Scaling up the implementation of the DEDICATED approach on the ABC islands

An exploratory qualitative study of sustainable palliative dementia care

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April – July 2026

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Date: 03-07-2026

Abstract

Background: Dementia is a growing public health concern with complex care needs throughout the disease trajectory. Palliative dementia care can support quality of life, advance care planning, communication, and family involvement. The DEDICATED approach was developed to strengthen person-centred palliative dementia care. Across Aruba, Bonaire, and Curaçao, its implementation is shaped by small-island healthcare systems, limited resources, multilingual and multicultural communities, strong family roles, and cultural sensitivities around dementia and end-of-life care. Therefore, this study examined how organizational, cultural, and contextual factors influence the scale-up and sustainable implementation of DEDICATED on the ABC islands.

Methods: An exploratory qualitative research design was used. Data were collected through semi-structured interviews with 14 stakeholders from the ABC islands, including representatives from dementia care, palliative care, elderly care, policy, management, and DEDICATED island coordinators. Interviews were conducted in Dutch or Papiamentu, depending on participant preference. Data were analyzed using thematic analysis with a combined deductive and inductive approach. ATLAS.ti was used to support coding and data management. The reporting of the study was guided by the COREQ checklist.

Results: Four main themes were identified: organizational, socio-cultural, contextual, and scale-up and sustainability factors. Barriers included staff shortages, workload, turnover, limited policy embedding, fragmented responsibilities, and insufficient care infrastructure. Facilitators included staff enthusiasm, interorganizational collaboration, caregiver involvement, nmennment support, cross-island learning, and the perceived relevance of DEDICATED. Cultural factors, including religion, language, family roles, trust, cultural distance, and taboos around dementia and end-of-life care, influenced the acceptance and application of the approach.

Conclusion: Sustainable scale-up of DEDICATED on the ABC islands requires moving from project-based implementation to structural embedding in routine dementia and palliative care. This depends on clear ownership, organizational and policy integration, continued follow-up, interorganizational collaboration, informal caregiver involvement, and culturally grounded adaptation to ensure long-term acceptance and sustainability.

1. Introduction

Dementia is a growing global public health concern due to its increasing prevalence, complex care needs, and substantial social impact (World Health Organization, 2025). It is a progressive condition that affects cognition, communication, psychological well-being, and daily functioning (Cipriani et al., 2020). An estimated 57 million people worldwide live with dementia, and it is the seventh leading cause of death globally, posing major challenges for health systems and society (World Health Organization, n.d.). Although there is no cure, supportive care can help maintain quality of life and support those involved in care (World Health Organization, 2025). As dementia progresses, increasing dependence, communication difficulties, and distressing symptoms create more complex care needs (Sampson et al., 2017). In advanced stages, care often shifts toward comfort, symptom management, and shared decision-making with family or proxy decision-makers (Dening et al., 2019; Hanson et al., 2017; van der Steen et al., 2013).

Given the progressive and complex nature of dementia, a palliative care approach is relevant from the early stages and throughout the disease trajectory, with care priorities evolving and quality of life remaining a central goal until the end of life (Nishimura et al., 2024). Palliative care addresses physical, psychosocial, and spiritual needs and can improve the quality of life for the person with dementia, their caregivers, and their family (Gupta & Patel, 2023). It is therefore increasingly recognized as an essential part of dementia care, rather than an approach limited to the final days of life (Volicer & Simard, 2015). However, despite these potential benefits, people with dementia often have limited access to palliative care and receive it less frequently. This may be due to barriers such as difficulty recognizing dementia as a terminal illness, its unpredictable disease trajectory, uncertainty about the appropriate timing for palliative care, and communication challenges that make symptoms and needs harder to assess (Eisenmann et al., 2020).

The "Desired Dementia Care Towards End of Life" (DEDICATED) project was developed to support healthcare professionals in providing quality palliative care for people with dementia through practical tools, guidance, and training (Biesmans et al., 2024). The DEDICATED approach has shown promising evidence in improving person-centered palliative dementia care, strengthening interprofessional collaboration, and supporting the timely initiation of advance care planning (ACP) within the Dutch and Dutch Caribbean healthcare contexts (Biesmans et al., 2025). ACP in dementia entails an ongoing, relationship-centered communication process tailored to the person's decision-making capacity, in which future values, care preferences, and goals, including end-of-life care, are discussed, documented, and revisited over time (van der Steen et al., 2023).

These aims are particularly relevant for Aruba, Bonaire, and Curaçao, collectively referred to as "the ABC islands". On these islands, limited resources, cultural norms, taboos around end-of-life discussions, and the need to strengthen professionals' skills challenge high-quality palliative dementia care (Biesmans et al., 2025). Since 2021, DEDICATED has developed into an inter-island implementation initiative on the ABC islands. A consortium

with stakeholders from Aruba, Bonaire, and Curaçao, including Alzheimer foundations and dementia care and support organizations, was established to support implementation. Through this structure, DEDICATED trainers and ambassadors were trained to disseminate the approach further across local care settings (Biesmans et al., 2025). Building on these implementation efforts, further scale-up offers an opportunity to examine how DEDICATED can be adapted and sustainably embedded within Dutch Caribbean healthcare systems, cultures, and resource contexts.

Previous research on the DEDICATED approach has mainly focused on its practical impact from the perspectives of DEDICATED ambassadors, care team members, and bereaved family caregivers (Biesmans et al., 2025). While this research has shown the value of the approach, cultural, organizational, and contextual factors may still pose barriers to its full implementation within routine palliative dementia care (Biesmans et al., 2025). This leaves a gap in understanding the conditions needed to embed and sustainably scale up DEDICATED across organizations, particularly within the ABC islands. Understanding these conditions is important because small island settings may face specific challenges that affect the implementation and sustainability of palliative dementia care, such as limited resources, workforce constraints, high staff turnover, and cultural taboos surrounding dementia and end-of-life care (Jennings et al., 2018; Biesmans et al., 2025).

Addressing this gap is scientifically and societally relevant. Scientifically, this study contributes to implementation science by examining how a palliative dementia care intervention can be scaled up and sustained in small-island and culturally diverse healthcare settings. Societally, the findings may support policymakers, project leaders, and healthcare organizations on the ABC islands in making informed decisions about the future expansion of DEDICATED. By identifying conditions for long-term integration, this study aims to strengthen professional practice and improve person-centered palliative dementia care for people with dementia and their families.

Therefore, this study aims to answer the following research question:

Which organizational, cultural, and contextual factors facilitate or hinder the scale-up and sustainable implementation of the DEDICATED approach on the ABC islands?

The overall aim of this study is to identify the conditions required to scale up and sustain DEDICATED from a project-based intervention into a stable and routine practice within the healthcare systems of the ABC islands.

2. Theoretical framework

This section outlines the theoretical framework for examining the scale-up and sustainable implementation of the DEDICATED approach on the ABC islands. It focuses on scale-up, implementation, and sustainability theories, while also considering organizational, contextual, and cultural factors that influence how palliative dementia care interventions are adopted, adapted, and sustained in practice.

2.1 Palliative Care

Palliative care aims to improve quality of life and alleviate suffering among individuals with serious illness, while also supporting their families and caregivers (Teoli et al., 2023). In dementia, palliative care should start early in the disease trajectory, as advance care planning (ACP) enables people to express their values, preferences, and future care goals while they can still participate in decision-making (Malhi et al., 2021). ACP also supports surrogate decision-makers to make choices that reflect the person's wishes when decision-making capacity declines, thereby promoting person-centered care aligned with individual needs, goals, and values (Maslow, 2013; Clayton et al., 2024). In this study, the palliative care goals model developed by Nishimura et al. (2024) is used to interpret what high-quality palliative dementia care aims to achieve. The model identifies four key goals: ensuring comfort, maintaining control over function, protecting identity and personhood, and supporting people with dementia and their caregivers in coping with grief and loss. These goals provide analytical concepts for examining how the DEDICATED approach supports palliative dementia care across the disease trajectory. The DEDICATED approach ('Desired Dementia Care Towards End of Life') is a practice-oriented intervention aimed at improving timely, person-centered palliative dementia care through education, interprofessional collaboration, ACP, communication, and attention to pain and responsive behavior (Bolt, 2021). While DEDICATED offers practical guidance for care delivery, Nishimura et al.'s (2024) model helps analyze whether and how the approach supports comfort, autonomy, personhood, and caregiver support within the ABC island context.

2.2 Spreading and scaling up as an implementation approach

To examine how DEDICATED can move beyond initial implementation, this study draws on Greenhalgh and Papoutsi's (2019) understanding of spread and scale-up. Spreading refers to replicating an intervention in other settings, while scaling up involves developing the infrastructure, resources, and organizational support needed for sustainable implementation at a larger scale. This distinction is relevant because an intervention that works in one setting may not automatically transfer to other organizations or island contexts (Greenhalgh & Papoutsi, 2019). Greenhalgh & Papoutsi (2019) distinguish three complementary theoretical logics of change that explain spread and scale-up. Firstly, implementation science views scale-up as a structured and mechanistic process requiring planning, standardized procedures, and attention to barriers and facilitators to ensure consistent replication across settings. Secondly, complexity science emphasizes adaptation and change within dynamic

and interdependent systems. Interventions must be continuously tailored to local contexts through feedback, learning, and adjustment rather than simply replicated. Thirdly, social science understands scale-up as a social practice shaped by meanings, relationships, professional norms, and organizational routines. In which innovations spread when stakeholders perceive them as meaningful, legitimate, and aligned with existing practices (Greenhalgh & Papoutsi, 2019). Together, these perspectives provide an analytical framework for examining the conditions needed for successful scale-up in the island context of this study.

2.3 The IHI Framework for Going to Full Scale

The Institute for Healthcare Improvement (IHI) Framework for Going to Full Scale builds on concepts of spread and scale-up and helps examine how DEDICATED can be adopted more widely across the ABC islands (Figure 1). Its focus on adaptation, continuous learning, contextual differences, and system-level support makes it relevant for studying scale-up across different island contexts (Barker et al., 2015). The IHI Framework for Going to Full Scale consists of four steps. First, the set-up phase focuses on preparing the system by clarifying the intervention, scale-up goals, and key stakeholders. Second, a scalable unit is developed by testing and refining the intervention in a small and representative setting. Third, the test of scale-up examines how the intervention can be adapted and supported. The final phase, going to full scale, involves broader adoption supported by strong leadership, infrastructure, and reliable systems (Barker et al., 2015).
In addition to these phases, the framework emphasizes adoption mechanisms, including leadership engagement, effective communication, the use of social networks, and building a culture of urgency and persistence. It also highlights the importance of support systems, such as learning systems, data systems, infrastructure, training, and reliable processes that promote sustainability (Barker et al., 2015). Although Biesmans et al. (2024) described the development and initial implementation of DEDICATED, the IHI Framework adds value by focusing on the next phase: wider scale-up and long-term sustainability across the ABC islands. It provides a structured lens to examine whether DEDICATED can move beyond project-based implementation, what adaptations are needed across island contexts, and which leadership, infrastructure, training, coordination, and learning mechanisms are required for sustainable integration into routine care.

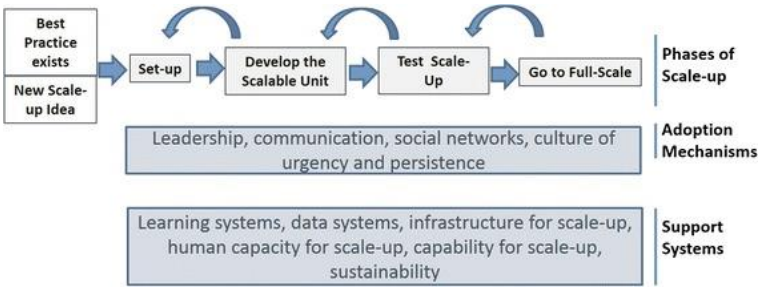

Figure 1. IHI Framework for Going to Full Scale (Barker et al., 2015).

2.4 The WHO building blocks model

The WHO health system building blocks add a system-level perspective by examining whether the local health system has the capacity to embed and sustain DEDICATED in routine practice (Figure 2). The framework conceptualizes health systems through six core components: service delivery, health workforce, health information systems, medical products and technologies, financing, and leadership/governance (Manyazewal, 2017). In this study, the model is used to analyze the broader structural conditions that may facilitate or hinder the sustainable implementation of DEDICATED on the ABC islands. Its added value is that it helps identify whether implementation challenges are related only to the intervention itself, or also to wider system-level factors such as workforce capacity, service coordination, leadership, governance, information sharing, and financial or organizational resources. This is important because the sustainability of healthcare interventions depends not only on professional training and commitment, but also on organizational and system-level conditions such as staffing, leadership support, communication, collaboration, funding, and available resources (Zurynski et al., 2023).

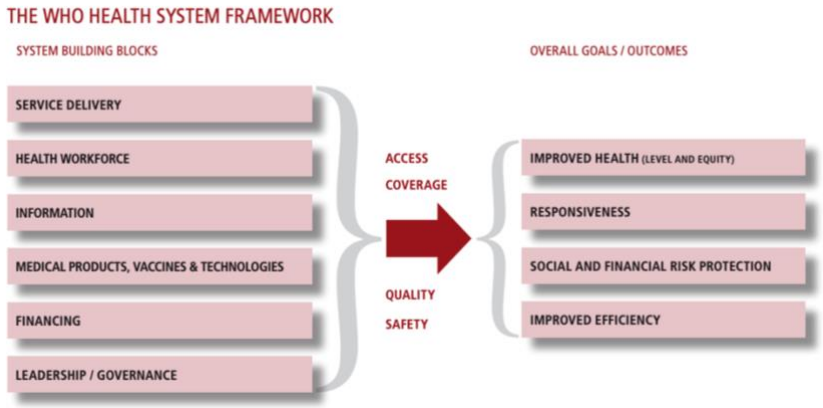

Figure 2. The WHO Building Blocks (World Health Organization, 2007).

2.5 Hofstede's Cultural Dimensions and Cultural Sensitivity Framework

Cultural factors may shape how DEDICATED is understood, accepted, and applied within the ABC island context. Hofstede's cultural dimensions are used as a guiding framework. These dimensions help examine how cultural values influence professional communication, authority relations, trust-building, and participation in decision-making. The concept of power distance is especially relevant, as it captures the extent to which unequal power relations are accepted within a society (Hofstede, 2001; Dai et al., 2022). In a small-scale Caribbean healthcare setting, local cultural context, hierarchical professional relationships, knowledge sharing, and professional respect may influence communication and collaboration between healthcare professionals, which can affect improvement processes in care practice (Busari et al., 2017). In addition, the cultural sensitivity framework developed by Resnicow et al. (1999) is used to assess how the DEDICATED approach can be adapted to improve acceptability and cultural relevance. The framework distinguishes between surface-structure and deep-structure cultural adaptation. Surface-structure adaptations involve visible and

practical elements, such as language, communication style, examples, and materials, while deep-structure adaptations address underlying cultural values, beliefs, norms, and worldviews. Surface adaptations can improve acceptance, whereas deep adaptations strengthen the cultural relevance and fit of an intervention within the local context (Resnicow et al., 1999). This distinction is useful for analyzing whether DEDICATED requires mainly practical adjustments or deeper cultural adaptation to fit the ABC island context.

2.6 The Context and Implementation of Complex Interventions Framework

To examine how broader contextual differences may influence implementation and scale-up of DEDICATED, this study uses the Context and Implementation of Complex Interventions (CICI) framework developed by Pfadenhauer et al. (2017). This framework conceptualizes context as a multidimensional construct that interacts with the intervention, implementation process, and setting. It distinguishes between geographical, epidemiological, sociocultural, socioeconomic, ethical, legal, and political domains of context. This is relevant because the implementation of DEDICATED on the ABC islands may be shaped by contextual conditions that differ from the Dutch healthcare context, such as island geography, available healthcare resources, workforce capacity, local health needs, policy structures, and socio-economic conditions. The CICI framework, therefore, provides a useful lens for identifying contextual facilitators and barriers that may influence the acceptability, feasibility, and sustainability of the approach.

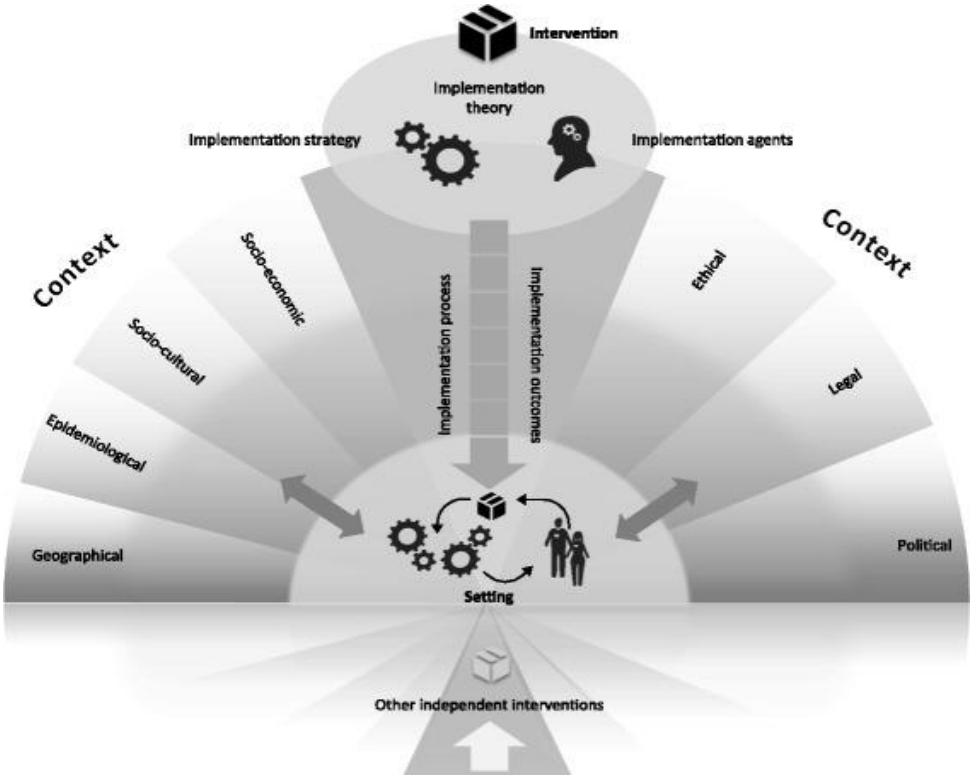

Figure 3. The CICI framework (Pfadenhauer et al.,2017).

2.7 Conceptual model

Figure 4 presents the conceptual model developed for this study. The model combines perspectives on scale-up, health-system capacity, cultural adaptation, and broader context. Greenhalgh and Papoutsi and the IHI Framework help examine the scale-up process, adoption mechanisms, and support systems. The WHO building blocks model adds a health-system perspective, while Hofstede, Resnicow, and the CICI framework support the analysis of cultural and contextual influences. Together, these frameworks guided the interview guide and thematic analysis.

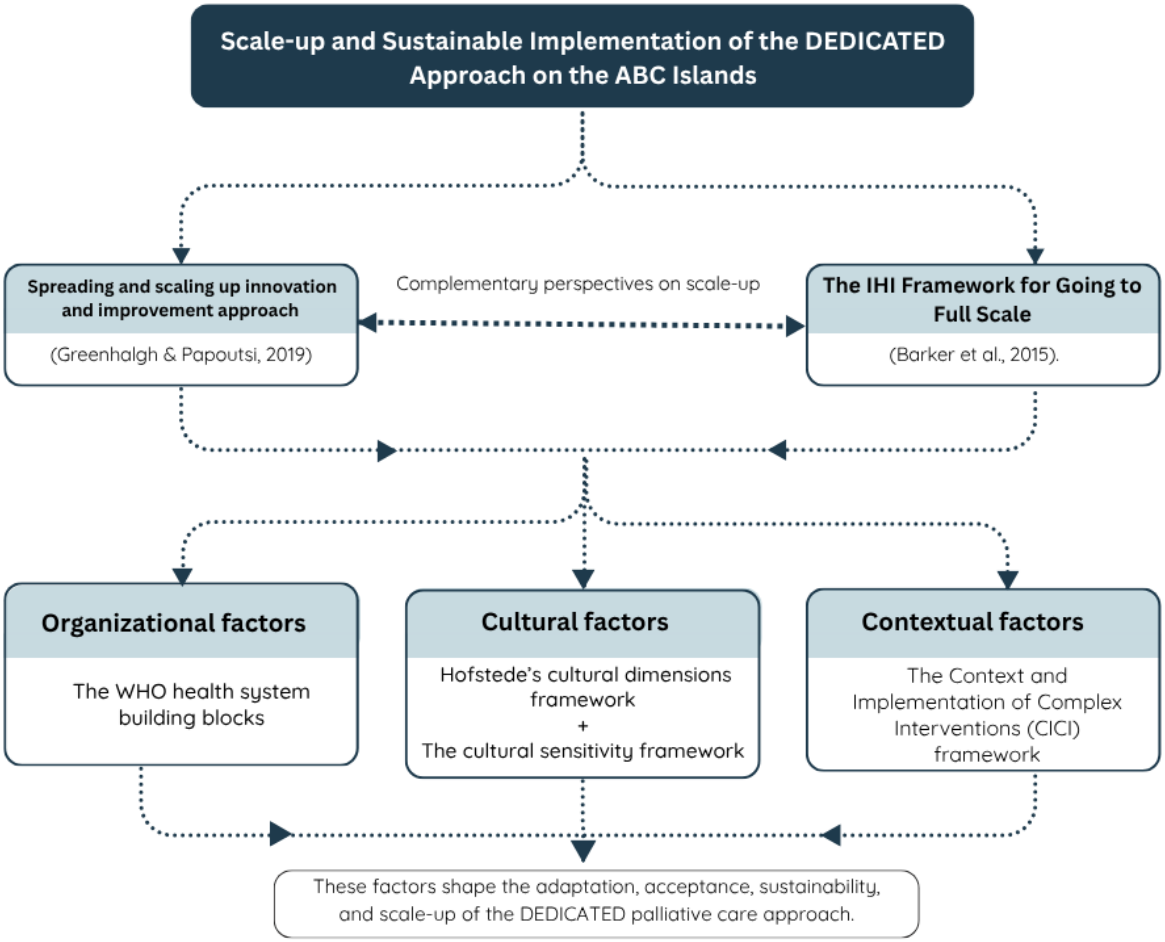

Figure 4. Conceptual model of the study.

3. Methods

3.1 Research Type and Design

This study used an exploratory qualitative research design with semi-structured interviews. This approach was appropriate because the topic is not yet fully understood and exploratory qualitative research is useful when little previous research is available on a phenomenon (Hunter et al., 2019). It also allows researchers to gain in-depth insight into participants' experiences, perceptions, and the context in which these experiences occur (Tenny et al., 2022). Therefore, this design was suitable for exploring how stakeholders perceive the organizational, cultural, and contextual factors influencing the implementation of DEDICATED on the ABC islands. The reporting of this study was guided by the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist (Tong et al., 2007). The completed COREQ checklist is included in Appendix A.

3.2 Study Population & Recruitment

The study population consisted of key stakeholders from the ABC islands with direct professional, voluntary, organizational, or policy-related experience in dementia care, palliative care, or related policy areas. This population was selected to capture diverse perspectives on the local care, policy, and implementation context relevant to the DEDICATED approach across the ABC islands.

Participants were eligible for inclusion if they were employed in Aruba, Bonaire, or Curaçao and worked in dementia care, palliative care, or policy related to dementia, palliative care, or elderly care. Participants were excluded if they had no direct involvement in dementia care, palliative care, or related policy on the ABC islands. Participants working only in general elderly care were excluded when their role was not directly related to dementia care, palliative care, or relevant policy. Participants were also excluded if they were unable to provide informed consent. Prior knowledge of the DEDICATED approach was not required for participation, as stakeholders without direct experience with DEDICATED could still provide valuable insights into the local care, policy, and implementation context. Participants who were not familiar with DEDICATED received information through the participation letter sent by email and were also verbally informed about the approach during the interview. Interview participants were recruited through purposive sampling. DEDICATED island coordinators were identified through the DEDICATED team. Policy advisors, staff members, and other relevant stakeholders were approached directly by the researcher and with the support of the island coordinators, who helped facilitate access through their local networks. The researcher had no prior relationship with the participants before the start of the study. Participants were recruited with the aim of achieving variation in stakeholder roles, organizational backgrounds, and island contexts across Aruba, Bonaire, and Curaçao. Furthermore, participants were contacted by email and received an invitation letter with information about the study and a request to participate. No participants withdrew after agreeing to participate, and no dropouts occurred during the study.

3.3 Data Collection

Data were collected through semi-structured interviews. Semi-structured interviews were considered most suitable for this study because of the exploratory nature of the research question and the aim of gaining in-depth insight into participants' experiences and perspectives (Barrett & Twycross, 2018). In addition, semi-structured interviews allow the researcher to use predefined topics while also providing flexibility to ask follow-up questions and explore island-specific experiences and perspectives in greater depth (Jamshed, 2014). The semi-structured interview guide was developed by the researcher based on the theoretical framework, the conceptual model, and insights from the preparatory DEDICATED questionnaire. The guide started with general questions about the respondent's professional role, organizational background, and involvement with the DEDICATED approach. It then addressed the main topics of the study in greater depth, while allowing flexibility to ask follow-up questions and explore participants' experiences and island-specific perspectives more extensively. The main topics were organizational factors, cultural and social factors, contextual factors, and perspectives on scale-up and sustainability. Before the interviews were conducted, the interview topic guide was reviewed and revised in consultation with the research supervisor. The interview topic guide is presented in Appendix C, and the full interview question list is included in Appendix D.

To support the development of the interview guide and semi-structured interviews, an exploratory questionnaire was administered during the DEDICATED Symposium in Curaçao in March 2026 (Appendix E). The questionnaire was distributed among symposium attendees using a convenience sampling approach. Participants included stakeholders from the ABC islands working in dementia care, palliative care, elderly care, or related policy. The purpose of the questionnaire was to identify relevant topics for further exploration during the interviews. Therefore, the questionnaire served as a preparatory tool and was not included as part of the primary qualitative dataset. The semi-structured interviews constituted the main data source for answering the research question.

The semi-structured interviews were held with relevant stakeholders to explore their experiences, perceived facilitators, challenges, and contextual factors related to the implementation and scale-up of the DEDICATED approach across the ABC islands. Before each interview, participants received an informed consent form (Appendix F), which outlined the purpose of the study, the interview procedures, the voluntary nature of participation, the use of audio recording, data storage, and their rights as participants. Participants were asked to read and sign the informed consent form before the interview took place. Interviews were conducted online via Microsoft Teams. The main researcher and the participant(s) were present during all interviews. In two interviews, a second researcher/supervisor was also present to support the interview process. No other individuals were present during the interviews. Each participant was interviewed once; no repeat interviews were conducted, and no formal field notes were made during or after the interviews. With participants' consent, the interviews were audio recorded for transcription and analysis. After each interview, the recordings were downloaded and stored securely on a

protected university drive. The recordings were not stored in publicly accessible or personal cloud-based storage systems.
The interviews were conducted by the main researcher between May and June 2026. They were conducted in Dutch or Papiamentu, depending on the participant's preference. Before each interview, the researcher asked participants which language they felt most comfortable using. This was done to support participant engagement and encourage more detailed and nuanced responses. Previous research suggests that conducting interviews in a non-native language may reduce the emotional richness and depth of responses, whereas using participants' mother tongue can facilitate more detailed and emotionally nuanced narratives (Baumgartner, 2012).

3.4 Data Analysis

Qualitative data analysis software, ATLAS.ti, was used to support data management, coding, and analysis of the interview transcripts. Interviews conducted in Dutch were transcribed using a speech-to-text model and manually checked for accuracy. Interviews conducted in Papiamentu were transcribed manually by the researcher by listening to the audio recordings and entering the spoken content verbatim into Microsoft Word. All transcripts of interviews conducted in Papiamentu were translated into Dutch by the researcher to ensure consistency during the coding and analysis process. For the translation of interviews conducted in Papiamentu, Papiamentu Translator was used as an AI-assisted supporting tool. All translated transcripts were carefully checked and reviewed by the researcher to ensure accuracy, preserve the meaning of participants' responses, and maintain consistency during the coding and analysis process. Quotations used in the results section were translated into English by the researcher, while aiming to preserve the meaning of the original statements as closely as possible.

The interview transcripts were analyzed using thematic analysis, following the six phases described by Braun and Clarke (2006), which are familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and writing up the findings. Thematic analysis was considered suitable because it supports the systematic identification of patterns and themes within participants' experiences and perspectives. The analysis followed a combined deductive and inductive approach. The deductive component was reflected in the use of predefined topic areas from the interview guide (Appendix C), including organizational factors, cultural and social factors, contextual factors, and perspectives on scale-up and sustainability. At the same time, the researcher remained open to inductive insights by using open coding to identify meaningful segments in the data that were not immediately assigned to predefined themes.

The coding process was conducted by the main researcher. First, the researcher became familiar with the data by repeatedly reading the transcripts and noting initial ideas. Second, open coding was used to identify relevant and meaningful segments in the data. During this process, a coding scheme was developed and refined iteratively in ATLAS.ti. Third, axial coding was used to compare, connect, and group related open codes into broader categories

and themes. These categories were then linked to the deductive topic areas from the interview guide, while allowing new sub-themes to emerge from the data. Fourth, the themes were reviewed against the coded data and the full dataset to ensure that they accurately reflected participants' experiences and perspectives. Fifth, the main themes and sub-themes were refined, clearly defined, and named in consultation with an additional researcher/supervisor from Maastricht University. Differences in interpretation were discussed until consensus was reached on the final thematic structure. Finally, the themes were written up and supported with relevant quotations from participants. This approach is consistent with a hybrid thematic analysis, in which deductive codes based on predefined topic areas are combined with inductive coding to allow additional themes and sub-themes to emerge from the data (Fereday & Muir-Cochrane, 2006).

3.5 Reliability & Validity

The validity of this study was supported by the alignment between the research question, the data collection methods, and the analytical approach. Semi-structured interviews were used because they allowed the researcher to explore stakeholders' experiences and perceptions of the organizational and contextual factors influencing the scale-up of DEDICATED on the ABC islands. This method also provided flexibility to ask follow-up questions, helping ensure that the data collected addressed the study objectives (Jamshed, 2014; Barrett & Twycross, 2018). The inclusion of multiple stakeholder groups strengthened the credibility and practical relevance of the findings by capturing diverse perspectives within the healthcare and policy context. This is consistent with stakeholder-engaged research, which emphasizes the value of stakeholder engagement in improving the relevance and applicability of research outcomes (Aschmann et al., 2020). Transferability was considered by providing a clear description of the ABC island context, stakeholder groups, and implementation conditions. As the findings are strongly shaped by the local healthcare, cultural, organizational, and policy environment, their relevance to other small island settings cannot be assumed. However, the contextual description allows readers to assess whether the findings may be applicable to comparable settings.

Reliability was strengthened by using a standardized interview guide and consistent data collection procedures. The interview guide was developed by the main researcher and revised in consultation with a supervisor from Maastricht University. In two interviews, a second researcher was present to support the interview process by asking additional probing questions where relevant and contributing to post-interview reflection. The coding process and development of themes were also discussed with a second researcher from Maastricht University involved in the DEDICATED project, which supported consistency and critical reflection during the analysis. Trustworthiness was further supported by using the COREQ checklist to guide the reporting of the research process.

Reflexivity was important because the researcher's involvement with the DEDICATED project provided contextual understanding and facilitated access to participants but may also have introduced a risk of bias. To address this, the researcher reflected on her own role and

assumptions throughout the research process and discussed interpretations with another researcher. Member checking was not conducted, as returning transcripts or preliminary findings to participants was not feasible within the available timeframe of the study. Credibility and reliability were supported through systematic data collection, transparent documentation of analytical decisions, and researcher reflection. These are recognized as important measures for strengthening trustworthiness in qualitative research (Johnson et al., 2020).

3.6 Ethical Considerations

Prior to participation in the interviews, all participants were asked to complete an informed consent form. By signing this form, participants confirmed their voluntary participation and permitted the interviews to be audio-recorded for transcription and analysis. Participation in the exploratory questionnaire was entirely voluntary and anonymous. Before completing the questionnaire, attendees were informed about the study and asked whether they wished to contribute. To protect participants' privacy, no personal information or identifying details were requested, collected, or stored. Ethical approval for the study was obtained from the FHML Research Ethics Committee (FHML-REC).

4. Results

A total of 12 semi-structured interviews were conducted with 14 participants. Two interviews included two participants each. The interviews lasted between 30 and 45 minutes. An overview of the participants' demographic characteristics is presented in Table 1.

Table 1. Demographic characteristics of the interview participants.

Characteristics	Categories	N (%)	Setting/ affiliation
Sex	Female	12 (85.7)	
	Male	2 (14.3)	
Island	Aruba	5 (35.7)	
	Bonaire	3 (21.4)	
	Curacao	6 (42.9)	
Role category	DEDICATED island coordinators	4 (28.6)	Alzheimer foundations / government-related elderly care department
	Policy & Government representatives	7 (50.0)	Government departments involved in elderly care and/or health care
	Management representatives	1 (7.1)	Health / dementia care organization
	Care, quality assurance, and social support professionals	2 (14.3)	Health / dementia care organization

The results are structured according to four central themes that guided the deductive thematic analysis: organizational factors, socio-cultural factors, contextual factors, and factors related to scale-up and sustainability. Within these themes, several subthemes were identified and categorized, as presented in Table 2.

Table 2. Overview of main themes and subthemes

Main themes	Subthemes
Organizational factors	• Staff capacity and workload • Staff enthusiasm • Training and capacity building, • interorganizational collaboration
Cultural factors	• Taboo around dementia and palliative care • Religion • Language and multicultural communication • Trust and cultural distance • Dementia and palliative care awareness • Family roles and caregiver burden
Contextual factors	• Government involvement • Policy embedding • Divided responsibilities between ministries/ government bodies • Care infrastructure • Ageing population and care demand • Cross-island learning
Scale-up and sustainability factors	• Relevance of DEDICATED; • Inclusion of informal caregivers • Structural ownership • Refresher training and meetings • Culturally relevant materials • Integration into care systems

Theme 1: Organizational factors

An important organizational factor mentioned by respondents from all three islands was the limited staffing capacity, including staff shortages and staff turnover. Respondents indicated that these capacity-related challenges may hinder the further implementation of the DEDICATED approach. One respondent explained that staff shortages have been an ongoing issue and that frequent sickness absence reports affect the continuity needed to implement new methods and ways of working:

"We have been dealing with staff shortages for a long time now…. There is a very high frequency of sickness absence reports, and this also affects the continuity of implementing new methods and ways of working, et cetera" (Social worker, nursing home).

At the same time, respondents from healthcare organizations indicated that staff members were generally enthusiastic about the DEDICATED approach. Respondents noted that staff recognize the importance of the training sessions and are willing to participate. As one respondent explained:

"The people are willing. When you organize a training, the staff comes. They find it important" (Director of a nursing home).

However, staff enthusiasm alone was not considered sufficient. Respondents emphasized that adequate time, clear structure, and management support are needed to enable successful implementation. This was reflected in the statement:

"Organizations need to create space for those who have followed the course, so that they can train their other colleagues in this project" (Policy advisor).

Interorganizational collaboration was identified as an important facilitator for the implementation and potential scale-up of the DEDICATED approach. Respondents from all three islands described collaboration between Alzheimer foundations, care organizations, elderly affairs departments, hospices, welfare organizations, local governments, and other stakeholders across the islands. In Curaçao, some nursing homes have already started working together, although this collaboration has not yet been formally embedded within the ministry. Initial efforts from the ministry have also been made to develop guidelines that could help structure and strengthen these partnerships. Similar forms of collaboration were described on other islands. For example, a respondent explained:

"Organizationally, the care organizations, welfare organizations, and the local government work together in a collaborative partnership. We also have an annual plan for this." (Program manager).

On the other hand, respondents from healthcare organizations and government emphasized that collaboration still needs to be strengthened. They specifically identified collaboration between care organizations, welfare organizations, and government as an important area for attention during the implementation and possible scale-up of the DEDICATED approach. According to respondents, organizations often focus on separate parts of dementia care, which can cause the broader picture and shared responsibility for integrated care to be overlooked. One respondent explained:

"Every organization does something … and at some point, everyone is occupied with their own part and forgets the bigger picture*." (DEDICATED island coordinator).*

Theme 2: Socio-cultural factors

A recurring theme was the taboo surrounding dementia, palliative care, and end-of-life decision-making. Several respondents explained that within Caribbean communities, people

do not always speak openly about death, future care wishes, or the final phase of life. This can delay conversations until a person with dementia can no longer express their own preferences. Religion was also identified as an important socio-cultural factor. Respondents noted that religious beliefs can influence how families understand illness, suffering, dying, and decision-making. In some cases, families may feel that decisions about death should be left to God, which can make conversations about palliative care or end-of-life preferences sensitive. One of the respondents explained:

"Because it's still a taboo within our culture. We don't talk easily about palliative care or about the final stage of life. We'd rather keep it a secret when someone is receiving palliative care or is terminally ill. We want God to make the decisions, and we don't want to be too involved in the situation." (DEDICATED island coordinator).

At the same time, respondents from healthcare organizations and government representatives described growing openness and awareness within the community. Awareness activities, information evenings, workshops by the Alzheimer Foundation, and the use of DEDICATED materials were mentioned as important ways to support conversations about dementia, palliative care, and end-of-life wishes. However, respondents emphasized that further community education remains necessary, especially because dementia and palliative care are not always well understood. Some families view dementia mainly as forgetfulness and associate palliative care only with dying, which can make it difficult to start timely conversations about care wishes and support needs. One respondent stated:

"If we focus on culture, I think the community is familiar with the term but does not fully understand that it is a disease and that the disease progresses in stages." (Director, nursing home).

Language and multicultural communication were also frequently mentioned by respondents. The ABC islands were described as multilingual and multicultural settings, where patients, families, and professionals may speak Papiamentu/Papiamento, Dutch, Spanish, or other languages. Respondents from healthcare organizations viewed the translation of DEDICATED materials into Papiamentu/Papiamento as an important facilitator. However, they also noted that language accessibility remains a challenge, as many healthcare workers are Spanish-speaking. In addition to language, respondents emphasized the importance of cultural distance and trust in communication between Dutch-speaking healthcare professionals and local families. This was considered especially important when discussing sensitive topics such as dementia, palliative care, death, and end-of-life decision-making. One respondent explained:

"So, culture has a huge influence. Beliefs about life and death also have an influence… If a Dutch doctor says something, then as a Dutch doctor, you really have to earn that trust first before you can even begin to talk about death. So that people truly understand that you have their best interests at heart. That it's not just some random idea." (Program manager).

Family roles and caregiver expectations also shaped the implementation context. Respondents described strong family involvement as a strength in Caribbean communities. Still, respondents noted that informal caregivers, often daughters, may become overburdened when providing long-term care at home with limited information, guidance, or emotional support. Therefore, healthcare organization respondents and DEDICATED island coordinators emphasized that DEDICATED should not only focus on professionals but also include family members and informal caregivers.

Theme 3: Contextual factors

At the contextual and system level, government involvement and policy embedding were identified as important conditions for the sustainability of DEDICATED. Healthcare organization respondents and DEDICATED island coordinators emphasized that the approach is more likely to be sustained when it is connected to dementia policy, older adult care policy, quality-of-care frameworks, or wider health policy. Government involvement was considered necessary to create visibility, support organizations, facilitate materials, and ensure continuity beyond temporary project activities. As one DEDICATED island coordinator explained:

"Our main goal right now is for the government to recognize that this is a key factor in the overall development process and that it needs to support it… If the government doesn't see how important this is, we'll have a problem, because we can't do this on our own" (DEDICATED island coordinator).

However, government representatives and healthcare organizations' respondents also pointed out several system-level barriers. A key barrier identified by stakeholders across all three islands was the absence of, or limited implementation of, dementia policy. On some islands, dementia-related policies or plans existed but had not yet been fully translated into practice. In addition, divided responsibilities between ministries or government levels made it unclear who should take the lead. This was especially visible in Curaçao, where responsibilities for older adult care and health care were divided between the Ministry of Social Development, Labor, and Welfare (SOAW) and the Ministry of Health, Environment, and Nature (GMN). A similar issue was mentioned in Bonaire, where responsibilities were shared between the local government of Bonaire and the Dutch Ministry of Health, Welfare, and Sports. One government representative from Curaçao emphasized the need for stronger policy integration:

"But at the moment, there is still no integrated policy between those two ministries….I think there needs to be a joint policy from those two ministries. If you want an integrated policy for older adults and for dementia, I will say that's definitely one of the key points" (Government representative).

Care infrastructure was another contextual factor shaping the potential scale-up of DEDICATED. Across the islands, healthcare organization respondents mentioned the need for

case managers, day care options, home care support, clear referral pathways, and better support for people with dementia living at home. Limited infrastructure outside residential care was seen as a barrier, particularly when families could no longer provide safe care at home but had few alternatives.

Finally, several stakeholders linked the urgency of DEDICATED to broader demographic and health-system pressures. Double ageing, increasing dementia-related care needs, workforce shortages, and pressure on existing services were described as shared challenges across the ABC islands. At the same time, the islands also have different organizational structures and strengths. For this reason, government representatives highlighted cross-island learning as an important opportunity for scale-up. Formal communication between the islands could help stakeholders compare what works, avoid repeating challenges, and strengthen the sustainability of DEDICATED across the ABC islands. As one government representative stated:

"And, of course, we can also learn a lot from the communication between the islands. There are differences between the islands, but also many similarities. So, we definitely need to work on improving communication between all the islands. We need to see what works and what does not work on each island and learn from that. And we need to maintain communication among ourselves as well" (Government representative).

Theme 4: Scale-up and sustainability factors

DEDICATED was recognized by healthcare organization respondents, island coordinators and government representatives as a relevant and person-centered approach for dementia and palliative care. Stakeholders valued its support for conversations about dementia, personal wishes, quality of life, palliative care, and end-of-life care with people with dementia and their families. However, they emphasized that sustainable scale-up requires structural embedding, clear ownership, continued follow-up, updated materials, and the involvement of informal caregivers. A key condition for sustainability was the need for clear ownership. Several healthcare organization respondents and DEDICATED island coordinators emphasized that DEDICATED should not depend only on individual enthusiasm or temporary project activities. Instead, it should be formally embedded in organizations, policies, and existing care structures. Suggested strategies included appointing a coordinator or supervisor within each responsible organization to maintain the approach, organize refresher sessions, and monitor its use in practice. As one nursing home social worker explained:

"There needs to be someone, a specific person, who is truly suited to learn this method within the organization, but also to continue testing and evaluating it." (*Social worker, nursing home).*

Stakeholders also highlighted the importance of extending DEDICATED beyond formal healthcare settings. Since many people with dementia on the ABC islands live at home and are supported by family members or informal caregivers, involving these caregivers could

strengthen their understanding of dementia, palliative care, and the wishes of the person with dementia, while also bridging professional and home-based care. Continued development of the DEDICATED materials was another important factor. Healthcare organization respondents suggested that materials should remain up to date, culturally relevant, and easy to use in daily practice. Ideas included seasonal or theme-based materials and practical videos or reels in Papiamentu/Papiamento to demonstrate how the approach can be applied. One healthcare organization respondent noted:

"I think you need to keep offering it and keep it renewed…. That way, you can keep it fresh. The material needs to stay up to date. You could also add something fun, for example, a special DEDICATED version for Christmas, or around certain themes. This is also very important for orientation for people with dementia, so that they can participate in it." (Healthcare organization founder).

Finally, follow-up training and regular meetings were considered essential. Island coordinators emphasized that ambassadors and trainers should continue meeting to exchange experiences, monitor progress, and discuss how DEDICATED is implemented in practice. Such meetings could maintain motivation, support learning across organizations, and help prevent DEDICATED from fading after initial training. As one island coordinator stated:

"Ambassadors and trainers need to come back, discuss with each other how it went, and how we will move forward. In this way, you can make it sustainable and implement it more broadly on our island" (DEDICATED Island Coordinator).

Overall, respondents indicated that sustainable scale-up of DEDICATED depends on ongoing coordination, repeated training, updated and culturally relevant materials, caregiver involvement, and integration into the wider care system.

5. Discussion

This study aimed to explore which organizational, cultural, and contextual factors facilitate or hinder the scale-up and sustainable implementation of DEDICATED on the ABC islands. The findings show that DEDICATED is perceived as a relevant and valuable approach for supporting person-centered palliative dementia care. However, the findings also show a clear implementation gap. While stakeholders recognize the value of DEDICATED, its long-term use depends on whether the island healthcare systems can provide the structures, capacity, coordination, and cultural adaptation needed to sustain it in daily practice. Sustainable scale-up depends on organizational support, sufficient capacity, continued follow-up, stakeholder collaboration, and cultural and linguistic adaptation. It is hindered by unclear responsibilities, staff shortages, weak collaboration, limited follow-up, insufficient integration into existing care systems, and limited policy support. Overall, stable organizational structures, system-level coordination, and culturally grounded adaptation are essential for sustaining DEDICATED in practice.

A central finding is that DEDICATED is perceived as relevant, but lacks the stable structures needed for sustainable use in daily practice. Respondents valued DEDICATED particularly for supporting conversations about care wishes, quality of life, palliative care, and end-of-life decision-making.This aligns with Nishimura et al.'s (2024) palliative care goals model, as DEDICATED can support comfort, control, personhood, and caregiver support by encouraging timely conversations about care preferences, quality of life, and end-of-life care. However, staff shortages, workload, staff turnover, and limited managerial support make implementation vulnerable when DEDICATED depends mainly on motivated individuals. This is important because the approach requires repeated training, reflection, communication, and integration into everyday care routines. Using the WHO building blocks, these findings suggest that sustainable implementation depends on the interaction between workforce capacity, service delivery, and leadership/governance (Manyazewal, 2017). When one of these elements is weak, training alone is unlikely to result in long-term practice change. This aligns with Cowie et al. (2020) and Damschroder et al. (2022), who emphasize that leadership, resources, coordination, and system context are essential for sustaining interventions in routine care. Therefore, organizations need to create protected time, clear ownership, and regular follow-up moments to ensure that DEDICATED becomes part of routine practice rather than remaining a temporary project activity.
Furthermore, findings suggest that DEDICATED should be embedded across organizations, as palliative dementia care requires coordination between healthcare providers, community partners, families, and policy actors. The CICI framework helps explain this, as implementation is shaped not only by the intervention itself, but also by the wider political, geographical, organizational, socioeconomic, and sociocultural context (Pfadenhauer et al., 2017). Although collaboration was identified as a facilitator, it remained fragile when it depended mainly on informal relationships rather than formal structures. This aligns with

Curreri et al. (2024), who found that dementia care systems in Central America remain fragmented when formal coordination structures, integration policies, and clear referral pathways are lacking. Although conducted in a different context, their findings reflect a similar need for shared responsibility across care, welfare, government, and community partners on the ABC islands. In the ABC island context, this vulnerability was reinforced by limited workforce capacity and reliance on a small number of key actors. Similar challenges have been described in Dutch Caribbean health-system literature, including workforce turnover, accessibility issues, and reliance on off-island care (Shuftan et al., 2024). Caribbean palliative care literature also emphasizes the need for stronger policy support, staff training, education, and access to palliative care services (Maharaj et al., 2016). Therefore, policy recognition should be translated into clear ownership, resources, coordination mechanisms, and practical implementation strategies to sustain DEDICATED as part of routine care.

Cultural adaptation is essential for scaling up DEDICATED because dementia, palliative care, and end-of-life conversations are strongly influenced by factors such as language, religion, trust, family roles, cultural distance, and taboos around death. These factors shape whether the intervention is acceptable, meaningful, and appropriate for different communities. This aligns with Biesmans et al. (2025), who found that taboos around death and palliative care, religious beliefs, rituals, language differences, and misconceptions about palliative care influence DEDICATED implementation on the ABC islands. For the scale-up of DEDICATED, this means that implementation should explicitly consider the cultural and linguistic context in which care is provided. Although translating materials into Papiamentu/Papiamento is important, language adaptation alone is not sufficient. The cultural sensitivity framework emphasizes that surface-level adaptations, such as language and materials, should be combined with deeper attention to beliefs, values, norms, family roles, and trust (Resnicow et al., 1999). Similarly, Parker et al. (2023) highlight that culturally adapting dementia care interventions requires attention to cultural nuances, care preferences, values, norms, and those involved in implementation. In the ABC island context, this means that DEDICATED should include culturally recognizable examples, address spiritual beliefs and family decision-making, and provide Spanish-language access where needed. Involving local professionals or ambassadors may help build trust, reduce cultural distance, and support families in sensitive conversations about future care. The findings further suggest that cultural distance between Dutch-speaking professionals and local families may hinder open conversations about dying and future care preferences. When professionals are perceived as culturally distant, families may be less willing to discuss sensitive topics. Hofstede's concept of power distance helps explain why families may hesitate to question professionals or express preferences that differ from medical advice (Dai et al., 2022). Similarly, De Graaff et al. (2012) showed that cultural views, family roles, and expectations shape palliative care communication between Dutch providers and migrant families. Therefore, scaling up DEDICATED should include training in culturally sensitive communication, trust-building, and shared decision-making. Finally, sustainable scale-up also requires the involvement of informal caregivers, as family caregivers often support daily care, communication, and decision-making for people with dementia on the ABC islands. This aligns with palliative

dementia care literature, which identifies family involvement, communication, shared decision-making, continuity of care, and spiritual support as key domains of care (van der Steen et al., 2013). Furthermore, Ryan et al. (2017) show that family caregivers play an important role in ACP for people with dementia, although these conversations can be complex and require professional guidance. Therefore, scaling up DEDICATED should actively involve informal caregivers by providing practical information, guidance, clear referral routes, and case management support.
Taken together, these findings show that scaling up DEDICATED on the ABC islands requires more than spreading it to additional professionals or organizations. Sustainable implementation depends on system-level embedding, supported by organizational ownership, policy coordination, continued learning, caregiver involvement, and culturally grounded adaptation. This aligns with the spread and scale-up approach, which emphasizes structured implementation, contextual adaptation, and social alignment (Greenhalgh & Papoutsi, 2019). It also reflects the IHI framework's focus on leadership, infrastructure, testing, and learning for going to full scale (Barker et al., 2015). This study contributes to the existing DEDICATED literature by identifying the conditions needed for long-term sustainability in small-island, culturally diverse, and resource-constrained healthcare systems.

5.2 Strengths and limitations of the study

The strengths and limitations of this study should be considered when interpreting the findings. A key strength is the exploratory qualitative design with semi-structured interviews, which was suitable for exploring factors influencing the scale-up of DEDICATED on the ABC islands. Including 14 stakeholders from different professional, organizational, policy, and island backgrounds strengthened the diversity and relevance of the findings. Trustworthiness was further supported by discussing the coding process with the university supervisors. Conducting interviews in Dutch or Papiamentu, depending on participants' preferences, also supported participant comfort and allowed for more nuanced responses. This study also has limitations. Some participants were not familiar with DEDICATED before the interview. Although they received information before and during the interview, this may have limited the depth of their reflections on scale-up and sustainability. Member checking was not conducted, as the analysis focused on broader themes across stakeholder groups rather than verifying individual accounts. Interviews were conducted in both Papiamentu and Dutch and translated during analysis, which may have led to some loss of nuance despite careful translation. Finally, as the study was specific to the ABC islands, the findings are not directly generalizable. However, they may offer transferable insights for similar small-island, resource-limited, and culturally diverse healthcare settings.

5.3 Recommendations for practice/policy

The next phase of the DEDICATED scale-up should clarify roles within the consortium, including island coordinators, ambassadors, trainers, and policy actors. Each organization should appoint a DEDICATED contact person to work with the island coordinator on monitoring progress, coordinating follow-up, supporting refresher sessions, and keeping

DEDICATED visible in daily practice. Refresher sessions should take place every 6–12 months, with regular ambassador meetings across the islands. Organizations should also provide protected time for training, reflection, and ACP conversations, as DEDICATED is unlikely to be sustained when added to already high workloads. Informal caregivers should be involved more systematically, especially in home-based care, through caregiver information sessions, clearer referral routes, and stronger links between DEDICATED, home care, and case management. At the policy level, DEDICATED should be integrated into dementia and palliative care plans and policies, so that its implementation is supported by practical resources, formal coordination structures, and clear agreements between care organizations, home care, and community services. Further scale-up should include deeper cultural adaptation, such as locally relevant materials, attention to family and religious decision-making, and Spanish-language support where needed. Regular cross-island exchange should also be strengthened so Aruba, Bonaire, and Curaçao can share lessons and adapt successful strategies to their own contexts. Finally, implementation progress should be monitored using simple indicators, such as refresher sessions, trained professionals, caregiver involvement, use of DEDICATED tools, and barriers reported by staff.

5.4 Recommendations for research

Future research should include the perspectives of informal caregivers, family members, and frontline care workers. This would deepen understanding of how DEDICATED is experienced in everyday care, especially in home-based settings where family caregivers play an important role.

Longitudinal research could examine whether refresher sessions, ambassador and trainer networks, management support, and consortium-based coordination help maintain DEDICATED despite staff shortages, workload, and turnover. This would provide insight into which implementation strategies are most effective for long-term sustainability. Further research should explore how cultural adaptation works in practice, including how religion, family responsibility, language, trust, cultural distance, and taboos around death influence the use of DEDICATED tools and conversations about care wishes, ACP, and end-of-life care. Studies could also examine the resources, costs, and workforce conditions needed to sustain DEDICATED in small-island health systems. Finally, comparative research between the ABC islands and other Dutch Caribbean islands where DEDICATED has been implemented, such as St. Eustatius, could help identify which strategies are island-specific and which can be transferred across contexts. This would strengthen knowledge on the sustainable scale-up of complex palliative dementia care interventions in culturally diverse and resource-constrained island settings.

5.5 Conclusion

This study shows that DEDICATED is perceived as a valuable approach for supporting conversations about care wishes, quality of life, palliative care, and end-of-life decisions with people with dementia and their families. The main facilitators for sustainable scale-up were the perceived relevance of DEDICATED, stakeholder enthusiasm, interorganizational

collaboration, caregiver involvement, and policy support. The main barriers were limited structural embedding, insufficient capacity, unclear responsibilities, lack of follow-up, and socio-cultural challenges related to language, religion, family roles, trust, cultural distance, and taboos around death. Overall, sustainable implementation of DEDICATED on the ABC islands requires a shift from project-based implementation toward routine and system-level embedding. This means that DEDICATED should be supported by organizational ownership, clear coordination, continued learning, policy integration, caregiver involvement, and culturally grounded adaptation. These findings add to existing DEDICATED literature by identifying the conditions needed to sustain palliative dementia care interventions in culturally diverse and resource-constrained small-island healthcare systems.

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Appendices

Appendix A: Overview of reporting guidelines

Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

Developed from:
Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

MANUSCRIPT TITLE: Scaling up the implementation of the DEDICATED approach on the ABC islands.

No. Item	Guide questions/description	Reported on Page #
Domain 1: Research team and reflexivity		
Personal Characteristics		
1. Inter viewer/facilitator	Which author/s conducted the interview or focus group?	9/ 11
2. Credentials	What were the researcher's credentials? (E.g. PhD, MD)	Not reported
3. Occupation	What was their occupation at the time of the study?	11
4. Gender	Was the researcher male or female?	Not reported
5. Experience and training	What experience or training did the researcher have?	
Relationship with participants		
6. Relationship established	Was a relationship established prior to study commencement?	8

7. Participant knowledge of the interviewer	What did the participants know about the researcher? (e.g. personal goals, reasons for doing the research).	9
8. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? (e.g. Bias, assumptions, reasons and interests in the research topic)	11
Domain 2: Study design		
Theoretical framework		
9. Methodological orientation and Theory	What methodological orientation was stated to underpin the study? (e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis).	3-7
Participant selection		
10. Sampling	How were participants selected? (e.g. purposive, convenience, consecutive, snowball)	8
11. Method of approach	How were participants approached? (e.g. face-to-face, telephone, mail, email)	8
12. Sample size	How many participants were in the study?	12
13. Non-participation	How many people refused to participate or dropped out? Reasons?	8
Setting		
14. Setting of data collection	Where was the data collected? (e.g. home, clinic, workplace)	9
15. Presence of non-participants	Was anyone else present besides the participants and researchers?	9
16. Description of sample	What are the important characteristics of the sample? (e.g. demographic data, date)	12
Data collection		
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	9
18. Repeat interviews	Were repeat interviews carried out? If yes, how many?	9

19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	9
20. Field notes	Were field notes made during and/or after the interview or focus group?	9
21. Duration	What was the duration of the inter views or focus group?	12
22. Data saturation	Was data saturation discussed?	-
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	11
Domain 3: analysis and findings		
Data analysis		
24. Number of data coders	How many data coders coded the data?	10
25. Description of the coding tree	Did authors provide a description of the coding tree?	13
26. Derivation of themes	Were themes identified in advance or derived from the data?	10
27. Software	What software, if applicable, was used to manage the data?	9
28. Participant checking	Did participants provide feedback on the findings?	11
Reporting		

29. Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? (e.g. participant number)	13-18
30. Data and findings consistent	Was there consistency between the data presented and the findings?	13-18
31. Clarity of major themes	Were major themes clearly presented in the findings?	13
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	13

Appendix B: Reflection form: Critical Use of AI in Conducting an Authentic Professional Task (APT)

Use this form to consciously reflect on your APT team's use of AI tools (such as ChatGPT or other generative AI) during the completion of the APT. The goal is to encourage critical thinking about how, why, and with what effect you used AI. Complete this form upon submission of final deliverables (e.g. report, paper, presentation), signed by all APT team members. Attach a history of your prompts as evidence of use.

1. Use of AI in the APT process

If you did not use any AI tools, please indicate this below and explain why.

I did make use of AI tools

If you used AI tools, answer the following questions:

a. For which parts of your APT did you use AI tools? (select all that apply)

☐ **Exploring the topic**

☐ Formulating the problem statement / research question

☐ **Structuring the task**

☐ **Searching / summarizing literature**

☐ **Rewriting or improving text, tables, figures or visuals**

☐ **Checking style / language / grammar**

☐ Generating ideas or examples

☐ Other, namely: ___

b. Which AI tool(s) did you use? Answer:

Chat GPT, ChatGPT built-in Papiamentu Translator and Grammarly

2. Reflection on the use

a. What was your goal in using AI?

My goal in using Grammarly was to improve the clarity, strength, and conciseness of my sentences. I used ChatGPT mainly to generate ideas, support the writing process, and help structure the text more effectively and to help with translation.

b. What did the use of AI bring you?

The use of AI helped me improve the clarity, structure, and conciseness of my writing. Grammarly supported me in strengthening my sentences and improving language use, while ChatGPT helped me generate ideas, organize my thoughts, and structure the text more effectively. Overall, AI supported the writing process and helped me express my ideas more clearly, while the final content and decisions remained my own.

a. What risks or limitations did you experience when using AI? (e.g., incorrect information, loss of personal writing style, bias)

One risk I experienced when using AI was that it sometimes removed important words or parts of sentences, which could change the meaning or reduce my personal writing style. . Because of this, I had to carefully review the suggestions and decide which changes to accept. I also remained aware that AI-generated suggestions may not always fully reflect my own voice or the specific context for my thesis.

b. How did you verify whether the AI output was correct, reliable, and usable?

I verified the AI output by always double-checking the text myself before using it. I only accepted suggestions that were correct, relevant, and suitable for the context of my thesis.

3. Ethical and Academic Considerations

a. How did you ensure that the use of AI did not replace your own thinking process?

I made sure to use AI as a guiding tool rather than relying on it to create the entire content or ideas for me. I first developed my own ideas and then used AI to help refine, clarify, and structure them. In this way, my own thinking process remained central throughout the writing process.

b. How did you safeguard academic integrity in using AI? (e.g., source citation, clearly distinguishing your own work from AI-generated content)

I safeguarded academic integrity by using AI only as a supporting tool for writing, structuring, and refining my own ideas. I did not use AI to replace my own thinking, analysis, or interpretation. I carefully checked all AI suggestions before using them and made sure the final text reflected my own understanding. Sources and citations were added and checked by myself, based on the literature used in my thesis.

c. Did you acknowledge the use of AI in your APT deliverables? If yes, where and how?

Yes, AI was acknowledged in the thesis in the methods section, where the process of interview translation was described. AI was used as a supporting tool to assist with the translation of interview data. The translated text was carefully checked and reviewed by the researcher to ensure that the meaning of participants' responses was preserved and that the translation was accurate and suitable for analysis.

a. What did you learn from working with AI in this process?

Working with AI taught me that it can be a valuable supporting tool during the writing process, especially for improving clarity, structure, and conciseness. However, I also learned that it should be used carefully to preserve my own writing style and thinking process. AI suggestions are not always correct or suitable, so it is important to critically review and double-check the output before using it.

b. What would you do differently next time?

I did not fully depend on AI this time, and I always made sure to double-check the work it produced. Next time, I would be more specific with the prompts I give to AI so that the responses are more focused, relevant, and useful for my work.

📎 Please attach an overview or export of your prompt history as an appendix to this form

- Rewrite this sentence more clearly and concisely while keeping the original meaning.
- Make this paragraph sound more academic and suitable for a thesis.
- Help me structure this section in a logical order for my thesis.
- Help me think of ways to connect these findings to the literature and theoretical framework.
- Make this paragraph more concise without removing important information.
- Improve the transition between these two paragraphs so the text reads more smoothly.
- Rewrite this paragraph, but make sure the meaning stays the same.
- Help translate this interview from Papiamentu to Dutch quotation while preserving the original meaning as much as possible.
- Help me formulate this limitation in a clear and academic way.
- Shorten this sentence while keeping the academic meaning.
- Rewrite this sentence so it is clearer and easier to understand.
- Make this section more coherent and avoid repetition.
- Check whether this paragraph answers my research question clearly.
- Improve the academic tone of this paragraph without changing my own argument.
- Combine these two sentences into one concise academic sentence.
- Identify repeated ideas in this paragraph and suggest a more concise version

Name and ID number	Signature
Tanisha Albertoe- i6248423	

Appendix C: Interview topic guide

Table 1. Relationship between theoretical frameworks and interview topic

Theoretical framework	**Related interview topic**	**Main focus in the interview guide**	**Question number**
DEDICATED approach and implementation context	General questions about DEDICATED	Used to understand participants role and involvement in DEDICATED and the current implementation stage phase. on their island.	1 till 4
WHO Health System Building Blocks model	Organizational factors	Used to explore organizational and health system components such as staff, leadership, health workforce, service delivery, resources, work processes, governance and policies.	5 till 7
Hofstede's cultural dimensions and cultural sensitivity framework	Cultural and social factors	Used to explore how cultural values, social norms, religion, taboos, family involvement, and communication about end-of-life care influence dementia and palliative care on the islands.	8
CICI framework: Context and Implementation of Complex Interventions	Contextual and system-level factors	Used to explore how the island context and wider healthcare system influence implementation and scale-up, including healthcare system characteristics, collaboration, policy and regulations, staff availability, and local adaptations.	9
The approach of spreading and scaling up innovation and improvement	Scale-up and sustainability perspective	Used to explore the conditions, barriers, facilitators, and long-term requirements for embedding and expanding the DEDICATED approach across islands and organizations.	10,11

Appendix D: Interview Questions

1. Could you briefly describe what your current role or position within your organization involves?
2. How long have you been working in this role or position?

For respondents already involved in DEDICATED

3. What is your involvement in the DEDICATED approach on your island?

Possible follow-up probes:

a. How long have you been involved?

b. In what way are you involved in dementia care, palliative care, or policy?

4. How would you describe the current stage of implementation of the DEDICATED approach on your island?

Possible follow-up probes:

a. What has already been implemented?

b. How would you describe the progress so far?

5. What organizational factors do you think are needed to further strengthen the DEDICATED approach on your island?

Possible follow-up probes:

- Leadership
- Training
- Staffing
- Communication within and between organizations
- Existing work processes and policies

6. Which organizational capacities or strengths are currently already present on your island to support the further implementation or scale-up of the DEDICATED approach?
7. During the DEDICATED symposium in Curaçao, a questionnaire showed that some respondents (n = 10) indicated that government involvement is important for the successful implementation of the DEDICATED approach.
   - How do you view the role of the government in this process?
   - In what ways could the government support the implementation of the DEDICATED approach?
   - Is there currently a dementia policy and/or palliative care policy on your island?
   - To what extent has this policy been developed and implemented in practice?

8. Which cultural or social factors do you think influence dementia care and palliative care on your island? And how do you think these can best be addressed in practice?

Possible follow-up probes:

- Taboos surrounding illness, dementia, or conversations about end-of-life care
- Religion or spirituality
- Role of family and informal care
- Communication about care preferences and wishes around the end of life

9. Which contextual or system-level factors on your island influence the implementation and potential scale-up of the DEDICATED approach, either positively or negatively?

Possible follow-up probes:

- Small island scale
- Geographical distance and accessibility

- Limited healthcare capacity
- Current organization of care
- Policy and regulations
- Collaboration between organizations

10. What barriers are currently standing in the way of the implementation or scale-up of DEDICATED?

Possible follow-up probes:

- Staff shortages
- Limited collaboration
- Limited expertise or training
- Lack of policy support
- Logistical or geographical barriers
- Cultural or societal barriers

11. What should be the first or most important practical step to further implement or scale up the DEDICATED approach?

12. Is there anything else you would like to add that you think is important for understanding the implementation or scale-up of the DEDICATED approach on your island?

Appendix E: Questionnaire

DEDICATED Symposium Curaçao Questionnaire, March 2026

1. On which island do you work?
   a) Curaçao
   b) Aruba
   c) Bonaire
2. Which organization do you represent during the symposium?
3. What is your current role or position within the organization?
4. Which cultural factors influence palliative care and dementia care on your island?
   (For example: taboos, religion, family ties, communication about care preferences)
5. What do you think contributes to the successful implementation or scale-up of DEDICATED on your island?
   Multiple answers may be selected.
   a) Good collaboration between organizations
   b) Sufficient staff
   c) Qualified staff
   d) Clear leadership and coordination
   e) Sufficient and structural funding
   f) Positive attitude of healthcare professionals
   g) Involvement of families and informal caregivers
   h) Involvement of government
6. What do you think is the most important thing currently needed to successfully implement DEDICATED on your island?
7. What currently hinders the implementation or scale-up of DEDICATED on your island?
   Multiple answers may be selected.

a) Lack of time
b) Staff shortages
c) Insufficient knowledge or training
d) Resistance to change
e) Insufficient financial resources
f) Insufficient collaboration

8. Which characteristics of your island influence the implementation and scale-up of DEDICATED?
   Multiple answers may be selected.
   a) Staff shortages and labour market challenges
   b) Training opportunities for healthcare professionals
   c) Financial resources / funding structure
   d) Governance capacity and leadership
   e) Culture and community structure of the island
9. What do you think should be addressed first in order to successfully further scale up DEDICATED on your island?

Appendix F: Informed consent

Informed Consent Form for Participation in Interview – DEDICATED Master's Thesis

This interview is part of a master's thesis research project on the scale-up and continued sustainability of the DEDICATED approach (Desired Dementia Care Towards End of Life) on the ABC islands. The study focuses on which organizational, contextual, and cultural factors are important for successful implementation within the Caribbean healthcare context.
The interview will last approximately 30–45 minutes, will take place online, and will focus on your experiences, knowledge, and perspectives regarding the implementation and scale-up of the DEDICATED approach.

Voluntary Participation and Confidentiality

Your participation is completely voluntary. You may stop or withdraw from the interview at any time without giving a reason. If you withdraw before your data have been anonymized, your data can be deleted upon request. After anonymization, this will no longer be possible. All information you provide will be treated confidentially. Your data will be anonymized and will not be identifiable in the thesis or any possible publications. Anonymized quotes may be used to support the research findings.

Recording of the Interview

With your permission, the interview will be recorded solely for the purpose of reviewing, transcription, and analysis. The recordings will be stored securely and will not be used for any other purposes.

Consent

By participating in the interview, you confirm that you have read and understood this information and that you voluntarily agree to participate. You give permission for your

anonymized data to be used for academic purposes, including this master's thesis and possible presentations.

For any questions, you may contact:
Tanisha Albertoe
Student Healthcare Policy, Innovation and Management (HPIM)
Maastricht University
t.albertoe@student.maastrichtuniversity.nl
Thank you.
Name of participant: .....
Date: .....
Signature: .....