

Article

Transformative Processes of Gerontological Responses in Different Models of Public Providentialism in the COVID-19 Context: A Bibliometric Review

Bruno Pires *  and Hermínia Gonçalves 

Center for Transdisciplinary Studies for Development, University of Trás-os-Montes and Alto Douro,
5000-801 Vila Real, Portugal

* Correspondence: brunocapelaubi@gmail.com

Abstract: The COVID-19 pandemic has affected the entire world population at multiple levels. Within the most vulnerable population, the elderly have seen their usual fragilities worsened in an epidemiological context. Thus, it was necessary to reinforce the gerontological response to aging at home, or in place, framed in situations of comorbidities, health problems, economic need and isolation, among other situations of premeditated situations of aging fragility. **Objective:** Seeking to explain a model of gerontological response to aging-in-place in future pandemic situations. For that purpose, we have explored, through a scientific literature review, the relationship between public participation and the gerontological response to aging-in-place during COVID-19, considering the four main European welfare models. During this analysis we also intended to identify the reconfigurations from those responses, considering their place-based/neutral order. **Methodology:** To proceed in this analysis, we used a Systematic Literature Review (SLR) to identify a series of articles that add value to this problem. Next, in order to identify current research trends, we undertook a Bibliometric Analysis (BA), using the metadata from the same set of articles collected from Scopus and Web of Science. **Results:** The literature on the subject is interdisciplinary, dispersed throughout areas such as health; social sciences; politics; and computational, molecular, and even environmental fields of study. Through the use of keywords, the literature found on the relationship between the type of gerontological responses to aging-in-place and providence systems is still insufficient. There are, however, other research possibilities, such as exploring indicators of gerontological responses, of public expenditure or of the type of support from interlocutor stakeholders through a comparative study between countries, which allowed us to robustly answer the central question: Is there any relationship between the different public welfare systems and the public participation model, which included community participation, in the gerontological response to aging-in-place during the COVID-19 pandemic?

Keywords: COVID-19; older people; public participation; European welfare states; gerontological responses; pandemic management



Citation: Pires, B.; Gonçalves, H. Transformative Processes of Gerontological Responses in Different Models of Public Providentialism in the COVID-19 Context: A Bibliometric Review. *Societies* **2022**, *12*, 142. <https://doi.org/10.3390/soc12050142>

Academic Editors: Ieva Stončikaitė and Lucie Vidovičová

Received: 30 June 2022

Accepted: 6 October 2022

Published: 9 October 2022

Publisher's Note: MDPI stays neutral with regard to jurisdictional claims in published maps and institutional affiliations.



Copyright: © 2022 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

1. Introduction

With the crisis of the pandemic, associated with SARS-CoV-2, the aged population was exposed to various risks. On one hand, they face the risk of infection by the virus, the lethality levels of which are high; on the other hand, they face the deterioration through clinical conditions associated with comorbidities and degenerative diseases. Furthermore, the social circumstances of many older people (especially of those residing alone at home) were also aggravated due to the risk of isolation/abandonment, poverty and inaccessibility to essential goods and services [1–3].

In this study we aim to build some preliminary assumptions related to gerontological responses to older people residing at home during the COVID-19 pandemic in different welfare models. We may consider these responses as strategies implemented in immediate

or urgent contexts, not only in terms of health emergencies but also as social crisis. The worsening of these conditions required a reorganization of social/geriatric support in order to safeguard the well-being of this population in institutional and non-institutional situations (aging-in-place) [4–6]. Especially in this last context, several theoretical contributions claim that this transformative process occurred in two directions: in terms of forms of governance and in terms of forms of participation [7,8].

When we talk about forms of governance, we refer to the decision process in which a policy may be implemented either nationally or territorially. They can be categorized as place-neutral, place-based or multilevel governance. The first model follows a generalist and centralized logic, in terms of territorial management, where its specific realities are not taken into account [9–11]; the second model corresponds to a logic that is aware of the characteristics of each territory and based on a more decentralized system [12]; the last model, however, is a mixed paradox where place-based and place-neutral approaches combine so the more decentralized approaches fits into a broader set of guidelines, as in the case of policies that promote national and international territorial cohesion [13].

In terms of forms of participation, we based our analysis on Arnstein's Ladder of Participation [14]. On the one hand, there are forms of participation motivated by institutional forces (which motivate the public to mobilize), generated in a top-down sense. On the other hand, there are also forms of participation generated by the community, where the population itself creates their own initiatives, through a bottom-up logic. However, there are also, in the "Center of the Ladder", forms of participation that are created in a collaborative consortium between institutions and the community [14,15].

The literature shows evidence that the strategy adopted should undergo a multilevel governance system [13,16]. Thus, responses to these forms of vulnerability should desirably be a product of coordination between central, regional and local governments [17]. However, in contradiction to what would be expected, European states responded mostly through centralized and place-neutral approaches. This fact was possibly due to the quick responses applied in order to mitigate the spread of the virus (first vaccinating the older population and creating/reinforcing subsidies that would provide support to those who were in a situation of socio-economic instability), while maintaining the normal functioning of the state [18].

However, local governments have taken a greater responsibility [19] in pandemic management and in mitigating social vulnerabilities. The mobilization of several institutional actors (Municipalities, Civil Protection, Social Security, Local Health Units, among others) allowed a more effective articulation of responses, somewhat closer to a place-based governance model. In general, the configuration of responses was predominantly place-neutral [20]. The main responses to older adults involved raising or purchasing essential goods to be delivered in the form of "baskets" to households in the most precarious positions, offering transport to health centers, testing/vaccination and social support through the purchase of medicines. These measures were coordinated by local entities, sometimes involving the population itself [17,21–23].

Essentially, community participation underwent a major reorganization process at the local level [24]. In the initial phase of the recognition of the pandemic situation, and due to the lack of knowledge about the transmissibility of the virus, public involvement in terms of the provision of support to older individuals was reorganized with several online systems being developed to signal situations of greater vulnerability, to increase the awareness of the population for the risks associated with older adults and to aid in the installation of digital tools that allowed the individuals aging-in-place to contact their families [17,25,26].

Public providentialism models have effects on governance and public management processes. Therefore, the territorial planning of these responses, as well as the forms of participation on their construction and implementation, also varied from state to state. According to Esping-Anderson and others [27,28] there are four welfare regimes (i.e., welfare states) that standardize the functioning of the public politics in each state. In countries

with social-democratic regimes, there is greater investment in public policies [28] focused on the management of vulnerabilities related to individuals aging-in-place; in countries with Anglo-Saxon-type regimes, there is less preponderance for such investment. On the other hand, countries with continental and Mediterranean models, despite the reasonable investment in public policies, do not reach the level of coverage that the social-democratic models achieve [27,29]. In other words, we suggest that both forms of governance and participation are conditioned by the existence of a more (or less) robust providentialism. The (in)existence of public responses, which tend to be universal, may lead to lower/greater community involvement in supporting the people in an aging-in-place situation during the pandemic context. However, there is still no theoretical-empirical consensus that shows a standardization between public providentialism, governance and participation management and even gerontological responses during the COVID-19 crisis [30].

It is, therefore, important to carry out a preliminary analysis, which allows us to collect some of this theoretical evidence, but also to define some pillars of this analysis, since it is related to a new health and social phenomenon. It is our intention to carry out an initial metadata study using scientific articles, which will lead us to the understanding of how the relationship between models of public providentialism and the forms of responses (in terms of governance and participation) have been addressed in the ageing-in-place pandemic context [30]. We also used the same metadata to define the starting point of a more in-depth study related to this issue by understanding the tendencies of the already-published investigations.

2. Materials and Methods

As previously mentioned, the main objective of this article was to identify and describe the trends in scientific research referring to the relationship between models of public providentialism and the use of multilevel participatory responses in vulnerable older people during the COVID-19 pandemic. This preliminary analysis requires the use of techniques that allowed us to identify the existence of bibliographic resources in some scientific databases [31].

In the case of this study, a systematization process was implemented in eight phases (See Table 1). The first consisted in choosing the databases from which the articles were collected and systematized (namely Scopus and the Web of Science). This selection was justified by the fact that both databases gather a huge set of scientific articles, from many different scientifically certified journals. In a second phase, a choice of keywords was made, which were input into the two search engines to start the systematization process. Those keywords that obtained the most relevant results were: “COVID-19”; “Pandemics”; “Vulnerabilities”; “Older People”; “Aged, 80 and over”; “Public Participation”; “Civic Engagement”; “Community Participation”; “Participatory Approach”; “Social Policy”; “Welfare State”; “Social Welfare”; “Governance” and “Public Management”; “Decision Making”. It is important to mention that several of these expressions are already predefined by the two databases.

In the third phase, we choose the period used for the present analysis. Considering that the COVID-19 pandemic is still a recent phenomenon, there are no studies that allowed us to draw any conclusions in a year prior to 2019. As such, the systematized studies are in the time frame between 2019 and 2022. Following the logic of the systematization tools, from Scopus and Web of Science, the fourth phase consisted of determining which scientific areas are more pertinent to our analysis. For this purpose, it was decided that the two most relevant were “Social Science” and “Decision Sciences”.

After proceeding with the systematization on both virtual sources, the repeated articles were removed in the fifth phase. Afterwards, in the sixth phase, a superficial reading of the collected articles was carried out. By analyzing the abstracts and conclusions of the works, those that did not fit the general objectives of the present investigation were removed. This same process was repeated before a more careful reading during phase 7 of this systematization process, ultimately obtaining the total number of articles used for this study.

Table 1. Systematization Process.

Organization of the Systematization Process	
Phase 1—Choice of database	Scopus and Web of Science
Phase 2—Choice of key expressions	“COVID-19”; “Pandemics”; “Vulnerabilities”; “Older People”; “Aged 80 and over”; “Public Participation”; “Civic Engagement”; “Community Engagement”; “Participatory Approach”; “Welfare State”; “Social Welfare”; “Governance”; “Public Management”; and “Decision Making
Phase 3—Publication years	Publications between 2019–2022”
Phase 4—Research area	Social Sciences and Decision Sciences
Phase 5—Repetitions removal	Removal of repeated articles between both databases
Phase 6—Preliminary reading	Abstract, introduction and conclusion analysis
Phase 7—In-depth reading	Full article Reading
Phase 8—Total systematized articles	Find product of systematized articles

To carry out the preliminary and in-depth readings (phases 6 and 7), a set of inclusion indicators were determined:

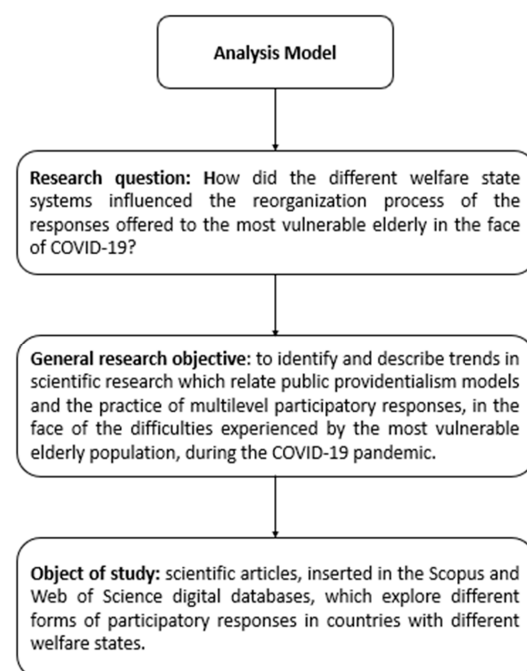
(a) Papers/articles that explore the reconfiguration of policies towards the most vulnerable older people during the COVID-19 pandemic.

(b) Papers/articles that relate welfare states with forms of participatory/community responses towards the most vulnerable older people during the COVID-19 pandemic.

(c) Papers/articles that make the comparison between different European welfare states and the reconfiguration of participatory responses towards the most vulnerable older people.

Based on the collected and systematized articles, a bibliometric analysis was carried out to measure current research trends [2,32]. For that purpose, we used the statistical tools from the databases (Scopus and Web of Science), to measure the following bibliometric factors: (a) Evolution of the number of publications per year; (b) Publications by scientific area; (c) Countries with the highest number of publications; (d) Institutions with the highest number of publications; (g) Journals with the highest number of publications.

Next, we present a summary of the analysis model used, as well as the methodological frameworks explored in this chapter (see Figures 1 and 2).

**Figure 1.** Summary of the analysis model of the present study.

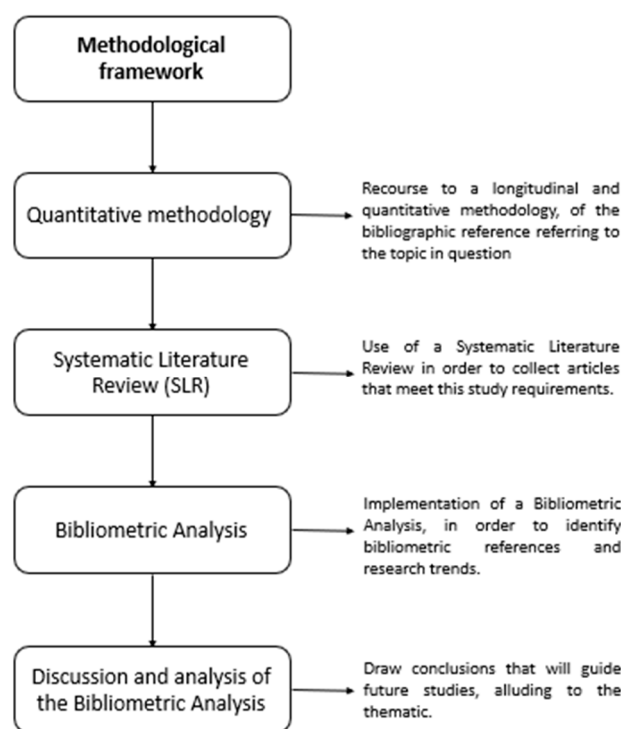


Figure 2. Summary of the methodological framework of the present study.

3. Results

3.1. Systematic Review of Literature

Regarding the articles included in the indicator (a), 61 articles were counted out of the 221 collected. Of these, 41 were collected from Scopus and 20 from the Web of Science. Thus, it is possible to infer that most of these scientific works are, in fact, alluding to the reconfiguration of social responses traditionally used, with people residing in aging-in-place contexts in the face of the current pandemic crisis.

We also had the opportunity to verify that within these 61 articles, research trends point to the individualized analysis of resilience processes and geriatric and gerontological responses, from different countries. The imminence of the worsening of the mental health of older adults was one of the forms of vulnerability most covered in the articles collected.

It is also worth noting that the topic most developed in these studies was community involvement in participatory governance logics, as well as the use of new Information and Communication Technologies (ICT), in terms of responses to the isolation of older adults. There is also a high incidence of studies on institutionalized older adults. It is also possible to verify a greater number of publications that engaged with the forms of governance than the forms of public participation, which supported the responses to older people in a pandemic context.

In turn, regarding indicator (b), 30 of the 221 systematized works discussed models of public providentialism, with the forms of governance and participation inherent to social responses to older people during the pandemic context. Of these, 27 were collected from Scopus and 3 from the Web of Science.

In other words, these 21 articles made it possible to identify the forms of governance and participation inherent to the responses presented in different countries. However, only 6 of the 221 articles allowed the establishment of a comparison of responses in the elderly in different models of public providentialism (see Figure 3).

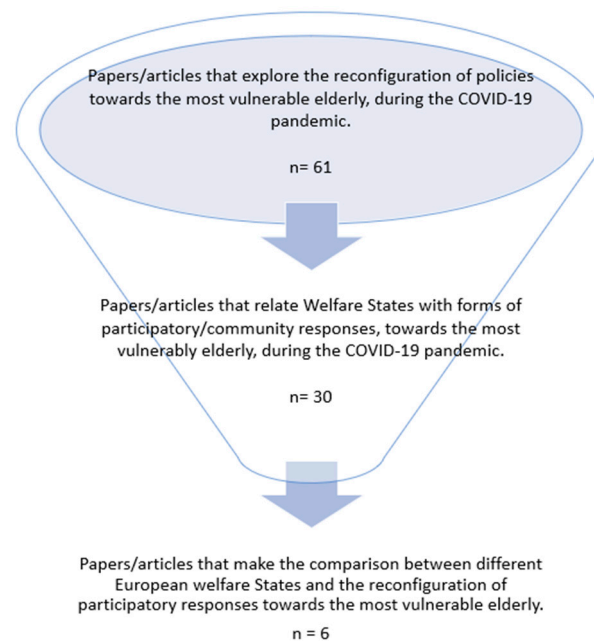


Figure 3. Number of publications obtained, according to the indicators traced in the literature systematization process.

Thus, the six publications identified referred to at the end of the previous scheme are the following (See Table 2.):

Table 2. The six articles referring to indicator (c) “works that make the comparison between different European welfare states, and the way they saw the protection of the older people, with the emergence of COVID-19”.

Sources	Title of Publication	Authors	Year of Publication	DOI
Scopus	Organization of the State, model of health system and COVID-19 health outcomes in six European countries during the first months of the COVID-19 epidemic in 2020	Simoës, J., et al.	2021	10.1002/hpm.3271
	Smart technology and the meaning in life of older adults during COVID-19 public health emergency period: a cross-cultural qualitative study	von Humboldt, S., et al.	2020	10.1080/09540261.2020.1810643
	Taking stock of COVID-19 policy measures to protect Europe’s elderly living in long-term care facilities	Doetter, L., Preuss, B., and Rothgang, H.	2021	10.1177/14680181211013717
	COVID-19, Inequality and Older People: Developing Community-Centered Interventions	Philipson, C., et al.	2021	10.3390/ijerph18158064
Web of Science	The interplay between Public Health, Wellbeing, and Population Aging in Europe: An Advanced Structural Equation Modeling and Gaussian Network Approach	Cristea, M., et al.	2021	10.3390/ijerph18042015
	Unmet needs, health policies, and actions during the COVID-19 pandemic: a report from six European countries	Miralles, O., et al.	2021	10.1007/s41999-020-00415-x

Thus, the systematic literature review became relevant to collecting and aggregating a set of articles relevant to this study. However, it allowed us to understand that research trends do not go through the comparative analysis between participatory responses in older adults in different models of welfare states during the COVID-19 pandemic.

We were also able to conclude that there is a relationship between the three indicators: welfare states; gerontological responses during the COVID-19; and governance and participation management. Through these six articles, we may consider that the level of public providentialism is the stronger, and the tendency for a community engagement in creating gerontological responses during the COVID-19 has been less representative. This fact is related to the existence of public responses that are able reach the most vulnerable individuals aging-in-place, as they are more universal than the ones existing in liberal Welfare States (such the Anglo-Saxon). Therefore, it was unnecessary for the community to mobilize itself to promote the wellbeing of this vulnerable population. On the other hand, we may deduce that while engagement has increased greatly, public providentialism has been weakened, because there were fewer accessible responses to the poorer aging-in-place population.

Next, the results of the bibliometric analysis are presented, referring to the 221 articles collected, which reinforce this last conclusion and claim the need to better explore this theme. All the articles are grouped in terms of the respective database from which they were collected.

3.2. Bibliometric Analysis

3.2.1. Evolution of the Number of Publications per Year (see Figures 4 and 5)

Regarding the number of publications conducted per year; it is important to bear in mind the fact that the COVID-19 pandemic is still a very recent phenomenon. As such, at the time of the systematization process, the publications collected were limited to the years 2019 to 2022, which does not allow a coherent analysis of the evolutionary process of the publications over the years. However, the two bibliometric analyses indicate that there was an increase in publications between 2019 and 2021 and a slight reduction between 2021 and 2022. To be more specific, in the case of the Scopus articles, there was a reduction from 93 publications (2021) to 53 publications (2022). That fact is not so evident in the case of WOS articles, since they were fewer. In this case there was a constant reduction of articles between the year 2020 and 2022.

Is not possible to make a cohesive quantitative analysis referring only to these few data. However, due to the small number of studies which focus on the relationship between models of public providentialism and the type of responses to older people in a pandemic context, there is an urgent need to carry out more studies that promote scientific knowledge on this topic.

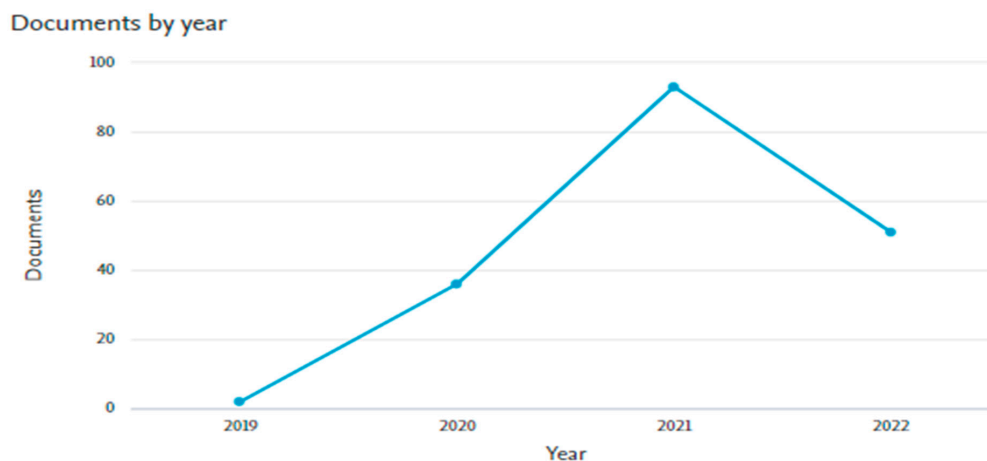


Figure 4. Evolution of the number of publications per year—Scopus.

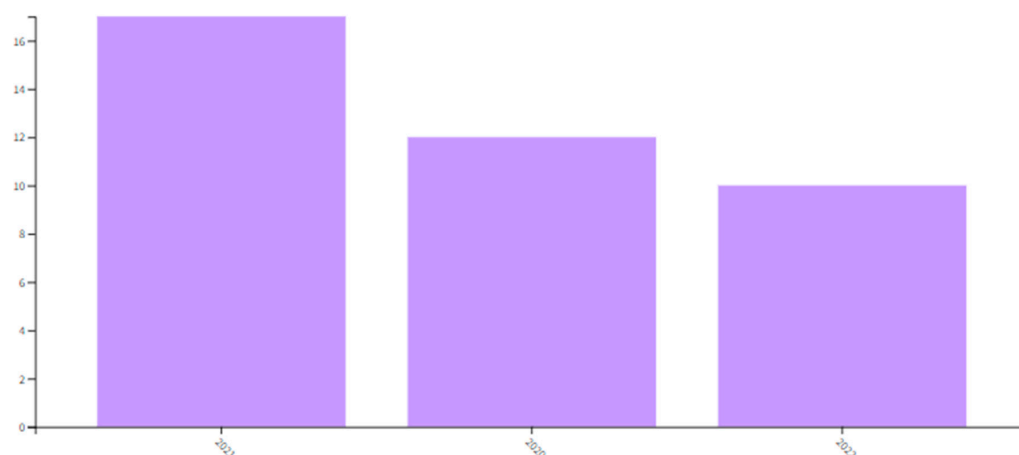


Figure 5. Evolution of the number of publications per year—Web of Science.

3.2.2. Publications by Scientific Area (see Figures 6 and 7)

Regarding scientific areas, referring to publications collected and systematized through Scopus, it was ascertained that 34.6% correspond to Medicine; 21.7% to Social Sciences and 10.5% to other non-specific areas. These results emphasize the need to resort to interdisciplinary studies in order to understand the reconfiguration of participatory responses to the elderly in the COVID-19 context. They also reflect the need to envision this phenomenon from a biomedical and social perspective, considering the types of vulnerability that most affect this older demographic.

In other hand, according to the articles collected through the Web of Science, eleven publications fall within the scientific area of Public Environmental Occupational Health, nine publications in Psychiatry, and five in Neurosciences. Once again, the interdisciplinarity can be seen in the analysis of this phenomenon. Regarding the two articles alluding to Environmental Sciences, it should be noted that they portray the relationship between forms of governance and the construction of public policies and well-being for the elderly in several European countries. In this way, such scientific works fit the objectives of this quantitative analysis.

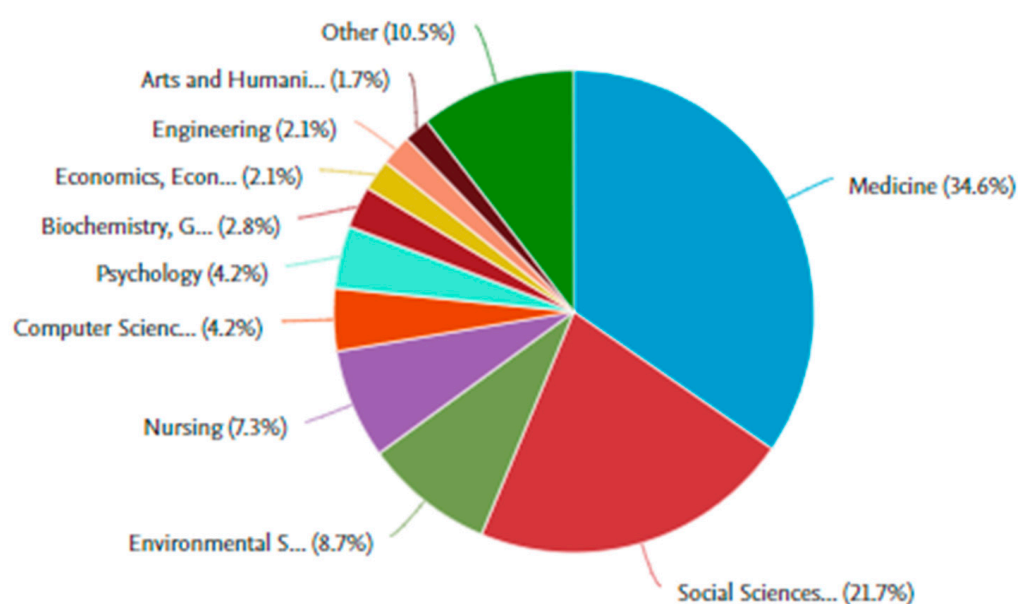


Figure 6. Publications by scientific area—Scopus.

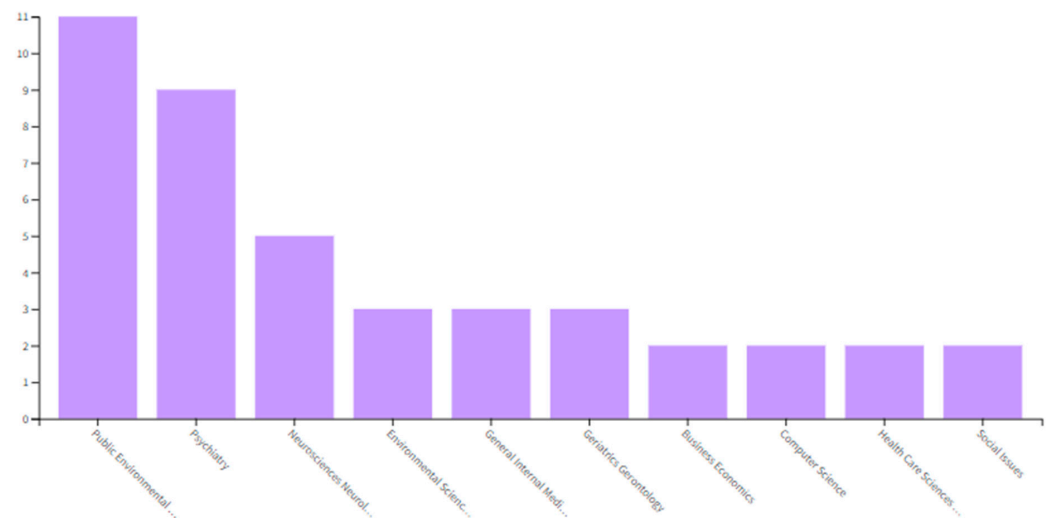


Figure 7. Publications by scientific area—Web of Science.

3.2.3. Countries with the Highest Number of Publications (see Figures 8 and 9)

The three countries with the highest number of publications on Scopus are the United States (34 articles), United Kingdom (26 articles) and Japan (21 articles). On the other hand, on the Web of Science, the three most representative countries are the United States (9 articles), Italy (6 articles) and Japan (6 articles).

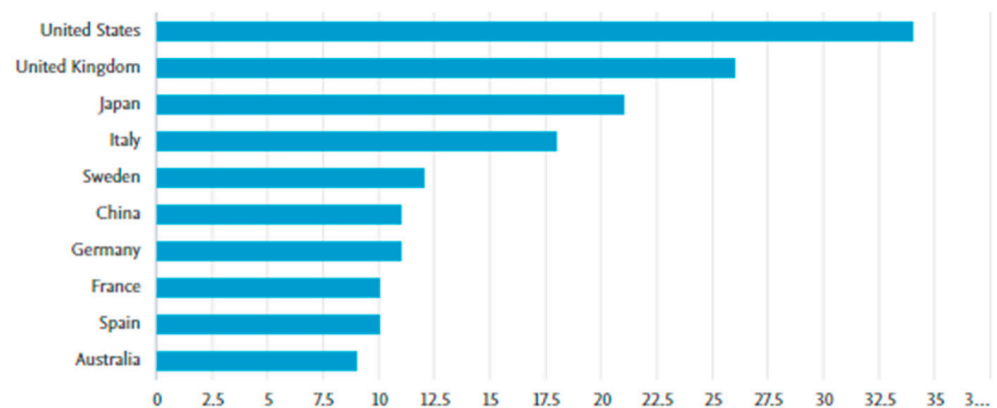


Figure 8. Countries with the highest number of publications—Scopus.

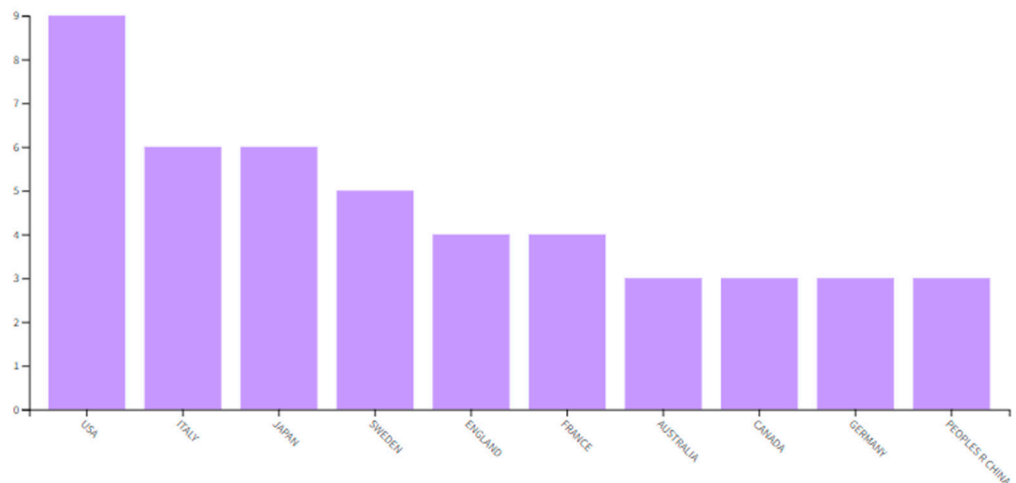


Figure 9. Countries with the highest number of publications—Web of Science.

It is thus possible to verify that the origin of the most relevant publications for this study come from the USA, the UK and Japan, although there is also significant article representation from countries such as Sweden, France, Italy and Australia. This fact leads us to have these countries as a reference regarding a possible new bibliographic collection for the development of this study.

3.2.4. Institutions with the Highest Number of Publications (see Figures 10 and 11)

Concerning the institutions with the highest number of publications, many correspond to the country analysis already made in this article. Therefore, the institutions are the following: Inserm Institut; Assistance Publique Hopitaux Paris APHP; Karolinska Institute; and the Florida A&M University.

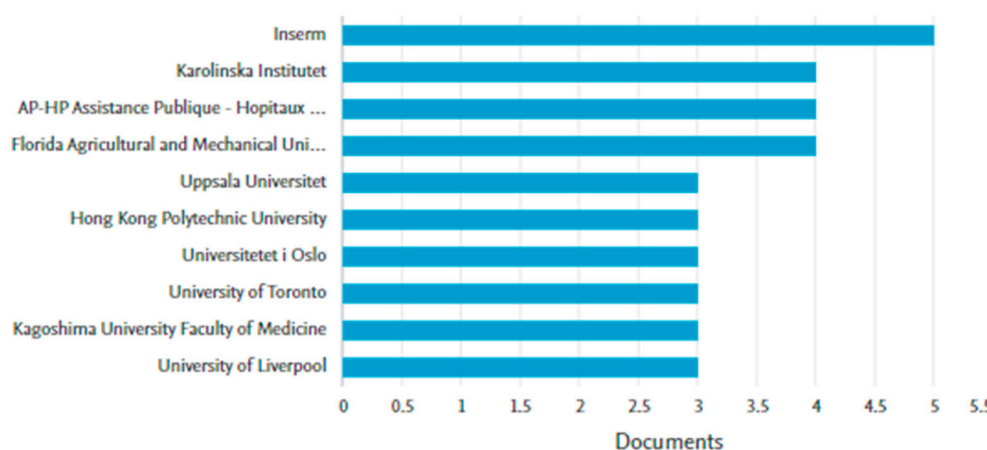


Figure 10. Institutions with the highest number of publications—Scopus.

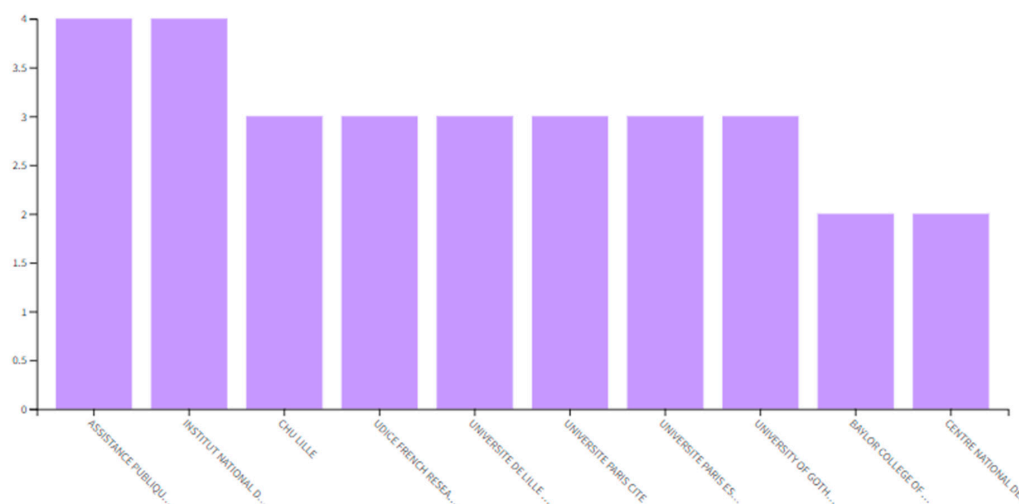


Figure 11. Institutions with the highest number of publications—Web of Science.

3.2.5. Journals with the Highest Number of Publications (see Figures 12 and 13)

Of all the journals in the present analysis, the Japan Society for the Promotion of Science (nine publications), the Academy of Finland (five publications), *l'encéphale revue de psychiatrie clinique biologique et thérapeutique* (three publications), and *Frontiers in Psychiatry* (three publications) were the those that presented the most studies within this theme. Once again, due to the low incidence of studies and the short space of time, there are not many studies that allow, as a reference, a set of journals that carry out research on the subject in question, in addition to the two aforementioned.

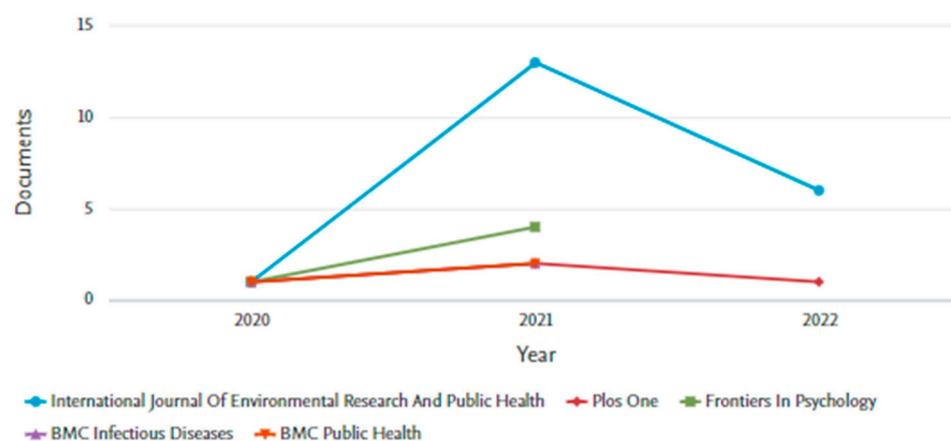


Figure 12. Journals with the highest number of publications—Scopus.

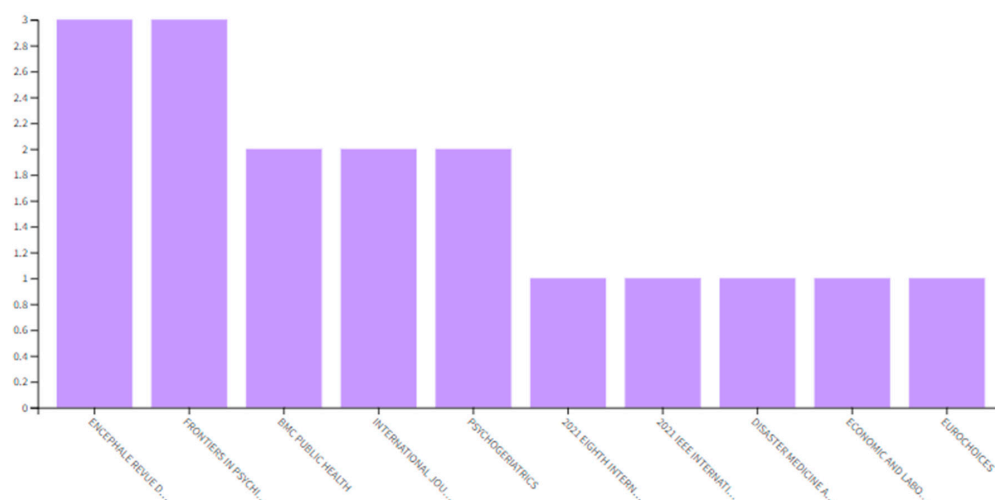


Figure 13. Journals with the highest number of publications—Web of Science.

4. Discussion

Through the present study, it was possible to determine that there is still no great theoretical framework reflecting the influence of public providentialism models in the transformative process of participatory responses in older adults in the face of the emergence of the COVID-19 pandemic.

Based on this investigation, it was our aim to understand whether the studies carried out in 2022 (inclusive) consider the relationship between European public providentialism models and participatory responses to the vulnerabilities of older people during the COVID-19 pandemic. The results obtained allowed us to assimilate, preliminarily, the relevance of this topic by considering the existence (or non-existence) of its scientific content. The scarcity of studies on the relationship between public providence principles for aging and place-based social participation around the construction of local gerontological support systems demonstrates that the scientific interest of the extant research aims to increase the understanding of these processes in order to envision a model of gerontological support for aging-in-place in pandemic situations.

This perception may be useful for finding a standardization of public policies used by the many welfare state models during the COVID-19 pandemic. By finding these patterns it would also be possible to perceive the resilience of those policies and their processes, thus improving our knowledge for future health crises.

Therefore, based on the systematic literature review (SLR), it was possible to verify that 61 of the 221 publications collected referred to studies that explored the reconfiguration

of responses to vulnerabilities in older people during the COVID-19 pandemic. However, only 30 of these studies envisaged the relationship that such approaches would have with the providential configuration of the states in which they fit. However, only six publications carried out contrasts/comparisons between models of public providentialism.

Based on the reading of this set of articles, it became possible to trace some lines of investigation. We can thus speculate for future investigations that there is indeed a relationship between welfare state models and the process of the reconfiguration of governmental and participatory management of gerontological responses towards people in an aging-in-place situation.

Although it was not entirely evident, after reading the six articles, we can speculate that in countries with more reinforced welfare state models (universalist models) there was a greater predisposition towards institutional participation. This is due to the prior existence of public responses that intervene in situations of aging-in-place. Regarding the scope of government management, we believe that the responses are generally designed in more national and generalist contexts (place-neutral approaches).

On the opposite axis, we reflect that in more weakened welfare state models (liberal models), there has been a greater incidence in the creation of more territorial (place-based) and community responses. This is due to the lack of public responses and the consequent inability to access private services to older and more vulnerable populations residing at home during the COVID-19 pandemic.

These first impressions are an important milestone for future studies. These are references that, through a more in-depth study, will allow us to draw pictures of the transformative processes of gerontological responses in different models of public providentialism during the COVID-19 pandemic.

Although, through this first technique, was also possible to verify the lack of scientific research, referring to the comparative analysis between models of public providentialism and the standardization of participatory responses in older people. There are a many studies that portray vulnerabilities in older adults in the context of COVID-19, as well as the subsequent responses developed by several states. However, these do not reflect the public configurations of each state, much less contrasted in the face of the specificities of the forms of governance and participation in terms of the configuration of responses to the elderly.

It is also possible to draw some conclusions through the bibliometric analysis itself. According to the various parameters analyzed, there was also a limited number of studies and analytical coherence between the two databases used. This fact is related to the limited period, referring to the years of publication, which are not yet sufficient to trace trends in scientific research. The SARS-CoV-2 virus was only discovered at the end of 2019, so studies regarding its effects and responses in the elderly were only published between 2020 and 2022.

Even so, among the works systematized in this first approach, the need for interdisciplinarity in the analysis of the risks associated with the population of older adults in a pandemic context, as well as the geriatric and gerontological responses themselves, was considerable. As a result, there was a predominance of studies in the areas of social and biomedical sciences but also in other disciplines, such as the technological sciences. For possible future analyses, this holistic and interdisciplinary analysis is crucial for understanding the transformative process of participatory responses in favor of the well-being and safety of older people in a pandemic context.

The literature demonstrates that the structural response capacity that exists in each country tends to be complemented with the organization of community support systems [33], which act in support aging-in-place vulnerabilities and even more active in pandemic situations.

Given that the EU and its member states have developed common approaches to controlling the spread of the pandemic, coordinating screening strategies and providing protection resources, there is a need to improve preparation for the promotion of solidarity and local, national and European decisive elements in the fight against pandemic situations.

We believe it would be beneficial to create, *a priori*, a set of political frameworks that could be adapted to every welfare state model in future pandemic crises. Furthermore, these same frameworks should have a multilevel and cooperative approach in terms of governance and participative management of gerontological responses during an eventual future health crisis. Through the analysis of these sets of articles, we assume it is beneficial to create approaches that consider the characteristics of a macro-territory (such as countries) and the specificities of meso- and micro-territories (regions and counties). It is important, however, to promote an elasticity of the public policies of each countries in order to do so. Additionally, the involvement of the community with local and national institutions would have a great impact on the efficiency of creating better gerontological responses to individuals aging-in-place during a similar pandemic crisis.

In turn, through collected and systematized publications, we were also able to conclude that the United Kingdom, Spain and the United States were the countries that published the most works on this topic. However, the discrepancy in the number of publications conducted compared to countries such as Canada, Italy, Norway or even Portugal is not significant. We suspect that the existence of a greater number of publications, in the three countries is related to the high level of the incidence of cases of viral contraction associated with SARS-CoV-2 during the years 2020 and 2021; however, this analysis is not provided with any empirical basis from the data analyzed in this study.

In summary, through these and the other parameters analyzed above, we can conclude that there is still a huge research gap that allows for the standardization of participatory responses to older adults in different models of public providentialism. The analysis of the present study seems to us, in fact, to be decisive for the construction of future models of gerontological intervention in times of public crisis. In addition, its realization consistently and methodologically supports the need to carry out a comparative analysis between different welfare states in terms of the forms of participation and governance inherent in responses to the elderly during the COVID-19 pandemic.

5. Conclusions

This initial study arose from the need to identify trends in scientific research regarding the relationship between gerontological responses and different models of providentialism in the current COVID-19 pandemic context. For this purpose, two techniques enabled the obtaining of a set of publications alluding to this theme, namely the Systematic Literature Review (SLR) and the Bibliometric Analysis.

The first conclusion that we can draw from the implementation of both techniques is that there are not enough studies to create solid conclusions in order to compare the type of responses in states with different models of providentialism. There are, however, studies that describe the transformative process of these approaches, although not in a way that contrasts with the configurations of the public policies in which they fit. Consequently, there are also no studies that allow for a standardization of participatory gerontological responses used in different models of public providentialism during the current pandemic crisis.

This study played a fundamental role in the process of diagnosis and the analysis of existing studies within this theme. It allows us to substantiate the need to carry out more studies that correlate public providentialism models with participatory responses, developed in the context of protecting and promoting the well-being of older people in the current pandemic context. Investment in such studies not only makes it possible to fill in existing research gaps but may also provide a theoretical basis that supports intervention plans for older people in possible public health crises, so it is relevant to reinforce the few existing scientific contributions.

It is our intention, in the next step of this investigation, to develop a more in-depth analysis concerning a set of European countries with different welfare state models in order to standardize the governance/participation management processes in creating geriatric responses during the COVID-19 pandemic. However, and as we have been arguing, this study is the pillar on which the crucial data necessary to begin that investigation rests.

Author Contributions: The authors contributed individually to this article: Conceptualization, B.P. and H.G.; methodology, B.P. and H.G.; software, B.P.; validation, B.P. and H.G.; formal analysis, B.P. and H.G.; investigation, B.P.; resources, B.P. and H.G.; data curation, B.P. and H.G.; writing—original draft preparation, B.P.; writing—review and editing, B.P. and H.G.; visualization, B.P.; supervision, H.G. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: Not applicable.

Acknowledgments: The authors would like to thank the anonymous reviewers for the recommendations for improving the paper's ideas.

Conflicts of Interest: The authors declare no conflict of interest.

References

1. Araújo, M.P.D.; Nunes, V.M.D.A.; Costa, L.D.A.; de Souza, T.A.; de Vasconcelos Torres, G.; Nobre, T.T.X. Health conditions of potential risk for severe COVID-19 in institutionalized elderly people. *PLoS ONE* **2021**, *16*, e0245432. [CrossRef] [PubMed]
2. Domingues, T.R.; Da Silva, C.E.A.U.; Nascimento, G.F.F. Ancianos en vulnerabilidad social: Reflexiones desde la educación popular. *Estud. Pedagógicos* **2020**, *46*, 251–262. [CrossRef]
3. Miller, E.A. Protecting and Improving the Lives of Older Adults in the COVID-19 Era. *J. Aging Soc. Policy* **2020**, *32*, 297–309. [CrossRef] [PubMed]
4. De Almeida, S.V.; Costa, E.; Lopes, F.V.; Santos, J.V.; Barros, P.P. Concerns and adjustments: How the Portuguese population met COVID-19. *PLoS ONE* **2020**, *15*, e0240500. [CrossRef]
5. Weible, C.M.; Nohrstedt, D.; Cairney, P.; Carter, D.; Crow, D.A.; Durnová, A.P.; Heikkilä, T.; Ingold, K.; McConnell, A.; Stone, D. COVID-19 and the policy sciences: Initial reactions and perspectives. *Policy Sci.* **2020**, *53*, 225–241. [CrossRef]
6. Weil, J. Pandemic Place: Assessing Domains of the Person-Place Fit Measure for Older Adults (PPFM-OA) during COVID-19. *J. Aging Soc. Policy* **2020**, *33*, 332–341. [CrossRef]
7. McKenzie, G.; Adams, B. A country comparison of place-based activity response to COVID-19 policies. *Appl. Geogr.* **2020**, *125*, 102363. [CrossRef]
8. Ticiău, T.; Hîntea, C.; Andrianu, B. Adaptive and Turbulent Governance. Ways of Governing that Foster Resilience. The Case of the COVID-19 Pandemic. *Transylv. Rev. Adm. Sci.* **2020**, *2020*, 167–182. [CrossRef]
9. Barca, F.; McCann, P.; Rodríguez-Pose, A. The Case For Regional Development Intervention: Place-Based Versus Place-Neutral Approaches. *J. Reg. Sci.* **2012**, *52*, 134–152. [CrossRef]
10. Mel'Nikova, L.V. Space-neutral and place-based regional policies: The problem of choice. *Reg. Res. Russ.* **2015**, *5*, 1–9. [CrossRef]
11. Wijerathna, W.M.D.B. Place-Based versus Place-Neutral Policies for Promoting Regionally Balanced Economic Growth: A Sri Lankan Case Using CGE Based Simulations. Ph.D. Thesis, Griffith Business School, Southport, Australia, 2016; 281p.
12. Pestine-Stevens, A.; Greenfield, E.A. The Need for Community Practice to Support Aging in Place during COVID-19. *J. Gerontol. Soc. Work* **2020**, *63*, 631–634. [CrossRef]
13. Gaskell, J.; Stoker, G. Centralized or Decentralized which governance systems are having a “good” pandemic? *Democr. Theory* **2020**, *7*, 33–40. [CrossRef]
14. Arnstein, S.R. A Ladder Of Citizen Participation. *J. Am. Inst. Plan.* **1969**, *35*, 216–224. [CrossRef]
15. Jewett, R.L.; Mah, S.M.; Howell, N.; Larsen, M.M. Social Cohesion and Community Resilience During COVID-19 and Pandemics: A Rapid Scoping Review to Inform the United Nations Research Roadmap for COVID-19 Recovery. *Int. J. Health Serv.* **2021**, *51*, 325–336. [CrossRef]
16. Janssen, M.; van der Voort, H. Agile and adaptive governance in crisis response: Lessons from the COVID-19 pandemic. *Int. J. Inf. Manag.* **2020**, *55*, 102180. [CrossRef]
17. Council of Europe. Democratic Governance and COVID-19 Report CDDG. 2020. Available online: <https://www.coe.int/en/web/good-governance/centre-of-expertise> (accessed on 27 June 2022).
18. Turrini, A.; Cristofoli, D.; Valotti, G. Sense or Sensibility? Different Approaches to Cope With the COVID-19 Pandemic. *Am. Rev. Public Adm.* **2020**, *50*, 749. [CrossRef]
19. Shannon, L.; O'leary, F. *Leading the Local Response to COVID-19: The Role of Local Government*; Institute of Public Administration: Dublin, Ireland, 2021.
20. Hossain, A.Z. Local Government Response to COVID-19: Revitalizing Local Democracy in Bangladesh. *Int. J. Sustain. Dev. Plan.* **2021**, *16*, 701–712. [CrossRef]
21. Brooke, J.; Jackson, D. Older people and COVID-19: Isolation, risk and ageism. *J. Clin. Nurs.* **2020**, *29*, 2044–2046. [CrossRef]
22. Seow, H.; McMillan, K.; Civak, M.; Bainbridge, D.; van der Wal, A.; Haanstra, C.; Goldhar, J.; Winemaker, S. #Caremongering: A community-led social movement to address health and social needs during COVID-19. *PLoS ONE* **2021**, *16*, e0245483. [CrossRef]

23. Monahan, C.; Macdonald, J.; Lytle, A.; Apriceno, M.; Levy, S.R. COVID-19 and ageism: How positive and negative responses impact older adults and society. *Am. Psychol.* **2020**, *75*, 887–896. [CrossRef]
24. Farrington, M.; Fal Dutra Santos, R. Community Engagement during COVID-19: A Guide for Community Facing Staff. n.d. Available online: <https://oxfam.box.com/s/nds89hah3bsxoml9blmhd41762qirhak> (accessed on 27 June 2022).
25. Barrutia, J.M.; Echebarria, C. Effect of the COVID-19 pandemic on public managers' attitudes toward digital transformation. *Technol. Soc.* **2021**, *67*, 101776. [CrossRef] [PubMed]
26. Van Jaarsveld, G.M. The Effects of COVID-19 Among the Elderly Population: A Case for Closing the Digital Divide. *Front. Psychiatry* **2020**, *11*, 577427. [CrossRef] [PubMed]
27. Esping-Andersen, G. *The Three Worlds of Welfare Capitalism*; Princeton University Press Princeton: Princeton, NJ, USA, 1990; Volume 28, pp. 9–105. [CrossRef]
28. Esping-Andersen, G. A Sustentabilidade dos Estados-Providência no séc. *Sociedade e Trabalho* **1998**, *XXI*, 13–21.
29. Quadagno, J. Creating a Capital Investment Welfare State: The New American Exceptionalism: 1998 Presidential Address. *Am. Sociol. Rev.* **1999**, *64*, 1–10. [CrossRef]
30. Pires, B.; Gonçalves, H. Tendências participativas na terceira idade, em contexto COVID-19: Disparidades e convergências entre modelos de providencialismo público diferenciados. Green and Inclusive Transitions in Southern European Regions: What Can We Do Better. 2021, 481. Available online: <http://apdr.pt/data/documents/ATAScongress2021.pdf> (accessed on 27 June 2022).
31. Khan, S.U.; Bangash, S.A.K.; Khan, K.U. Learning analytics in the era of big data: A systematic literature review protocol. In Proceedings of the 2017 International Symposium on Wireless Systems and Networks (ISWSN), Lahore, Pakistan, 19–22 November 2017; pp. 1–7. [CrossRef]
32. Donthu, N.; Kumar, S.; Mukherjee, D.; Pandey, N.; Lim, W.M. How to conduct a bibliometric analysis: An overview and guidelines. *J. Bus. Res.* **2021**, *133*, 285–296. [CrossRef]
33. Gonçalves, H. Welfare-Partnership Dynamics and Sustainable Development. *Sustainability* **2022**, *14*, 7819. [CrossRef]