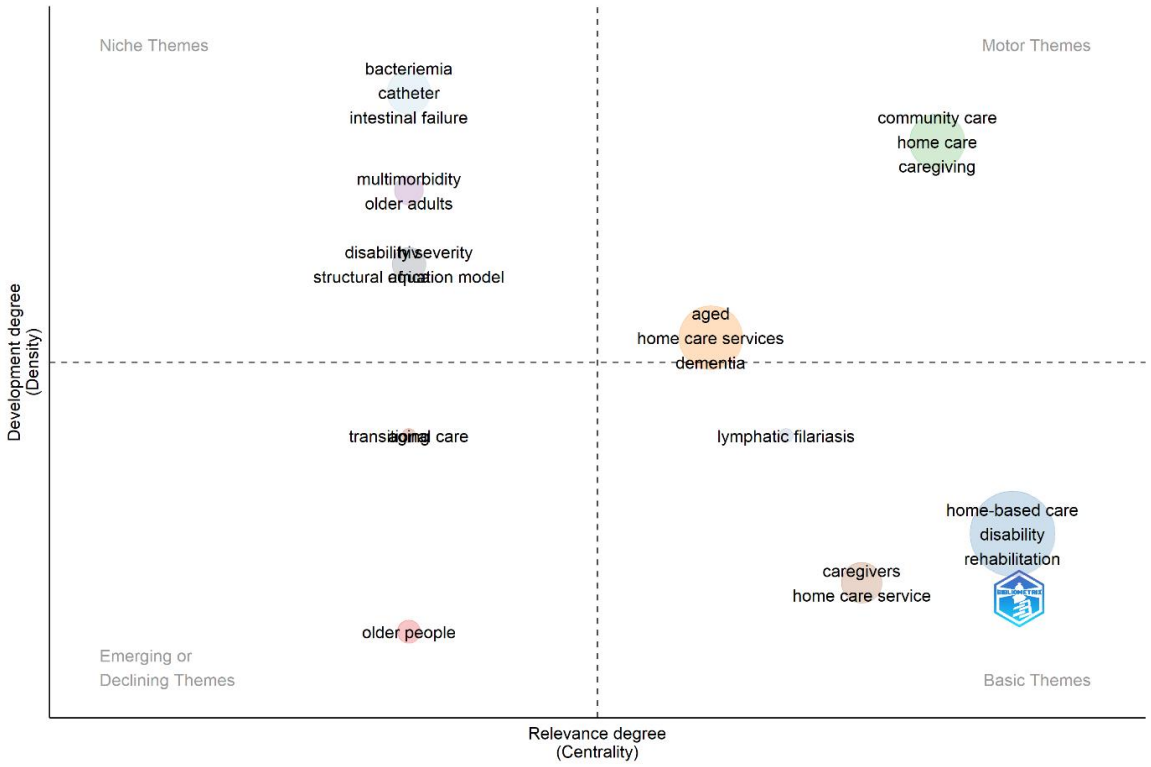


Figure 6. Thematic analysis of topic issues regarding home-based care for disabilities research. Source: Processed from RStudio, 2024

As shown in Figure 6, the trend of topics up to the most recent topics appeared in the topic of home-based care for disability in the last three years, namely: (1)disability severity, (2) dementia, (3) caregivers, (4) home care services, (5) older people, (6) home bounds, and (7) rehabilitation. In Figure 6b, our thematic analysis of various published literature shows (1) niche themes: newer disability problems seen in bacteremia, catheters, and intestinal failure; (2) motor themes in the literature about home-based care for disabilities, namely, community care, home care, and caregiving. This refers to research by Iezzoni et al. (2019), Sama et al. (2021), Pozzilli et al. (2022), and Pozzilli et al. (2022), who state that studies in this field focus more on the impact and factors that influence disability groups, from the elderly to vulnerable groups. How effective are services provided, how can health services be accessed, what individual capacities are, and the costs of care for them?.

Discussions – Implications and Future Directions

Similar to the bibliometric study carried out previously in Sections 1 and 2. In this chapter, we analyze and explore the content of research documents regarding home-based care for disability research using the criteria of the top 15 documents with the highest citations and relevance to this literature review. This is intended to examine the strengths and weaknesses of home-based care for disability research, giving rise to important implications for future research in this field. Qiu et al. (2020) explained the specific types of care needed by homebound residents and discussed treatments that can help alleviate their suffering and delay their admission to a nursing home or hospital. Szanton et al. (2016) found that the use of the CAPABLE program was associated with reduced disability in low-income seniors eligible for Medicare and Medicaid living in the community. CMS may consider making CAPABLE beneficial for dual-eligible seniors. Data collected, according to Anderson et al. (2002), indicated that the early hospital discharge and domicile rehabilitation

program, taken together, reduced the overall length of stay by 13 days (95% confidence interval [CI]: -19 to -7 days). Since there was no discernible impact on clinical outcomes or mortality (odds ratio = 0.95; 95% CI: 0.65 to 1.38), an economic analysis utilizing a cost-minimization approach was suitable. The study's findings, following Pozzilli et al. (2022), indicate that the functional status of the hospital and home care groups is the same.

In the four SF-36 health aspects (general health, bodily pain, role-emotional, and social functioning) there were significant differences between the two groups favoring home-based management (all $p < 0.001$). Maart & Jelsma (2024) say that the study's findings indicate that 54% of respondents reported having unmet needs for home care, 34.5 percent for assistive equipment, 28.9 percent for medical rehabilitation services, and 2.5 percent for health services. Individuals over 65 had a lower likelihood of receiving the required medical rehabilitation ($\chi 2 = 8.00$, $p = 0.018$). Inadequate money was cited as the biggest barrier to service access (71%), followed by transportation issues (72%). The findings of this research demonstrate that reablement is more cost-effective than standard care, according to Kjerstad and Tuntland (2016). The agreeable group outperformed the control group in terms of performance evaluations and happiness with everyday activities, and this was accomplished at a lesser cost. The beneficiaries' home visitation expenses were much lower. To improve the functional outcomes of older adults receiving care at home, the Working Group developed and implemented a restorative care model, according to Baker et al. 2021. This model integrates medical care for acute disease processes and personal care, as well as rehabilitative interventions targeted at chronic disabilities.

According to Janicki et al. (2005), findings showed that staff numbers and home design varied but generally followed common dementia care practices: the home relied on existing resources to manage the changes caused by dementia care, programmatic and environmental adaptations implemented to address dementia progression, and residents with dementia are more demanding on staff time in relation to hygiene maintenance and behavior management when compared to other residents without dementia. The majority of the 94 institutions whose survey was completed, or 59.6%, offered services to clients who had COVID-19, and three quarters (73.7%) of those institutions employed assistants who tested positive for COVID-19, had symptoms, or were placed in quarantine. These findings are reported by Sama et al. (2021). The majority of institutions (98.7%) saw a decline in requests for home visits, which might be attributed to family members providing caring responsibilities, client concerns around infection, or a lack of available helpers. Research results, as reported by Chou et al. (2015), suggest that LTC policies in Taiwan are required to support the "aging in place" of older adults with intensive care needs by increasing the availability and accessibility of community/home-based care services, as well as to decrease the use of these services by migrant care workers. According to de Villiers et al. (2011), research results showed that apart from the severity of the initial stroke, the risk factors for poor survival were severe disability and presence of swallowing disorders at the time of discharge from the hospital. Shack housing was independently associated with poor functional outcomes. These findings will help allocate home-based care and inpatient rehabilitation resources to high-risk groups to improve the efficacy of health care and services. Chen et al. (2017) reported that this study showed a significant relationship between home care and the health of caregivers who were 65 years of age or older. On the other hand, caregivers under 65 who had utilized home care, rehabilitation, or respite care services had worse health than those who had not. These results imply that senior caregivers' health can benefit from using home-based LTC services. On the other hand, there can be a negative correlation between the health of caregivers under 65 years old and their usage of home-based LTC services.

The results of this study, including a sensitivity analysis, indicate that the most direct factors influencing the need for and expense of home care are potential changes in the mortality rates and disability status of the elderly (Zeng et al., 2015). Furthermore, caregiver resources under a two-child

universal policy would be far superior than those under an unmodified tight fertility policy. According to Carter et al. (2012), things that work well for CCNS in the UK are effective communication, strong leadership, actively enabling childcare to be maintained at home, and partnerships based on mutual trust. Issues related to feeling marginalized, ineffective commissioning, lack of service provision and availability of service hours, lack of equipment or resources, and poor communication between services and the environment are areas of concern. Also according to Iezzoni et al. (2019), the findings of this study suggest a lack of synchrony between policies affecting home-based support for people with functional impairments and policies affecting home-based PAS workers for more than 80 years.

Based on important findings from various studies, the important thing that needs to be emphasized in the issue of the Implications of Home-Based Care for Disability is that the use of health services based on home-based care for disabilities tends to incur lower costs than the use of services in hospitals (Iezzoni et al. 2019; Chen et al. 2017; de Villiers et al. 2011). This is because of several factors, including those related to transportation accessibility and the availability of funds for people with disabilities. Based on this, we concluded that home care is no better than hospital care. However, a social and more intentional approach carried out by those closest to them greatly helps in physical or physiological recovery in the care of people with disabilities and helps faster recovery. The implication is that home-based care for people with disabilities is an important component in fostering social resilience. By focusing on improving social support networks, caregiver competencies, and implementing targeted interventions, home-based care can make a significant contribution to the well-being and resilience of people with disabilities and their families.

Research Agenda and Future Directions

In this study, we examine the trend of developing research issues related to the topic of home-based disability care research starting in the 1980s. This research develops various sources and databases that have different development tendencies. Quantity trends in Google Scholar show significant development compared with the Scopus and Dimensions databases. Various findings in the research topic of home-based disability care tend to be directed towards inspiring research that eliminates all forms of discrimination and ensures the participation of disabled and elderly people in every aspect of life, such as access to basic services, living environment, social protection, employment and business opportunities, law, politics, and others. Based on various research findings, the one most frequently cited and used reference is the strategy to increase advocacy for central and regional regulations and policies for people with disabilities, both regarding home care services and the development of facilities, mechanisms, and capacity of public services that can be accessed by people with disabilities. This study contributes as a reference and evaluation material for future research in the field of inclusive communities and resilience in home-based care programs for groups with disabilities. This study is useful for researchers, activists, non-governmental organizations, students, teachers, policymakers, and practitioners to improve justice and social welfare from various problems faced by vulnerable groups, such as disability groups. This study can also be used for scientific data, reference support, and scientific frameworks.

Conclusion

This literature review explores home-based care for disabilities from 1980 to 2023, using the Scopus, Dimensions, and Google Scholar databases. This study evaluates the taxonomy of literature review through two specific analyses: (1) it explores the causes of home-based care for disability research literature trends in dealing with global issues in the last 10 years; (2) it investigates whether home-based care for disability research has a positive effect on addressing issues of social change,

inclusive development, increasing sustainability, increasing community resilience, and improving the quality of life.

The findings in this systematic literature review show that research and publications from 1980 to 2023 have been produced in various countries such as China, Spain, the UK, and South Africa. Research and publications tend to be in the subject areas of social science medicine, which study various issues, such as those in the several clusters above. Research trends regarding home-based care for disability have been published in various reputable journals. This indicates that this topic has received attention from researchers worldwide and in well-reputed international journals. The latest trends in the growth of keywords/research issues regarding home-based care for disability research are shown in Figure 6. The results show that the growth of research topics and issues regarding home-based care for disabilities research in various databases (Scopus, Dimensions, and Google Scholar) can be seen in the topics listed most recently researched and published (related to bacteriemia, cathere, intestinal failure, multimorbidity, older adults, and disability severity), topics whose growth is according to (community care, home care, caregiving, and home care services) and moving up to the present (older people, transitional care, home care service, home-based care, disability, rehabilitation, caregivers, and home care services). We also concluded that home care is no better than hospital care. However, a social and more intentional approach carried out by those closest to them greatly helps in physical or physiological recovery in the care of people with disabilities and helps faster recovery.

This research is limited in identifying trends and evaluating the development of the topic of home-based care for disability research from 1980 to 2023, which relies on secondary data from three databases (Scopus, Dimensions, and Google Scholar). It is still possible that databases such as Web of Science and PubMed publish the same topic. Therefore, the amount of research on home-based care for disabilities can be more than that found in this study. We also highlight that home-based care is no better than hospital-based care, but that rehabilitation involving people closest to the disabled person's care helps with a quicker recovery.

Declaration of Competing Interest

The authors state that they have no competing financial interests or personal relationships that could affect the work reported in this paper.

Acknowledgment

We would like to thank the Government & Review Editorial and Review Team. Resilience Journal that has supported our manuscript until it was published.

References

Abbas, A., Ekowati, D., Suhariadi, F., & Fenitra, R. M. (2023). Health implications, leaders societies, and climate change: a global review. *Ecological footprints of climate change: Adaptive approaches and sustainability*, 653-675. https://doi.org/10.1007/978-3-031-15501-7_26

Abdillah, A., Buchari, R. A., Widianingsih, I., & Nurasa, H. (2023b). Climate change governance for urban resilience for Indonesia: A systematic literature review, *Cogent Social Sciences*, 9: 2235170. https://doi.org/10.1080/23311886.2023.2235170

Abdillah, A., Widianingsih, I., Buchari, R. A., & Nurasa, H. (2023a). Implications of urban farming on urban resilience in Indonesia: Systematic literature review and research identification.

Cogent Food & Agriculture, 9(1), 2216484. https://doi.org/10.1080/23311932.2023.2216484

Alcamo, J., Flörke, M., & Märker, M. (2007). Future long-term changes in global water resources driven by socio-economic and climatic changes. *Hydrological Sciences Journal*, 52(2), 247-275. https://doi.org/10.1623/hysj.52.2.247

Anderson, C., Mhurchu, C. N., Brown, P. M., & Carter, K. (2002). Stroke rehabilitation services to accelerate hospital discharge and provide home-based care: an overview and cost analysis. Pharmacoeconomics, 20, 537-552. https://doi.org/10.2165/00019053-200220080-00004

Arnell, N. W. (2004). Climate change and global water resources: SRES emissions and socio-economic scenarios. *Global environmental change*, 14(1), 31-52. https://doi.org/10.1016/j.gloenvcha.2003.10.006

Baker, D. I., Gottschalk, M., Eng, C., Weber, S., & Tinetti, M. E. (2001). The design and implementation of a restorative care model for home care. *The Gerontologist*, 41(2), 257-263. https://doi.org/10.1093/geront/41.2.257

Boris, E., & Klein, J. (2015). Caring for America: Home health workers in the shadow of the welfare state. Oxford University Press.

Buheji, M., da Costa Cunha, K., Beka, G., Mavric, B., De Souza, Y. L., da Costa Silva, S. S., ... & Yein, T. C. (2020). The extent of covid-19 pandemic socio-economic impact on global poverty. a global integrative multidisciplinary review. *American Journal of Economics*, 10(4), 213-224. https://doi.org/10.5923/j.economics.20201004.02

Cappanera, P., Scutellà, M. G., & Visintin, F. (2014). Home Care Services delivery: equity versus efficiency in optimization models. In *Proceedings of the international conference on health care systems engineering* (pp. 1-13). Springer International Publishing. https://doi.org/10.1007/978-3-319-01848-5_1

Carter, B., Coad, J., Bray, L., Goodenough, T., Moore, A., Anderson, C., ... & Widdas, D. (2012). Home-based care for special healthcare needs: community children's nursing services. *Nursing Research*, 61(4), 260-268. https://doi.org/10.1097/NNR.0b013e31825b6848

Cattafi, M., Herrero, R., Gavanelli, M., Nonato, M., & Malucelli, F. (2012). Improving quality and efficiency in home health care: An application of constraint logic programming for the Ferrara NHS unit. In *Technical Communications of the 28th International Conference on Logic Programming* (ICLP'12). Schloss Dagstuhl-Leibniz-Zentrum fuer Informatik. https://doi.org/10.4230/LIPIcs.ICLP.2012.415

Chen, M. C., Kao, C. W., Chiu, Y. L., Lin, T. Y., Tsai, Y. T., Jian, Y. T. Z., ... & Kao, S. (2017). Effects of home-based long-term care services on caregiver health according to age. *Health and Quality of Life Outcomes*, 15, 1-10. https://doi.org/10.1186/s12955-017-0786-6

Chou, Y. C., Kröger, T., & Pu, C. Y. (2015). Models of long-term care use among older people with disabilities in Taiwan: Institutional care, community care, live-in migrant care and family care. *European Journal of Ageing*, 12, 95-104. https://doi.org/10.1007/s10433-014-0322-z

Cobo, M. J., López-Herrera, A. G., Herrera-Viedma, E., & Herrera, F. (2011). Science mapping software tools: Review, analysis, and cooperative study among tools. *Journal of the American Society for Information Science and Technology*, 62(7), 1382–1402. https://doi.org/10.1002/asi.21525

De Villiers, L., Badri, M., Ferreira, M., & Bryer, A. (2011). Stroke outcomes in a socio-economically disadvantaged urban community. *South African Medical Journal*, 101(5), 345-348. https://www.ajol.info/index.php/samj/article/view/69755

Grant, M. J., & Booth, A. (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Information & Libraries Journal*, *26*(2), 91-108. https://doi.org/10.1111/j.1471-1842.2009.00848.x

Health and Public Policy Committee. (1986). Home health care. Annals of Internal Medicine, 105(3), 454-460. https://doi.org/10.7326/0003-4819-105-3-454

Hestevik, C. H., Molin, M., Debesay, J., Bergland, A., & Bye, A. (2019). Healthcare professionals' experiences of providing individualized nutritional care for Older People in hospital and home care: a qualitative study. *BMC geriatrics*, 19(1), 1-9. https://doi.org/10.1186/s12877-019-1339-0

Iezzoni, L. I., Gallopyn, N., & Scales, K. (2019). Historical mismatch between home-based care policies and laws governing home care workers. *Health Affairs*, 38(6), 973-980. https://doi.org/10.1377/hlthaff.2018.05494

Janicki, M. P., Dalton, A. J., McCallion, P., Baxley, D. D., & Zendell, A. (2005). Group home care for adults with intellectual disabilities and Alzheimer's disease. *Dementia*, 4(3), 361-385. https://doi.org/10.1177/1471301205055028

Jones, C. D., & Bowles, K. H. (2020). Emerging challenges and opportunities for home health care in the time of COVID-19. *Journal of the American Medical Directors Association*, 21(11), 1517-1518. https://doi.org/10.1016/j.jamda.2020.09.018

Kjerstad, E., & Tuntland, H. K. (2016). Reablement in community-dwelling older adults: a cost-effectiveness analysis alongside a randomized controlled trial. *Health Economics Review*, 6(1), 1-10. https://doi.org/10.1186/s13561-016-0092-8

Landers, S., Madigan, E., Leff, B., Rosati, R. J., McCann, B. A., Hornbake, R., ... & Breese, E. (2016). The future of home health care: a strategic framework for optimizing value. *Home Health Care Management & Practice*, 28(4), 262-278. https://doi.org/10.1177/1084822316666368

Liyandi, M. J., Indriyany, I. A., & Prastio, L. O. (2024). "Sekolah Ibu Program": Women Resilience Program or Gender Blind Policy?. *Government & Resilience*, 2(1), 46-57. https://doi.org/10.62503/gr.v2i1.13

Lorant, V., Croux, C., Weich, S., Deliège, D., Mackenbach, J., & Ansseau, M. (2007). Depression and socio-economic risk factors: 7-year longitudinal population study. *The British journal of psychiatry*, 190(4), 293-298. https://doi.org/10.1192/bjp.bp.105.020040

Maart, S., & Jelsma, J. (2014). Disability and access to health care–a community based descriptive study. *Disability and Rehabilitation*, 36(18), 1489-1493. https://doi.org/10.3109/09638288.2013.807883

Mofijur, M., Fattah, I. R., Alam, M. A., Islam, A. S., Ong, H. C., Rahman, S. A., ... & Mahlia, T. M. I. (2021). Impact of COVID-19 on the social, economic, environmental and energy domains: Lessons learnt from a global pandemic. *Sustainable production and consumption*, 26, 343-359. https://doi.org/10.1016/j.spc.2020.10.016

Mol, A. (2008). The logic of care: Health and the problem of patient choice. Routledge.

Moral-Muñoz, J. A., Herrera-Viedma, E., Santisteban-Espejo, A., & Cobo, M. J. (2020). Software tools for conducting bibliometric analysis in science: An up-to-date review. *Profesional de la Información*, *29*(1). https://doi.org/10.3145/epi.2020.ene.03

Murashima, S., Nagata, S., Magilvy, J. K., Fukui, S., & Kayama, M. (2002). Home care nursing in Japan: a challenge for providing good care at home. *Public health nursing*, 19(2), 94-103. https://doi.org/10.1046/j.1525-1446.2002.19204.x

Nafi'ah, B. A., Roziqin, A., Suhermanto, D. F., & Fajrina, A. N. (2021). The Policy Studies journal: A Bibliometric and mapping study from 2015-2020. *Library Philosophy and Practice*, 2021, 1–18. https://digitalcommons.unl.edu/libphilprac/5881/

Nakamura, K., Takano, T., & Akao, C. (1999). The effectiveness of videophones in home healthcare for the elderly. *Medical care*, 117-125. https://www.jstor.org/stable/3767217

National Research Council. (2011). Health care comes home: the human factors. National Academies Press.

Patel, S. K., & Jhalani, P. (2023). Formulation of variables of environmental taxation: a bibliometric analysis of Scopus database (2001–2022). *Environment, Development and Sustainability*, 1-28. https://doi.org/10.1007/s10668-023-03027-0

Piercy, K. W., & Woolley, D. N. (2000). Negotiating worker-client relationships: A necessary step to providing quality home health care. *Home Health Care Services Quarterly*, 18(1), 1-24. https://doi.org/10.1300/J027v18n01_01

Pozzilli, C., Brunetti, M., Amicosante, A. M. V., Gasperini, C., Ristori, G., Palmisano, L., & Battaglia, M. (2002). Home-based management in multiple sclerosis: results of a randomized controlled trial. *Journal of Neurology, Neurosurgery & Psychiatry*, 73(3), 250-255. https://doi.org/10.1136/jnnp.73.3.250

Putera, P. B., Suryanto, S., Ningrum, S., Widianingsih, I., & Rianto, Y. (2022). three decades of discourse on science, technology, and innovation in national innovation system: A Bibliometric Analysis (1990–2020). *Cogent Social Sciences*, 8(1), 2109854. https://doi.org/10.1080/23311886.2022.2109854

Qiu, W. Q., Dean, M., Liu, T., George, L., Gann, M., Cohen, J., & Bruce, M. L. (2010). Physical and mental health of homebound older adults: an overlooked population. *Journal of the American Geriatrics Society*, *58*(12), 2423-2428. https://doi.org/10.1111/j.1532-5415.2010.03161.x

Raihan, A. (2023). A review of the global climate change impacts, adaptation strategies, and mitigation options in the socio-economic and environmental sectors. *Journal of Environmental Science and Economics*, 2(3), 36-58. https://doi.org/10.56556/jescae.v2i3.587

Rusliadi, R., & Aina, A. N. (2024). Social Welfare Policy and Cross-Sectoral Participation: For Resilience Overcoming Stunting in Indonesia. *Government & Resilience*, 2(1), 1-13. https://doi.org/10.62503/gr.v2i1.10

Sama, S. R., Quinn, M. M., Galligan, C. J., Karlsson, N. D., Gore, R. J., Kriebel, D., ... & Lindberg, J. E. (2021). Impacts of the COVID-19 pandemic on home health and home care agency managers, clients, and aides: a cross-sectional survey, March to June, 2020. *Home Health Care Management & Practice*, 33(2), 125-129. https://doi.org/10.1177/1084822320980415

Shang, J., Chastain, A. M., Perera, U. G. E., Quigley, D. D., Fu, C. J., Dick, A. W., ... & Stone, P. W. (2020). COVID-19 preparedness in US home health care agencies. *Journal of the American Medical Directors Association*, 21(7), 924-927. https://doi.org/10.1016/j.jamda.2020.06.002

Shaughnessy, P. W., Crisler, K. S., Schlenker, R. E., Arnold, A. G., Kramer, A. M., Powell, M. C., & Hittle, D. F. (1994). Measuring and assuring the quality of home health care. *Health care financing review*, 16(1), 35. https://pubmed.ncbi.nlm.nih.gov/10140157

Stanhope, M., & Lancaster, J. (2015). Public health nursing: Population-centered health care in the community. Elsevier Health Sciences.

Szanton, S. L., Leff, B., Wolff, J. L., Roberts, L., & Gitlin, L. N. (2016). Home-based care program reduces disability and promotes aging in place. *Health Affairs*, 35(9), 1558-1563. https://doi.org/10.1377/hlthaff.2016.0140

Valdmanis, V. G., Rosko, M. D., Leleu, H., & Mukamel, D. B. (2017). Assessing overall, technical, and scale efficiency among home health care agencies. *Health care management science*, 20, 265-275. https://doi.org/10.1007/s10729-015-9351-1

Van Eck, N., & Waltman, L. (2010). Software survey: VOSviewer, a computer program for bibliometric mapping. *Scientometrics*, *84*(2), 523-538. https://doi.org/10.1007/s11192-009-0146-3

Woodward, C. A., Abelson, J., Tedford, S., & Hutchison, B. (2004). What is important to continuity in home care?: Perspectives of key stakeholders. *Social science & medicine*, 58(1), 177-192. https://doi.org/10.1016/S0277-9536(03)00161-8

World Health Organization. (2015). The growing need for home health care for the elderly: Home health care for the elderly as an integral part of primary health care services.

Yamada, Y. (2002). Profile of home care aides, nursing home aides, and hospital aides: Historical changes and data recommendations. *The Gerontologist*, 42(2), 199-206. https://doi.org/10.1093/geront/42.2.199

Zeng, Y., Chen, H., Wang, Z., & Land, K. C. (2015). Implications of changes in households and living arrangements for future home-based care needs and costs for disabled elders in China. *Journal of aging and health*, 27(3), 519-550. https://doi.org/10.1177/0898264314552690