

OPINIONS OF THE ELDERLY ABOUT INDEPENDENT,
INSTITUTIONAL AND INTERGENERATIONAL LIVING
ARRANGEMENT IN FINLAND

Korva Dung
Tran Dung

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FOREWORD

We would like to express our gratitude to our supervisors Kauppila Hannele and Mikkola Anja for their professional guidance and valuable advice throughout our thesis work. We are also grateful to all the respected senior citizens who participated in our thesis's interview. On top of it, we would like to send our sincere thanks to the nursing service home in Kemi namely Palvelukoti Iltarusko, including all the staff members, for granting the permission to carry out this research study. We truly appreciate all the teachers and staff at health care unit of Lapland University of Applied Sciences for making our Nursing Profession come true.

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Living arrangements of older adults are critically important to their quality of life and well-beings. Since Finland's population is rapidly aging, therefore, the purpose of this thesis is to investigate the Finnish elders' opinion about independent living arrangement, institutional living arrangement and intergenerational living arrangement. The aim is to provide the updated knowledge for geriatric-specialized nurses, healthcare service and family members about the Finnish elders' opinion about living arrangements. As a result, nurses and family members together have the proper care to fulfill the wishes of elderly people.

The theoretical framework of this study was Theory of Comfort by Kolcaba, since there is a close relationship between comfort, living arrangement and human health. The purpose of this Comfort Theory is to profoundly explore the thesis topic and fulfil the gap of the literature reviews. The aim is to study the Finnish elderly comfort's preference in different living arrangement types so thereafter, to suggest better and more precise solutions.

Methodology used in this thesis is semi-structured qualitative research, where the in-depth interview sessions were conducted with five Finnish senior citizens of both genders. The data were, then, analysed through utilizing coding process. The findings of this thesis were categorized and covered based on four contexts of Comfort Theory, which are Physical, Psychospiritual, Environmental and Socio-cultural.

This study has revealed that Finnish senior citizens overall would like to live independently when they are still able to take care of themselves. However, some share negative point of view towards the homecare service. Thus, in case the health status does not allow them to live independently anymore, they might want to live in institutional living arrangement. Yet, some are reluctant and feel unsure about institutions' service. Surprisingly, the female seniors show the wish to live in intergenerational households; while the male seniors would like to live close to their beloveds and have frequent visits. The findings also propose for further research on the topic with more precise approaches in accordance to different target sample and native speaking authors to provide greater insights.

Key words: Elderly people, comfort, loneliness, living arrangement, independence, institution, intergeneration.

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1 INTRODUCTION

How living arrangements are connected to psychological wellbeing and general health status of the elderly, has received a noticeable awareness from the worldwide journals and researchers (Palloni 2002, 55; Engelhardt & Stanley 2010, 226). The issue is specifically related for developed European countries, where the population is significantly aging, and the economic development partly affects the seniors' decisions about living arrangements (Biddlecom, Chayovan & Ofstedal, 2002, 190; Engelhardt & Stanley 2010, 236). With the rapid growth in economic activities in home healthcare and community services, the whole Europe would like to provide the best match between elderly health and living arrangement demands (Dietz & Haurin 2003, 409). According to Wrighton (2016, 375), those who are 65 and above will be categorized as "elderly". Orimo et al. (2006, 149) state that the end of human life cycle is "old age", which refers to ages nearing or surpassing the life expectancy of human beings. The polite terms include elderly, elders, old people (worldwide usage), seniors (American usage), senior citizens (British and American usages) and older adults (in the social sciences). The worldwide population of 65 years of age and older people is increasing significantly (Guo et al. 2015, 367). Not an exception, European population is undergoing an alarming aging process (Orsini 2010, 143). Likewise, Finland, like the other countries of the western world, has been undergoing an aging revolution (Engelhardt & Stanley 2010, 703).

Also, the so-called "healthy aging" is crucial for the aged to maintain the good quality of life. World Health Organization (2015, 28) defines healthy aging as "the process of developing and maintaining the functional ability that enables well-being in older age"; in other words, health aging means the elderly's good quality of life. Therefore, to achieve the healthy aging, it is controlled under other primary elements (Raggi et al. 2016, 2). One of the important and vital elements in delivering the good quality of life for the aged is living arrangement. The environment, the surroundings, living conditions, etc. of the place elderly are living have the big impact on their psychological and physical or functional status; in another word, the elderly's comfort and general health (Heyman & Gutheil 2010, 21). Comfort is strongly associated with human health, in terms of a total sense of physical, mental and social well-beings (World Health Organization 2015, 174). Unappropriated living arrangements will strongly affect the elderly's overall quality of life in the negative way. Hence, there will be 3 variables regarding living arrangement,

including independent living arrangement, institutional living arrangement and intergenerational living arrangement, which will be used to explore the Finnish elders' opinion in this paper.

There is a cultural-social norm in Asian countries that the aging parents would like to live together with their offspring's family in later life's support (Biddlecom, Chayovan & Ofstedal, 2002, 186; Knodel 2014, 190). Family members, especially the elderly's offspring, have the moral obligation to provide elder care, traditionally by co-residing with their older parents (Guo et al. 2015, 364). Asian elders share that living together with their own families is the positive critical support, or the key mental pill which helps them maintain good psychological health and quality of life. However, it is worldwide acknowledged that European and American seniors just want to live independently on their own lives. Or, they would rather choose to go to live in elderly homecare if they cannot live on their own anymore. It is also believed that elderly in Western countries do not want to be the burden for their family members. Surprisingly, when the authors were having practical training in Finland, the authors found out that the elders do not really want to live alone, they would love to live with someone, at least someone they can talk or interact with. Moreover, living arrangements for older people have become an increasingly important policy concern (Teerawichitchainan, Pothisiri & Giang 2015, 106). Therefore, there is always a question raised in the authors' mind, whether it happens the same in European or Western countries. Therefore, the purpose of this thesis is to investigate the Finnish elders' opinion about independent living arrangement, institutional living arrangement and intergenerational living arrangement. The aim is to provide the updated knowledge for geriatric-specialized nurses and family members about the Finnish elders' opinion regarding living arrangements. As a consequence, nurses and family members together have the proper care to fulfil the wishes of elderly people.

This thesis is organized as follows. Section 2 provides the concepts of elderly's living arrangement and challenge of Finland's aging nation. It also includes the findings from the previous literature about the elderly's opinion in accordance to independent, institutional and intergenerational living arrangements. Section 3 presents the Comfort Theory that is used to analyze the findings. Section 4 describes the thesis's purpose and problems. Section 5 introduces the study's implementation, then followed by empirical results, conclusion and discussion.

2 ELDERLY'S LIVING ARRANGEMENT

There is a close connection between health status and living arrangements amongst older individuals (Engelhardt & Stanley 2010, 226). One of the important factors that affects the seniors' decision of choosing living arrangements is their health status. At one hand, the aged would like to rely on the care provided by family members. On the other hand, there are number of reasons relating to the refusion of family members or the elders themselves about living together. Thereafter creating a huge pressure on institutionalized long-term care centers for the aged (Sarma, Hawley & Basu 2009, 1106-1109.) Like mentioned above, living arrangements are linked closely to the elders' mental and general health status. It can mostly affect both positively and negatively on the elders' health status depending on where they live. In this paper, 3 possible types of living arrangement will be analysed and utilized for the interview with participants. There are 1) independent living arrangement (living alone or living with a spouse/partner), 2) intergenerational living arrangements (living with children or siblings or others who age 18 years or above) and 3) living in an institution.

2.1 Independent living arrangement

At ages 65–79, about 75% of men live with a spouse. This proportion decreased slightly from 1987 to 2011. At the same time, living alone has increased slightly while other living arrangements have declined. Changes have been much more marked among women: the proportion of those living with a partner has increased from about 35% to 55%, while living alone has declined slowly and living in other households has declined rapidly (Martikainen, Murphy, Moustgaard & Mikkonen 2016, 10.)

Among men aged 80+, living with a partner increased, with about 60% living with a partner in 2011. Among women aged 80+, living with a partner and living alone have both increased. However, among women living alone is the most common living arrangement at about 60% (Martikainen et al. 2016, 14).

Based on the data shown above, independent living arrangement is popular in the Western countries, there is no exception in Finland either. In the study conducted by Reher & Requena (2018, 448), people around 75-year-old group tend to prefer living alone the among the other elderly groups. There came up with some changes after war ended up, which turned Finnish society into disintegration of communities, and later families

(Shrestha 2017, 6). After wars, to develop the society and economy, the term “urbanization” and “immigration” started to settle down in Finland. As a result, the living conditions of older people had been influenced since living alone has become more common among the older population (Savikko 2008, 11).

It can be said that Finnish government put much effort to deal with the aging problems by reducing risks of living independently for the elderly groups. They came up with a programme created by Finnish government to educate these group on safety and security, thus ensuring the quality of their lives (Ministry of Social Affairs and Health 2013, 10). This is a good example among numerous courses and programmes arranged by the government. Taking part in these programmes, the elderly people are able to protect themselves from accidents, consequences of society problems and housing problems. Finland also concerns about self-management in their daily activities, so they get trained about security inside and outside home; they are taught how to strengthen and maintain social and physical security as well. Getting the knowledge, they can manage to qualify the basic matters in their lives (Ministry of Social Affairs and Health 2013.)

Unfortunately, not all the elderly register to be in the courses despite advantages mentioned above, so they are living at home with a decreased quality of life (Pyae et al. 2017, 266). Along with it, depression and loneliness are well-known problems for those who have independent living arrangement. The feeling of loneliness is often experienced as shameful, and older people may also fear being or becoming a burden (Rokach & Brock 1997, 284). Thus, they are reluctant to admit their loneliness (Savikko 2008, 14). The challenge becomes more problematic when for some older people, their social circle and interaction in health services are limited. Consequently, there are difficulties in recognizing the one who is suffering from loneliness, which later becoming depression. Therefore, Finnish government must find out another way to solve this aging problem (Pyae et al. 2017, 265).

As in many other countries, the main goal of old age policy in Finland is to promote the well-being and functional capacity of older people and to ensure the maximum number of these people that can live independently in their own homes (Vanhanen 2007, 14). However, it is not an easy task because though the average life expectancy in Finland are higher, the elderly still have various diseases. Therefore, the Finnish Government

Programme and frame work programmes for the development of services for older people decided to cover home help and home health care to serve the elderly in the later stage of their life (Eloranta 2009, 13.)

The main idea of homecare services is providing treatment and health care to clients with the plans made by the doctors and health care providers from homecare. Healthcare staff work together, organise and manage to ensure the health benefits towards clients achieve as high quality as possible (Turjamaa, Hartikainen, Kangasniemi & Pietilä 2014, 3206). The state of Finland decided to arrange health and long-term care services for the citizens. The services can be provided privately or publicly alone or in cooperation with other municipalities, and the extra cost may be charged by private health providers (Eloranta 2009, 13). As the Finnish government attempted to replace traditional institutional care with arrangement such as private home or home-like environment with 24-hour health assistance, the elderly will be supported for self-care, daily routines and available services but still promoted to actively manage by themselves thus maintaining the independence while being at home and being in the society (Ministry of Social Affairs and Health in Finland 2013, 20).

Nevertheless, there exist several disadvantages in home health care (Nakari 2016, 20). Even though health staff working for home care services are active and flexible in time, they come from different backgrounds. According to Ministry of Social Affairs and Health in Finland (2013, 24), services are provided by public health nurse, qualified nurse or practical nurses. They could be trained professionally at the university of applied sciences, vocational schools or even none of these above (Eloranta 2009, 44). Many of them have confessed that most of professional nursing tasks are beyond their abilities. This led to the facts that the health staff have lack of sensitivity and skill to detect the abnormality happening to the clients (Eloranta 2009, 44).

Loneliness and isolation tends to increase when people get older, as they lose social networks, friends, and mobility. The people at the final stage of life can feel lonely; they may need to be supported and encouraged to participate and engage (Mustakallio 2015, 7). Though they receive a qualified health services, their individual experiences and

emotions are ignored sometimes due to limitation of caring time and passive attitude of care providers (Turjamaa 2014, 42).

2.2 Institutional living arrangement

Aside from independent living arrangement, institutional living arrangement is an option covered by health care system (Johansson 2010, 2). Nursing home, part of institutional living arrangement, is a long-term care facility licensed by the state that offers 24 hours room, board and health care services, including basic and professional nursing care, rehabilitation, and a full range of other therapies treatments and programs. People who live in nursing homes are referred to as residents (Kimondo 2012, 10.) The standards set in elderly/nursing home is basically similar to those of home care. The factor distinguishing institutional care from home care services is that the residents can take part in activities organized by the nursing home (McCormack 1997, 856-858). Along with it, wound care, movement, rehabilitation needs and specially, nutritional state is much more concerned while the services at home are not enough for the survival of the elderly when they are serious ill (Özer-Kemppainen 2006, 73). When clients' health status reaches the severe point, care and treatment cannot be given in a home environment because an assessment in institutional care is more professional (Soveri, Hammar & Noro 2010, 8).

According to Helsinki City College of Social and Health Care & Helsinki City Health Department (2013, 6-7), the highlight in institutional living arrangement is nutritional care for the elderly. The active mealtimes enable residents to have more social interaction with care providers and other residents (Reimer & Keller 2009, 328). This, at the same time, helps them be able to make choices according to their personal preferences, and to implement physical care to improve quality of life among aged residents (Suominen 2007, 31). Adding that having meal in such social surrounding is a good way of enhancing a sense of security and more structured daily activities (Suominen 2007, 31).

In the research conducted by Salin and Laaksonen (2018, 26), in elderly home, physical training is arranged frequently. Thus, activities play important roles in cheering up people in their final years of life and positively impacts on wellbeing of an elder. Besides, indoor activities such as board games, quiz games and word games excite the elderly and maintain their mental health as well as positive attitude. Opportunity to be a part of an activity bring a feeling of satisfaction in life. Kimondo (2012) stated that meeting each

other also eliminated the feelings of anonymity or the fear of being forgotten. According to Westin & Daniels (2007, 173), meaning in life for residents in nursing homes was closely related to human relationships, meaning in life is dimension of well-being. As a result of active activities, being in nursing home erases loneliness when it is possible for them to talk with somebody. Staff may friendly talk to them if they wish as well, or in another word, relation between staff and residents is also a good point in preventing negative feelings (Bao, Eggman, Richardson & Bruce 2014, 4).

On the other hand, the elderly in institutional living arrangement still face up to many negativities, mainly listed as: lack of mobility, environmental factors, negative relation and lack of purpose in life (Nummijoki & Engeström 2009, 49). Anderberg and Berglund (2010, 67) agreed that lack of autonomy leading to feeling depressed and not being valued, autonomy is a dimension of well-being and one is autonomous if he/she is self-determining, has liberty to make choices and he/she is independent. It explains why when the residents are not allowed to be autonomous, it makes the stage of their well-being going down (Koldjeski 2003, 536). Kimondo (2012, 40) also revealed that employees often abuse clients who are confrontational aggressive, or dissatisfied with care, accommodation or offered activities. Therefore, the clients are unable to express their feelings and wishes to care providers (Petr & Markova 2010, 48). Gender was also mentioned as one of the risk factor as it seemed like female residents were more prone to being abused (Kimondo 2012, 40). Gradually, residents and nursing staff become disconnected and residents start to feel lack of security in human dignity and get stuck. Therefore, they are not satisfied as they wished and as they deserved to be (Petr & Markova 2010, 39).

The residents are, no doubt, assisted and encouraged in many ways, which can be considered as one of the standard of a nursing home. However, life in nursing homes has been still inactive (Kimondo 2012, 42). A part of a residents feels that they get lost in life and it decreases the level of wellbeing in elderly residents. In a study, Andresen, Runge, Hoff & Puggaard (2009, 1139-1141) showed that only 1/7 residents were offered physical training and staff were educated with too little understanding of the importance of conserving or improving residents' physical functioning.

2.3 Intergenerational living arrangement

In such a free, independent and modern society like western world, children are encouraged to live and manage themselves at the age of 18. It can explain for the reason why the seniors feel familiar when living without children, and it is quite rare to meet an elderly person who is living with their adult child/children and his/her family. Though it is rare, it is confirmed to exist among Western and American society. A Pew report (2008, 5) noted that 16.1% of all US households included 2 adult generations, a 34% increase from 1980. The proportion of those aged 65 years and older living in a multigenerational family household has also increased, from 16.8% in 1990 to 19.6% in 2008. In European countries, the range are between 4 and 43% (Albuquerque 2008, 16.)

Sharing the same apartment is likely to go along with frequent contact, mutual help and finance (Isengard & Szydlik 2012, 451). The profit both children and their parents gain are, first, finance (Wooten 2013, 5). Both sides can save money due to mutual use of electricity, gas and rental. Second, the presence of elderly parents helps improve unite the intergenerational relations; for example, elderly parents may help look after their grandchildren (Pohlman 2014, 8). Interestingly, the couple with first-born baby are likely to move close to parents. It can be explained the couple being parents for the first time may feel worried, lack of experiences and tired, so support from their parents is valuable (Pohlman 2014, 8-9). The help of parents in the provision of childcare for grandchildren might be particularly needed when the grandchildren are below school age (Smits 2010, 989). For the ones who have grandchildren at school age, intergenerational and social relations of the elderly can be improved as they are surrounded, taken cared and connected with other family members. Thus, it reduces opportunity of weak relations and emotional wellbeing of seniors (Albuquerque 2008, 2).

On the other hand, the situation that seniors living with their adult child/children at home is not simple (Wooten 2013, 6). To help the elderly be well-prepared for moving into their adult child's home, the healthcare experts must be attentive to warning signs that the current living arrangement is no longer appropriate (Ritchie, Roth & Allman 2011, 4). Basic nursing skills and knowledge in geriatric care should be improved so that relatives and offspring know how to react in urgent situation.

2.4 Finland and its challenges of aging nation

In Finland, 1 out of 5 Finnish is aged 65 or over (Statistics Finland, 2014). It means Finland has the largest aging society that always ranked at first within European countries, that leads to the elderly care has been always one of the top concerns of the government. Hence, Finland currently is the only European Union member which has been applying an integrated policy concerning about the aging issue; surprisingly, it also the only country in Europe where prohibition of age discrimination is strongly supported (Sahlberg 2012, 23).

Finland has been facing a huge challenge lately because of their aging nation. Comparing to the long-term home care service, institutional health care centers are believed to be problematic and money-consuming. For example, there were truly sad cases happened in geriatric hospital at Turku. At least 3 former nurses were witnessed punching an elderly patient several times in the stomach and chest. Another case were a nurse specialist and another nurse, they together roughly threw patients into chairs or beds. Some of the nurses even did not follow the right procedures of administering medication (Yle, 2017.) Consequently, the concentration on elderly's care has been more likely to prefer the homecare service, which is provided by healthcare professionals based on the elderly's personal needs and health condition, more than institutional care (Soveri, Hammar & Noro 2010, 8-9).

According to Martikainen et al. (2016, 11-12), living alone or with spouse at their own home has been increasing slightly from 1987 to 2011. Nevertheless, the amount of living in institutional has declined rapidly. It means that Finnish elderly gradually would like to live at home (with or without home healthcare received) rather than living in an institution.

Moreover, Mielonen (2016) conducted a pilot program concerning a relationship between young people and senior citizens in Helsinki. Considering loneliness amongst seniors is a big problem, loneliness among young adults is a powerful motivation for him to do this program. He was recruiting young adults who have interest in spending time with the elders. Surprisingly he received an overwhelming 312 applications, but only could choose 3 official ones to participate in this program because of fund constraint. Those participants

had to stay in elderly house and spend time socializing and interacting with seniors, such as watch TV together, have a chat or do activities like painting or go for a walk. The responses received were tremendously positive from both young adults and the seniors. The young participants shared that they felt very welcome staying with elders, they live like a peer group together, they have a lot more in common in which they have never thought of. Elder residents also have more social contacts, the atmosphere in the house has changed positively, more happy and comfortable. Hence, Mielonen concluded that there should be more young adults around the seniors to optimize that social interaction opportunities.

3 THEORY OF COMFORT

The term “comfort” could be used to describe a feeling of contentment, a sense of coziness, or a state of physical and mental well-beings (Chappells & Shove 2004, 3). In today’s healthcare profession, nursing’s heroic mission of providing comfort to patients and family members is even more important. In the 1990s, Katharine Kolcaba developed the Comfort Theory. The main aspect of this theory is a measurable health-related outcome, desired by patients and achievable by nursing care (Kolcaba 2003, 20-46). Kolcaba (2012, 657) states “Comfort is an antidote to the stressors inherent in health care situations today, and when comfort is enhanced, patients and families are strengthened for the tasks ahead.” Therefore, Katharine Kolcaba’s Theory of Comfort is applied in this thesis because it is basic to nursing care and the traditional mission of nursing. In addition, comfort theory describes patient-centered practice and explains how comfort measures matter to patients and their health status (Alligood 2014, 666). Benner (2001, 134-173) defines providing comfort as a competence representing the art of nursing care and finally, with Kolcaba’s theory, comfort was defined as the essential outcome of nursing. The key reason this comfort theory utilized in this study is that, it supports nurses with elderly comfort interventions regarding their living arrangements.

With comfort theory, Kolcaba & DiMarco (2005) enabled people to understand real potential to orient the work and thinking. As the theory of comfort describes nursing values as care, healing environment, satisfaction and homeostasis, nurses are capable of identifying concepts to ensure the clients/family that they are safe. At the same time, theory enables clients to be part of their care plan actively. The theory is an important basement to measure effectiveness and efficiency in nursing care and treatment outcome. Comfort nursing interventions can satisfy variety of comfort needs at once and classify a client’s need based on contexts of comfort theory. For example, medication administration and nonpharmacologic along with integrative interventions can address clients’ desires (Kolcaba & DiMarco 2005).

Comfort interventions are nursing actions and designed to address specific comfort needs of recipients, including physical, environmental, spiritual, psychological, financial, cultural, social, cultural (Kolcaba 2001, 90). Also, intervening variables are interacting forces that have influence on recipients’ perceptions of total comfort. They consist of

cultural background, education, finances, past experiences, age, attitude, emotional state, support system of the recipients (Kolcaba & Steiner 2000, 58). Kolcaba has done many studies about exploring comfort needs of patients in different contexts; for example, medicine, psychiatry, ergonomics and psychology (Kolcaba 1991, 237; Kolcaba 1992, 2). However, to the best knowledge of the authors, how comfort can be influenced by the living arrangement with the connection to human health status has not yet been investigated.

Also, many more types of comfort partly influence the human comfort, such as thermal comfort, hygienic comfort, visual comfort, auditory comfort, olfactory comfort, etc. Yet, when critically analyzing with Kolcaba's 4 contexts in which comfort occurs, it just primarily relates to physical and environmental context. Therefore, the purpose of utilizing this comfort theory is to profoundly explore the thesis topic and fulfill the gap of the literature review. The aim is to study the elderly comfort's level within different living arrangement types of so thereafter, to give better and more precise solutions.

3.1 Taxonomic structure of comfort theory

Kolcaba used ideas from previous nursing theorists to combine and develop the *types of comfort* in the concept analysis (Kolcaba & Kolcaba 1991, 1302). They are relief, ease and transcendence. Besides, there will be four *contexts* in which comfort occurs, experienced by those who receive care (patients and clients), came from the review of nursing literature (Kolcaba, Tilton & Drounin 2006, 539). The contexts are **physical, psychospiritual, sociocultural, and environmental**. These four contexts of human experience have been developed by Kolcaba which reflect the holistic nature of person in a sense of comfort. The four contexts then were juxtaposed with the three types of comfort, creating a matrix structure which thereafter, to consider the complexities of comfort as an outcome. Generally speaking, aspects of comfort have been arranged in a two-dimensional grid (Kolcaba 1992, 5; Kolcaba & Fisher 1996, 70; Alligood 2014, 659) to focus on what comfort has come to mean in the context of living arrangements. All in all, based on the two-dimensional grid of comfort, this study will explore how the elderly create or feel comfort in the state of living arrangements, which in this thesis are, **independent living arrangement, institutional living arrangement and intergenerational living arrangement**.

		Type of Comfort		
		Relief	Ease	Transcendence
Context in Which Comfort Occurs	Physical			
	Psychospiritual			
	Environmental			
	Social			

Figure 1. Taxonomic structure of comfort.

(Reproduced from Kolcaba & Fisher 1996, 67)

Dimension 1

The first dimension of comfort consists of three states, which are relief, ease and transcendence. The first one is Relief, which is defined as the experience of having a specific need met when discomfort arises. The experience of having a specific need met when discomfort arises. Secondly, Ease is defined as the state of calm or contentment. It means when an individual has no feeling about specific discomfort anymore. The last type is Transcendence, which is defined as the state in which an individual's ability to "rise above" discomforts, problems or pain when they cannot be avoided and try to get over. For instance, when discomforts such as environmental chaos or pain cannot be avoided or prevented, individuals and their families can be assisted to experience partial or complete transcendence through comfort interventions that convey hope, success, caring, and support for their fear (Kolcaba & DiMarco 2005.)

These three types of comfort provide the principal philosophy for promoting the human comfort. In nursing context, comfort is a desirable result for nursing intervention. Feeling comfort means feeling satisfied with that condition.

Dimension 2

The second dimension of comfort is the contexts in which comfort occurs.

The first context is physical, pertaining to bodily sensations and physiological mechanisms. Comfort measures are geared to addressing disease processes and regaining homeostasis (the balance of bodily functions). These cover pain relief, regular bowel function, fluid/electrolyte balance, adequate oxygen saturation as well as turning and positioning. Meanwhile, abnormalities in physiological mechanisms should be treated (relief) or warded off (ease) in order to maintain physical comfort (Kolcaba 1991, 237-240.)

The second context is psycho-spiritual, referring to internal awareness and feeling a person, including maintain or improve self-esteem, concept of sexuality or meaning in an individual's life and relationship, enhance independence, increase relaxation (Kolcaba 1991, 237-240). Fisher (2011, 17-22) claims that the psycho-spiritual ease relates to emotional well-being, meaning and purpose in life, self-concept, source of inspiration in an individual's life. Psycho-spiritual comfort integrates the mental, emotional and spiritual components of a human beings.

The third context is socio-cultural comfort pertains to interpersonal, family and social relationships including finances, education and support. It also includes the culture of an individual, family histories, language, traditions and customs. Specifically, it is understood as caring attitude, continuity of care, information and education, enhancing family and friend support, and cultural customs (Kolcaba 1991, 237-240.)

The fourth context in which comfort is experienced is environmental, which already mentioned before. It pertains to the external surroundings, conditions and influences. For example, pertaining to temperature, noise, light, ambience, color, views, odor, furniture, access to nature, landscape and other factors in the background of an individual's experience, like music, quietness, routine for sleep (Kolcaba 1991, 237-240.) Oseland (1995, 110) asserts that people's perspectives of comfort are influenced by the type of environment they reside.

3.2 Conceptual framework of comfort theory

According Peterson & Bredow (2009, 197), in Kolcaba's theory, those receiving comfort measures might be referred to as recipients, which are patients, students, older adults, prisoners, workers, communities and institutions. The theory has following propositional statements which explain major concepts and definitions.

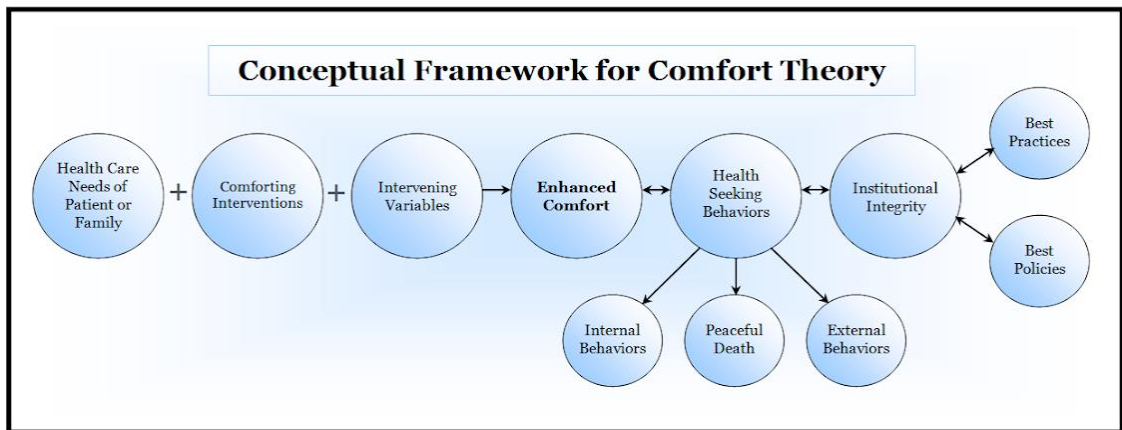


Figure 2. Conceptual framework for the Theory of Comfort.

(Reproduced from Kolcaba 2010. Retrieved from www.thecomfortline.com)

1. Health care needs are comfort needs arising from stressful health care situations that cannot be met by the recipients' traditional support system. The needs may be physical, psychospiritual, sociocultural, or environmental. They become apparent through monitoring, verbal or nonverbal reports, pathophysiological parameters, education and support, financial counseling and intervention (Kolcaba 2003, 187.)
2. Comfort interventions are nursing actions and referrals designed to address specific comfort needs of recipients, including physiological, social, cultural, financial, psychological, spiritual, environmental and physical interventions (Kolcaba 2001, 87.)
3. Intervening variables are interacting forces that influence the recipients' perceptions of total comfort. They consist of past experiences, age, attitude, emotional state, support system, prognosis, finances, education, cultural background, and the totality of elements in the clients' experience (Kolcaba 1994, 1180.)

4. Comfort is the state experienced by recipients of comfort interventions. It is the immediate, holistic experience of being strengthened when one's needs are addressed for three types of comfort (relief, ease and transcendence) in four contexts (physical, psychospiritual, sociocultural and environment) (Kolcaba 1994, 1181.)
5. Health-seeking behaviors compose a broad category of outcomes related to the pursuit of health as defined by the recipients in consultation with the nurse to cultivate more comfort. The category was synthesized by Schlotfeldt (1975, 3-25) and includes internal and external behaviors, or a peaceful death.
6. Institutional integrity is the possession of corporations, communities, schools, hospitals, regions, states and countries that maintain the qualities of being complete, upright, ethical and sincere. When an institution displays this type of integrity, it produces evidence for the best practices and best policies (Kolcaba 2001, 89.)

3.3 Relationship between comfort, human health and living arrangement

Comfort is strongly associated with human health, in terms of a total sense of physical, mental and social well-beings (World Health Organization 2015, 174). Florence Nightingale was the first nurse that has described the considerable influence of comfort on the well-being, recreation, and health status of patients (Nightingale 1860, 39-58). The accomplishment of certain standards of comfort is considered as a crucial ingredient for the support of human health.

In accordance to the relationship between comfort and living condition, comfort can unfortunately be a fatigue concept when it comes to human beings (Egger-Rainer, Trink, Höfler & Dieplinger 2017, 209). For instance, the room that makes one person feel comfortable and cool can make another would like to put sweater on. Moreover, some people simply get more motivated in doing things with the help of easy-listening music, while others need contemplative silence to be more concentrated. The reasons to feel comfort might different from each other; yet, Heyman and Gutheil (2010, 21) confirms that demography or living arrangement is one of the variables for examining the human

comfort. Hence, Kolcaba's theory of comfort can enormously support to study the elderly's comfort regarding to their living arrangement based on the structure of comfort.

4 PURPOSE AND PROBLEMS OF THE STUDY

The purpose of this thesis is to investigate the elders' opinion about independent living arrangement, institutional living arrangement and intergenerational living arrangement. The aim is to provide the updated knowledge for geriatric-specialized nurses and family members about the elders' opinion about living arrangements. As a consequent, nurses and family members together have the proper care to fulfill the wishes of elderly people.

Three gaps are identified for this study. Firstly, although the previous researchers have examined various aspects relating to each type of living arrangement, their studies still have some limitations suggested for future research. Most of the studies only discuss the external criteria regarding to the type of living arrangement but not really the opinions of the elderly.

Secondly, previous studies primarily employ quantitative methods which results in only statistics or facts. According to BBC (2011), it indicates that a fact is something that can be checked with evidence; while an opinion is based on a person's belief or view, it is not based on evidence that can be checked. Therefore, those research's results are moderately accurate and lack in-depth understanding about the elderly's opinions.

Thirdly, how comfort can be influenced by the living arrangement with the connection to human health status has not yet been precisely investigated. Or, just physical and environmental contexts have been critically studied, but not yet psychological and socio-cultural contexts.

Hence, based on existing findings and the theory of comfort, to fill the gaps and explore the currently-raised issue, the main research question would be:

What kinds of living arrangement in accordance to **independent, institutional and intergenerational type** that the Finnish elderly would like to live based on Comfort Theory's 4 types of context?

Following includes four supplementary questions that support to answer the main question:

1. **What kinds of Physical Context** the elderly have in accordance to independent, institutional and intergenerational type of living arrangement?
2. **What kinds of Psychological Context** the elderly have in accordance to independent, institutional and intergenerational type of living arrangement?
3. **What kinds of Environmental Context** the elderly have in accordance to independent, institutional and intergenerational type of living arrangement?
4. **What kinds of Socio-cultural Context** the elderly have in accordance to independent, institutional and intergenerational type of living arrangement?

5 IMPLEMENTATION OF THE STUDY

5.1 Methodology

As the main purpose of this thesis is to investigate the elders' opinion about independent living arrangement, institutional living arrangement and intergenerational living arrangement, semi-structured qualitative method is the most appropriate and essential way to bridge the literature gaps in the previous studies relating to the topic. Comfort Theory is served as the theoretical framework. Furthermore, this method suits nursing studies which focus on patients or health professional's perspective or experiences. Therefore, five native Finnish elderly people as the thesis's participants were investigated during the in-depth interview sessions. In accordance to the language barrier since the thesis's authors are not native Finnish speakers; hence, to convey precisely and accurately participants' answers as well as opinion, there was native Finnish translator joining the interview.

Qualitative interviews created a comprehensive picture of the topic since they provided in-depth conception about people's attitudes and behaviors (Baxter & Babbie 2003, 324). Broomfield (2014, 673) asserts that semi-structured qualitative research method is referred to use non-statistical methods of analysis to analyze subjective human experience or opinion. It typically involves interviews and observations that have some clear structure but are not completely structured. Thereafter, this method succeeds in examining the complicated experience of human beings. A semi-structured interview is open, allowing new thoughts to be brought up during the interview (Broomfield 2014, 673-675.)

Unlike survey research, qualitative interviews were more flexible and interactive than intensively structured (Rubin & Rubin 1995, 754). However, due to having flexible structure, qualitative interviews required time-consuming data analysis and difficulties in generalizing findings (Sociology 2012).

5.2 Data collection

Convenience sampling was used to select respondents. It is a process of selecting subjects or units for examination and analysis that is based on accessibility, ease, speed, and low cost. However, the respondents they must meet this key requirement, which is native Finnish elders who are more than 65 years old living in Finland. Additionally, there are other elements need to be considered because it strongly affects the result, such as gender, marital status, educational status, household income and health status.

This kind of sampling could encounter risks of bias selection and flexible results causing difficulties in generalizing and analyzing data results (Keyton 2011, 864). However, convenience sampling was suitable for this study since it required low expense and simple process of collecting participants (Baxter & Babbie 2003, 566). Additionally, 5 participants could be a limited sample size and lead to bias, yet it was feasible due to time constraints and the descriptive nature of this study.

Before embarking on the data collection process, pre-test interviews were conducted with in-charged supervisor teachers to discover unexpected mistakes to improve the following actual interviews.

Five Finnish elders in Lapland region and six nursing homes in Kemi were approached. However, only 3 nursing homes answered and only residents in 1 palvelukoti (or nursing service home) can participate in the interview, since the other two replied that their residents have long-term dementia which affects the communication capability to answer questions. Also, only 3 out of 5 approached Finnish elders in which one female (living independently), one female (living with grandson), one male (living independently with homecare service) and two from the nursing service home, including one female and one male, agreed to be part of the research and were present in interview sessions.

After finalizing the official interview questions (Appendix 11.1), phone calls were made with participants and the nursing service home's head of nurse to ask about this thesis's interview cooperation and thereafter, to compromise about date and time for the interview sessions. Comfort Theory served as a framework of guidelines for the interview's questions. The official interviews took place at the participants' own environment for the

openly utmost, truthful and sincere answers. The interview lasted between 1 hour to 1,5 hours. They were audio-recorded and paper-based-documented for later transcription.

5.3 Data analysis

There are no hypotheses in this method, after semi-structured interviews are conducted and recorded, the data were analyzed by utilizing the coding process, acknowledged by Baxter & Babbie (2003, 424). Coding is the process of organizing and sorting your data. The raw data collected from the respondents will be then categorized, sub-categorized and themed by figuring out the connection (Elo & Kyngäs 2008, 107-112; Bengtsson 2016, 11). The important thing when conducting an in-depth interview is that besides the verbal answers from respondents, the researchers must make sure to carefully observe and take note all their facial expression, body language, tone of voice, reflection, etc. since those signs are also the vital key influencing the future results.

A qualitative content analysis following Mayring's technique of structuring-deductive category assignment was conducted in this study. This kind of qualitative content analysis was applicable since it aims to extract the authentic data that emphasizes the theoretically-based categories (Mayring 2000, 1-10). The technique includes seven steps: (1) Firstly, the authentic data must be read thoroughly by the researchers with interest. Through this way, the researchers develop a profound understanding of the research questions based on a clear theoretical background. (2) Main categories and sub-categories which developed from the raw data, are determined based on literature review and theory where appropriate; also, in accordance to the study's research question, purpose and aim. (3) If the categories are relevant, coding guidelines are established. These guidelines consist of definitions, anchor examples and coding rules for all categories. It is important to determine categories and sub-categories precisely to be able to categorize the authentic data rationally. (4) In this step, the data is coded according to the pre-determined guidelines. This is the time in which the "include" and "exclude" decisions happen. When the researchers are deeply involved to the data, then he must recognize what kind of information are important and unimportant to be kept for next stage. (5) The system of categorization and coding guidelines must be checked carefully based on the raw data to verify if there are detailed clarification needed or possible major changes necessary. (6) If yes, the main categories or sub-categories must be re-considered and re-determined. (7)

Finally, the categories are retrieved from the authentic data. Based on this data-retrieval, content analysis is conducted with an interpretation of the findings according to the research questions.

The credibility of the findings depends on how raw data is conducted and approached by the researchers, how data is analyzed properly and, on the nature of the research questions (Vishnevsky & Beanland 2004, 238; Broomfield 2014, 546). In this study, four main categories were established from Comfort Theory to develop a system for organizing the authentic data. These four categories were physical comfort, psychospiritual comfort, sociocultural comfort and environmental comfort. Sub-categories were obtained from the authentic material. For this purpose, guidelines were generated containing definitions of categories anchor examples taken from the interviews. An example of the coding guidelines is shown in Appendix 11.2.

6 RESULTS

The results from the analysis of the elderly's opinions about three types of living arrangement were categorized into four contexts of Comfort Theory, which are Physical, Psychospiritual, Environmental and Socio-cultural context.

6.1 Physical context

The first context is physical, pertaining to bodily sensations and physiological mechanisms. Comfort measures are geared to addressing disease processes and regaining homoeostasis (the balance of bodily functions). These cover pain relief, regular bowel function, fluid/electrolyte balance, adequate oxygen saturation as well as turning and positioning.

Health status

Reaching the later stage of life, human bodies naturally get deteriorated the normal functions. The elderly easily gets diseases, having such kind of these problems, the elderly may experience physical discomfort and difficulties in daily activities. To cope with them, the elderly need support which is classified into self-management, homecare services, institutional support and support from their loved ones.

Health status directly impacts on decision made on living placements and healthcare services.

“Because of my physical deficiency - Parkinson's disease, so I couldn't live in my own house without the homecare service and the other services as well.” [Male, living independently with homecare service]

“So far, I just had problems with lifting the heavy stuff...” [Female, living independently]

“For some elderly, it's better for them to live in such kind of living arrangement because they have dementia, as they get monitored by the professional care provider without losing any opportunity to live their ideal life.” [Female, living in service home]

“...I am diagnosed with asthma, I have some problems with my ankle, thyroid gland and diabetes. The measurements seem much better and I don't need medication anymore. Medicine prescribed for hyperthyroidism is going well.” [Female, living with grandson]

Mobility

Though living in different types of living arrangements, the elderly who were interviewed explained that they felt free when moving in or out of their living place. The factor that prevented them from free mobility is their health status, since they could no longer perform their independence of doing daily activities and worse health status led to physical impairment and mobile limitation.

“The greatest advantage of living alone is freedom.” Sharing her ability of self-management and mobility [Female, living independently], “I can read book, take care of my cat or drive around as I have car license and I am still able to drive.”, she also said.

“I don’t feel isolated in this service home since I’m allowed to go out freely and do anything I want, I usually go visit my sister and my niece. There aren’t strict rules here.” [Male, living in service home]

“...here I have freedom to go in and out, to the place I like and go visit my relatives on my own. I think here I get the good services and freedom at the same time.” [Female, living with grandson]

Food

Favorite food of each person is various. With the same dishes, some would feel it tasted good, some would not. The elderly talked about their different points of view on the food offered in different types of living arrangements. They also addressed how they got their food. Some of the elderly adults could not cook for themselves despite living independently, so they needed services.

“I pay for homecare service, food service, etc.” [Male, living independently with homecare service]

For some elderly people, the food offered by the service home is tasty and contains enough nutrition. One of them even recommended how to improve the food in institutional living arrangement,

“...the food should be more various and have several options.” [Female, living in service home]

“...all kind of food is good for me. The meals they provide I think it is nutritional and tasty. I enjoy it, it’s better than the food I cook.” [Male, living in service home]

The participant also listed their routines when they chose intergenerational living arrangement. They live freely and manage their daily life independently. They even support their beloved ones.

“Cycling to food store, doing house work, taking care of pets, knitting and swimming are other options for exercise.” [Female, living with grandson]. She even cooks for her grandson and does not consider her own favorite food, “...normally I cook what he likes.”

Health care

In different types of living arrangement, the elderly’s health and ability of self-management perform in different ways. Depending on their living arrangements, their opinions towards health care in each type of living arrangement are various.

“I can still do a lot by myself.” [Female, living independently]

“...the elderly decided to go to institutional places as they would receive more proper and professional care.” [Male, living in service home], “I don’t think living independently is a good idea for at least, the elderly like us. When you are sick, there is no one around to take care of you, no one cooks food, take care of house.”, he also showed his disagreement of living independently when getting older.

“Institutional living is ok but here I have freedom to go in and out, to the place I like and go visit my relatives on my own. I think here I get the good services and freedom at the same time.” [Female, living with grandson]

6.2 Psychospiritual context

The context refers to internal awareness and feeling of a person, including maintaining or improving self-esteem, concept of sexuality or meaning in an individual’s life and relationships, enhancing independence, increasing relaxation (Kolcaba 1991, 237-240). Nursing Outcomes Classification (2009) claimed that the psycho-spiritual ease related to emotional well-being, meaning and purpose in life, self-concept, source of inspiration in an individual’s life. Psycho-spiritual comfort integrates the mental, emotional and spiritual components of a human beings.

Emotion

The elderly tends to be emotional and sensitive. At the old age, people lose their relationships and interactions with the society, which may lead to the feelings of isolation, loneliness and depression. Some of them even felt unsecured when thinking of living independently.

“I don’t feel lonely or depressed that often, maybe sometimes but that feelings go away soon. That’s normal to feel lonely sometimes...” [Female, living independently]

“I don’t feel depressed, but lonely. I have no friends, children just sometimes visit to help with heavy jobs...” [Male, living independently with homecare service]

“I do feel secured when I need something or when I have something I cannot manage, I can ask him for help. Sometimes when thinking of emergency, I feel secured because I may not feel lonely in that acute moment.” [Female, living with grandson]. On the other hand, she confirmed “...leaving alone is much lonelier than living together with my grandson.”

However, another half of the elderly expressed their optimism and good attitude towards life. They were well-prepared themselves for the unhappy or lonely moments and they all had solutions to overcome those hard moments.

“A lot of things that make me happy...Also, I am happy when I have something to do and be able to do it myself...” [Female, living independently]

“When I’m sad, I just cry, cry to release all the sadness, the stress, the loneliness away and continue the life...” [Male, living independently with homecare service]

“Loneliness is not the word that describes me. I don’t feel lonely so often. Why I must feel lonely when I can do things freely myself, go visit people I love?” [Male, living in service home]

“I would say when spending time with close relatives, riding horse and concerning about the pets or cultural hobbies with my friends, I feel really satisfied and happy.” [Female, living with grandson]

Meaning of life and wishes

In addition to the emotional and psycho aspects, the Theory of Comfort covers individual's point of view about meaning, wishes and goals of life. Meaning of life and wishes of an elder reflect their thinking, emotion and living attitude. The elder participants have imagined of beautiful visions and ideal life and described how it should be.

“Everything is good, though my social life is quite boring as my friends live far away from me.” [Female, living with grandson]

“There is no reason to live in the place that makes you unhappy and uncomfortable even though how luxury and beautiful it is. It's like a killing drug that gradually affects your mental health. I would move out right away without thinking.” [Male, living in service home]

“My dream home should be small and simple but include a really good kitchen, locating in the city and close to swimming hall.” [Female, living in service home]

6.3 Environmental context

This context pertains to the external surroundings, conditions and influences. For example, pertaining to temperature, noise, light, ambience, color, views, odor, furniture, access to nature, landscape and other factors in the background of an individual's experience, like music, quietness, routine for sleep (Kolcaba 1991, 237-240.) Oseland (1995, 110) asserts that people's perspectives of comfort are influenced by the type of environment they reside.

According to the elderly, they would get more satisfied if their living environment that meets their urgent requirements. What might attract and support their life is convenience and safety; the facilities also play an important role in the elder resident's comfort and satisfaction. Generally, the things that made them feel satisfied and comfortable have mostly achieved, but to make it perfect, several aspects needed concerning.

“... the homecare service won't be at your place 24/24, they visit some time of the day, or almost the day, to check your condition...” [Male, living independently with homecare services]. He also listed facilities, tools and services which had been offered to him:

“They also provide me rollator, electric bed, safety phone on wrist so that I can make emergent phone call right away if I’m at risk since I have Parkinson’s disease. I also have cleaning service that visits one time per week, they take care of cleaning the house, such as help with dishes, washing clothes, vacuum, also go shopping, etc.”

“...there can be a problem that in the time of need, I may not be assisted because there’s no one living together or right next to my home to help me immediately.” [Female, living independently]

The elderly showed their ideal place of living including weather, life style and living condition. This reflects their wishes and their attitude towards many aspects of life.

“I wish I could live with my relatives or beloved ones in a country of which temperature is warm, I can be under the sunlight and served with good food every day.” [Female, living independently]

“Home is the best, a talking buddy would be nice...” [Male, living independently with homecare service]

“My dream home should be small and simple but include a really good kitchen, locating in the city and close to swimming hall.” [Female, living in service home]

“It would be perfect if I have my own house in K* city, which is close to my friends and family members; it’s also great to live with children and grandchildren.” [Female, living with grandson]

6.4 Socio-cultural context

The socio-cultural context of comfort describes the interpersonal, family and social relationships including finances and support. In this research, it is clearly to recognize that the socio-cultural context has the enormous impact on the elderly’s viewpoint and decisions to choose their own living arrangement.

Family and beloveds

The senior citizens express the positive feeling about the concept of older people and their children or relatives live together. They believe it is less lonely, more cheerful, more secured and supported when living under same house with beloveds.

“I think it’s a good idea that the elderly have their children to live with...” [Female, living with grandson], “I confirm that leaving alone is much lonelier than living together with my grandson.”, she confirmed.

“I would love to live with children, because I feel safe and happy when having someone around...” [Female, living independently], “...I really appreciate the way of living together with family in the past because the loved ones lived together and assisted each other, when you did something you have someone to help, not this lonely in the modern life.”, she emotionally recalled.

“In my opinion, it is good that children need to take care of parents. Usually when you are getting older, there isn’t much closed people around you, only your own children. So, children should spend time with their parents and help them if they have time.” [Male, living in service home]

They understand that their self-controlled limitation might destroy the pleasant relationship between them and their beloveds, so that it is just enough for them to live close to each other, but not in same house.

“...I don’t want to be a burden for my children because of my health condition. At some point, I’d like to live near my children, so that I can ask for help if I really need. Also, we can meet each other often.” [Male, living independently with homecare service], he smiled and continued: “Having my 2 sons closed to me is the best thing when living in this place, at least I have some of my beloveds to come visit me.”

“...living with beloved isn’t a god idea...I don’t get married, my most beloved people are my sister and her children, but they have their own family. I don’t want to be the “third wheel” in the family.” [Male, living in service home]

The elderly decided to relocate their living place, sometimes they do not even think for themselves, they sacrifice themselves for the need of their beloveds. The only reason is just to be closer to their families. That is already more than enough.

“I wish I could have my own house in K* city, which is close to friends and family, I also would like to live with my children and grandchildren. It’s hard decision, but I chose to move, living near to my children’s family...” [Female, living with grandson], “When living with my beloved one...normally I cook what he likes, which I don’t really like.”, she shared.

Healthcare providers

Reasonable cost, caring attitude and continuity of care in the nursing service home make them experienced and feel the care of healthcare providers. The elders also appreciate the communication with staff.

“In this place, the nurses always listen to my concerns and support me to handle with my difficulties. They give me advice, show me ways to solve it. I feel safe and like to live here.” [Male, living in service home]

Despite the positive side just mentioned above, some shared that they are not really confident and satisfied with the care of care givers because of time constraints, lack of information and trust issues.

“In my imagination, the elderly are left alone to survive even though they have homecare service; because the care providers won’t be with them 24/24, they just come to finish their jobs and then leave.” [Female 67, living with grandson]

“It makes me annoyed when there is stranger going freely and doing stuff in your house every day. I don’t really trust people whom I don’t know well. Also, I think that the homecare service just comes and puts the medicine ready for me, nothing else.” [Male 65, living in service home]

“...they talk to me, but it’s like daily normal conversation. It seems that they don’t have much time to spend for even a little conversation... I don’t feel like I can easily share things with them and vice versa, which means somehow I think they don’t give much mental support for me.” [Male, living independently with homecare service]

“I haven’t really experienced or seen this kind of service in person, but according to what I have read and heard from media and other people, it makes me scared a bit.” [Female, living independently]

Social activities

Most senior participants want to stay in their own homes and communities, there they have friendships, neighbors and supporting networks. Still, in different types of living arrangements, the elderly graciously found themselves more socialized through the social relationships.

“There are dancing, swimming and other courses for the elderly to take part in, they may help entertain the elderly and help them overcome the loneliness...” [Female, living independently] “I have morning social interaction with neighbors who also have dog, we have chat, share things.”, she added.

“I would say when spending time with close relatives, riding horse and concerning about the pets or culture hobbies with my friends, I feel really satisfied and happy.” [Female, living with grandson]

“Nurses arrange small activities like ball throwing, art making, etc.” [Female, living in service home]

“I usually go visit my sister and my niece...go visiting my relatives and doing things together with them make me happy. Life is so meaningful when you have someone you love around.” [Male, living in service home]

“I have a social-interacting club on every Tuesday from 8 to 14 in the nursing home. In this club, the elderly gather together and do activities which arranged by the nurses... Good time spent here with other senior citizens.” [Male, living independently with homecare service]

However, if living in the environment where others do not have the same level of physical and mental health, do not share the same hobbies and leisures. They might feel bored, even annoyed and gradually isolated out of the community.

“...because those activities usually arranged for disabled people can be able to join too, so I feel bored.” [Male, living in service home]

“I don’t get interaction with them that much because most of them are not in a good condition of health, so there’s nothing to do with them.” [Female, living in service home]

“I don’t think I can adapt the lifestyle of my children’s family as there is a huge difference between 3 generations, and each of us has different way of arranging our life.” [Female, living with grandson]

Friends

The elder participants sadly realize that at their age, there are not much friends left. They try to get used to that fact but obviously, it is not easy.

“At the later stage of life, our friends passed away and you don’t have a lot of friends like you used to have, so you don’t have your mates to take part in the activities with you, which is quite bored.” [Female, living independently]

“I don't really have that many friends.” [Male, living in service home]

“My only son is the closest and important to me.” [Female, living in service home]

“I don’t feel depressed, but lonely. I have no friends ... but good friend is pet cat...” [Male, living independently with homecare service]

7 CONCLUSION

7.1 Physical context

The results of this paper reflect various aspects which have resemblance to research mentioned earlier. The research conducted by (Eloranta 2009, 13), even though longevity of the Finnish society is increasing, the aged are suffering from many types of diseases. In parallel with it, the results show that they all have chronic diseases such as Parkinson, diabetes and thyroid disease. It has a great impact on the elderly's decision-making on living arrangement, since they must consider how much they would be supported and helped from the place they are going to live in.

According to (McCormack 1997, 856-858), nutritional care is important in nursing home or service home. Her research showed the positive sides of nutritional care in institutional living arrangement, which is in parallel with the results of this paper. The mealtime is well evaluated that the food was nutritious and tasty. That is one of the reason why Finland witness a growth in business activities of home health care recently (Dietz & Haurin 2003, 409), since the elderly feel comfortable in their mealtime and satisfied with nutritional care of these places.

However, nutritional care in the institutional living arrangement has not met satisfaction and requirement from part of the aged residents living in the institutional placements. Although the menu is nutritious, it is recommended to include more options so that the elderly will not be fed up with the dishes. Being fed up with types of food can lead to skipping mealtime and malnutrition, which seriously affects on physical comfort of the elderly.

Besides, there exists differences in mobility between earlier research and the findings of this research. While the study conducted by Nummijoki & Engeström (2009, 49) said that the elderly in institutional living arrangement could be lack of mobility and lead to negative feelings, the findings of this research paper, on the other hand, are opposite. The elderly adults could go in or out of the nursing/service home at will and they even sometimes visit their relatives and beloveds if they still manage to go there themselves. The reason behind these differences may be due to the lack of data in the previous research

paper, since we observed that not all the elderly living in the institutional living arrangement experience shortage of mobility. The elderly who have better health status, can ride/drive or have no problem with cognitive ability are not struggling with mobility. On the other hand, the elderly who are lack of mobility may experience bad health issue and unable to behave and act normally.

This paper, then, points out that beside some elderly adults who want to live independently, some are against the idea of living independently when getting old. Part of the elderly think that it is better for the elderly, especially those cannot well manage their daily routines, should live in the institutional placements to get the proper care from professional care providers. These elderly people may have a wider vision that they know living in the institutional placements, they get the professional care and freedom at the same time. Meanwhile, those who do not mention about advantages of institutional living arrangement may have stereotype on institutional placements. They think that these placements include strict rules and do not allow them to do the things they want.

7.2 Psychospiritual context

The results of this paper show similar features with the previous research conducted by Mustakallio (2015, 7). The author states that no matter which kind of living arrangement the elder chose to live in, they experienced some negative feelings. They did sometimes feel lonely and depressed. Even having beloveds live together does not help enhancing their emotion sometimes. Negative feelings come up suddenly and naturally, the elderly themselves also agree with that and try to get over these negative moments. Although experiencing negative feelings is normal, not all individuals can get over it. Aside from people who are original optimist, most of the elderly showed that they have their own solution to deal with such negative moments and minimize their negative feelings. Their solutions may include spending time with their acquaintances, enjoying their hobbies and consoling themselves in many ways. It is no doubt that the elderly is sensitive and emotional, but at the old age, people still have their pleasance and the experiences they have got from their youth and middle-age life time help them know what and how to do to overcome when they feel pessimistic.

Also, this paper's results address the elderly adults' points of view towards meaning of life, wishes and their goals in life, which reflects their thoughts, feelings and desire. Overall, despite of whatever living circumstances, they described their life as a good picture, despite shortage of social life sometimes. Their vision on a warm, beautiful and relaxing place reflects that they still desire to live to the fullest, full of hope and never stop step forward to a better future. This explains that their spirit on continuous life are optimistic and they have enjoyment in life. It is considered as a striking discovery in the research.

The paper conducted by Mielonen (2016) introduced a pilot program in which both senior and young generation spending time in interacting with each other. The positive results had been observed from both generations. However, the result of this study revealed that the Finnish elderly who live together with the beloved ones felt secured only. While living together with their beloveds, elderly people and their beloveds have their own business and things to concern. Their beloveds do not share much time with them except the mutual time like mealtime. As a result, they do not feel their social life has been changed that much, or in another word, they do not feel their social life has been enhanced. When living together with the elderly, family members or relatives may need to pay more attention to the elderly to assist them in time of need.

7.3 Environmental context

As reported by (Ministry of Social Affairs and Health in Finland (2013, 20), the elderly can be assisted with 24-hour homecare services. These services include multiple-task that meets the demand of their life. Nevertheless, the elderly commented that the homecare services they receive do not perform 24 hours a day. They present several times a day only. This issue can be explained that the help is available 24 hours a day and they will come for extra rounds if the elderly patients really need and demand for it. The shortage of health providers can be the main cause for this, as one staff must take care of several elderly people a day.

However, as reported in Ministry of Social Affairs and Health in Finland (2013, 20), the elderly are provided with the health care and clean services along with needed equipment. At this point, the findings of this paper reflect similarly as the elderly are assisted with

some equipment that support them in their daily life. Therefore, it can be seen that the Finnish government has a proper basic care for their elder citizens, but to immediate respond to their urgent need, more intervention and effort should be carried out.

This research's results have brought two thought-provoking explorations under this context. The first appealing exploration is that, some older men continue to live in the homes they occupied in their younger years. They prefer to stay in their own homes as they grow old. It may not be the safest choice, for many people do not have access to basic services. That is why they need many services like homecare service, cleaning service, food-delivered service, etc. to help them with the basic daily activities. The availability of such extensive services and government programs makes it possible for many physical-impaired elderly people, even for those without family living nearby, can remain in their homes.

Secondly, some of the elderly prefer to move long distances to enjoy better weather or be nearer to family, or even reasonably priced retirement housing. Variety of dishes options is an important point for any of institutional place, as it is a reason influencing both physical and mental status. Besides ideal housing, they would love to live near their family members, relatives and friends to have a small of circle community. It means that the senior citizens dream of a place in which facilities are in good condition, fresh and in the middle of nature. Additionally, it is the place where they can live freely with all their acquaintances live nearby. It reflects their hope that they can live their own life but in the time of need, they still have someone familiar assisting them and visiting them frequently. It also clarifies the fact that their life is lack of some desiring aspects such as warm weather, social relation and family members as they wish include these things.

7.4 Socio-cultural context

This study has provided many findings regarding the socio-cultural context which bear correspondence with previous research. Firstly, the prior study highlights the positive meaning of life, relating to human relationship and well-being for the elder residents in nursing homes noted by Westin & Daniels (2007). The research also discussed that nursing homes help to erase the loneliness because there are always staff's support available 24/24. This study's findings share similar characteristic since the elderly feel

grateful when they find encouraging support and caring attitude from institution's staff, which somehow eliminating the lonely feeling. At the time people gets older, which is synonymous with closed beloveds or friends have gone. Sometimes, there are things that you cannot share with relatives, so the option of sharing with someone who do not really know your past might be the best for considerable advice.

Secondly, with reference to homecare service, previous studies conducted by Turjamaa et al. (2014, 3206-3208) stipulates that although the elderly receive a qualified health services, their individual emotions are ignored due to limitation of caring time and passive attitude of care providers. This aspect shares similarity with the elder people's opinion in the results.

Thirdly, echoing the findings by Martikainen et al. (2016, 14) and Savikko (2008, 11), because of the Western term of "urbanization" more about to the independence, children get married or move away in pursuit of education and employment, which declines parental control over children. Healthy elders might also move away from their children to a retirement destination, living alone has become more common amongst the older population. This study found out that the elderly, at one point, they think intergenerational living arrangement is fine, however, at another point, they are afraid to be the burden for their children which can ruin the comfort atmosphere.

Aside from the findings' similarities with previous investigations, this study proposes one new discovery having yet being mentioned in the former literature reviews. In later life, when aging parents become ill or weaker, they tend to move long distances to be nearer to family. Therefore, families reconstitute themselves in later life, not necessarily in intergenerational households but through close and frequent visits. Also, the elder participants reside or relocate in the same city where their beloveds live because they wanted to be closer to family members. They are willing to take care and spend time with the grandchildren when the children are busy with profession. The children, vice versa, they also have chance to support their aging parents in both mental and physical help. Most surprisingly, the female seniors showed the joyful express of living in intergenerational households with their beloveds, such as their children and grandchildren; while the male seniors would love to live nearby and have frequent visits only. In general, women are more likely than men to live with other relatives.

However, there are the different aspects compared to the previous studies. Since Savikko (2008, 14) states that for some older people, their social circles and interaction with health services are limited. Surprisingly, the senior Finnish citizens do not think the same way. Different elderly in different types of living arrangements have different means of having socio-cultural comfort, particularly, social relationships. Also, older people enjoy living in a retirement community, not only because it allows them to maintain an active lifestyle but also because it provides care when they have health problems.

Additionally, the pilot program conducted by Mielonen (2016) revealed that the seniors and young people share a lot more in common when they spend time with each other. The elderly residents in the program have more social contacts. Nonetheless, this study's results show that it is difficult and challenging for the seniors to get along and adapt with the third generation since the distance about hobbies, leisures, even technology is so huge.

8 DISCUSSION

8.1 Evaluation and learning experiences

The research question “What kinds of living arrangement in accordance to **independent, institutional and intergenerational type** that the Finnish senior would like to live based on Comfort Theory’s 4 types of context?” has been answered. More importantly, this study has contributed to narrowing this research gaps.

This study revealed that the Finnish elder people overall would like to live independently when they are still able to take care of themselves on their own. The health status including both mental and physical must be in good condition for independent living arrangement. Then, in later life, when the elders become ill or weaker, they tend to move to be nearer to family, not necessarily in intergenerational households but through close and frequent visits. In addition, some share negative point of view towards the homecare service. Thus, in case the health status does not allow to live independently anymore, they might want to live in institutional living arrangement. Yet, some are reluctant and feel unsure about institutions’ service. Surprisingly, gender is an important element when referring to the idea of intergenerational living arrangement. It reveals that the female seniors show the wish to live in intergenerational households together with children and grandchildren; while the male seniors would like to live close to their beloveds and have frequent visits.

In regard to homecare service, the organization should profoundly and precisely consider about the way in which the older people think negatively towards the service. For example, the homecare service’s staff are strangers who usually just leave the clients alone to survive and ignore the client’s emotions. In relation to nursing homes, staff should review the activities for each group, based on their physical and mental capability. Most importantly, the government should reconsider about the way to support the elderly.

Although the elders take institutional living arrangement in to their consideration and looked forward to changes, intergenerational living was also appreciated. However, they did not clearly feel their social life had been changed though they had earned some benefits from it. The interaction between them and their beloved ones did not impact on

each other as the distance between generations is enormous. The elderly also recommended that it would be more satisfying if their family sometimes complied their hobbies and wishes like food and activity. In any manner, the elderly felt more secured and amused when having their beloved ones by their side.

All in all, the comfort care is not simply just physical or mental care. In this case, the nurses, other healthcare professionals and services, especially specializing in geriatrics, even the elderly' family members, should perceive the elderly's opinions about living arrangements. Thus, together give the proper caring effort to fulfill the comfort as well as wishes of elderly people.

8.2 Usability of thesis

This thesis will be sent to city of Kemi, nursing homes and homecare service companies in Kemi and Simo for future practical usage. It provides useful and updated knowledge for geriatric-specialized nurses, healthcare service and family members about the elders' opinion in relation to living arrangements.

8.3 Ethical issues and reliability

The human ethical issues surrounding the conduct of health science research have been the subject of increasing debate amongst social science researchers in recent years (Hoeyer, Dahlager & Lynöe 2005, 1742; Molyneux & Geissler 2008, 685). Chenhall, Senior & Belton (2011, 13-17) indicate that ethical procedures in health-science quantitative research are typically concerned with anonymity and confidentiality. They state all the interviewee's identity and personal information must be kept anonymously and the research data will be kept securely as it only seen by interviewers, translator and in-charged supervisors. Any information that the participants provide can be disclosed only if (1) it is to protect the participants or others from harm, (2) a court order is produced, or (3) you provide the researchers with written permission.

The sources used in this thesis were from reliable and evident-based websites. They are Academic Search Elite EBSCO e-journals, Emerald Journals e-journals, PubMed, Google Scholar, Google Book and Theseus ammattikorkeakoulujen e-opinnäytetyöt (e-thesis of

University of Applied Sciences). Reliability is also an essential part of ethical issues; more importantly, legal intellectual in academic studies which means every source used were cited accurately (Gothoni 2018).

8.4 Presentation of new problem areas and recommendations

Since the thesis's authors are not native Finnish and not yet speak excellently Finnish, also this study required interviews in Finnish, although there was Finnish translator, it somehow limits the insightful sensibility and understanding of what the participants' answers. Furthermore, the language barrier affects the interview atmosphere when it takes longer time for translating and understanding each other, between the authors, the translator and the participant.

In addition, the authors did not think of the circumstances of mental-related disorder elder people and therefore, the authors could not conduct an interview with them because of their unstable mental health. Which it also means that this study did not actually investigate the elderly who live in institutional living arrangements, how they truly think about it.

Despite those limitations, the major findings are still consistent with previous studies. This also means that the opportunity for researching on this topic remains as an attractive research opportunity. The future studies concerned this topic should discover more about how elderly's opinions change throughout time, by either using qualitative research with detailed questionnaires or quantitative research with larger sample size conducted by native speakers. Most importantly, future studies should carefully consider the target samples so that mental-related disorder elderly people's component can be included.

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10 APPENDIXES

10.1 Interview question guides

Research question: What is the opinion of the elderly in accordance to **independent living arrangement, institutional living arrangement and intergenerational living arrangement?**

(Or what kind of living arrangement amongst **independent, institutional and intergenerational ones** that the elders prefer to live in their sunset years?)

Objectives:

- To investigate the elders' opinion about independent living arrangement, institutional living arrangement and intergenerational living arrangement
- To understand their feelings / concerns about good / bad living arrangements
- To find out what kind of living arrangement the elderly prefer to live in their sunset years
- To apply Comfort Theory, what aspects of living arrangement that influence their comfort
- To find out how comfort measures matter to the elderly regarding to living arrangements and their general health condition

Interview questions:

FOCUS ON THE OPINIONS

- **Independent living arrangement**
 - What do you think about living alone? ⇒ pros and cons
 - How did the living arrangement seem like when you were young?
 - Would you like to live intergenerationally like in the past or living alone with assistance of home care services in the modern life
 - What do you feel about the fact that independent living is common now a day?
 - What did the government do to help you deal with aging problems apart from homecare services? Are you satisfied with it?
 - Is there any programme, course or activity arranged for the elderly? What do you think about it? (Is it helpful, informative,...?)

- How often do you feel depressed or lonely? What do you think that will help you avoid these feelings?
 - Do you think you are managing well when living alone?
 - What do you think about homecare services? Disadvantages & Advantages?
 - Do you think your emotion and thought are concerned?
- **Institutional living arrangement**
 - What the elderly think about living in aged care centers? ⇒ pros and cons
 - How do you describe the environment in nursing home?
 - Is there any activity programme arranged for you in nursing home? How often? Do you enjoy it? Do you attend it often?
 - How do you compare institutional living arrangement and independent one? What about your feelings? (Feel more relaxed, secured...?)
 - Do you think the meal provided in nursing home is nutritional and tasty?
 - Do you interact or communicate with other residents often? What do you think about them?
 - Do you think living in nursing home is a good idea? Or do you prefer to live in your own house? (With or without homecare service)
 - Have you ever felt isolated in nursing home? If yes, what do you need to avoid it? If no, what do you do and what helps you?
 - What do you desire to improve the services in nursing home?
 - What is the attitude of health providers in your nursing home? (Friendly, respectful...?)
 - How often do you feel lonely? What did you do to overcome? Do you rely on the health providers or try to do everything yourself?
 - **Intergenerational living arrangement**
 - What the elderly think about living with beloveds? With whom do most older people live? Sons more? Daughters more? ⇒ pros and cons
 - How do an extended family's living arrangements change in response to the changing needs of different generations?
 - How do you describe your living environment with other family member?

- What do you think about the concept that children need to take care of parents?
- Do you think your children assist you well?
- Do you feel secured when living with them?
- Do you think you have privacy while living with them?
- Can you adapt the lifestyle of your child's family?
- Disadvantages & advantages
- Do you like living with family? Why?
- What should be improved in your point of view?
- Do you think you should change something (behaviour, spirits, characteristics...?) to adapt this living arrangement?
- Do you feel welcomed in this family?
- Is there any conflict caused by family finance that you and your children are facing?

Supporting questions:

- What place do they prefer to live? / What kind of housing do older people have, and what housing problems do they face?
- What are the benefits (both on mental and physical health) the elderly can gain if they live in their preferred place?
- How far do you want your family members to live from you?
- Describe your favorite / dreamt living place that you have always wished to live (what kind? where? With whom? Why? how?)
- Which kind of activity do you desire to take part in? How often?

FOCUS ON THE CONNECTION WITH COMFORT THEORY

Using 4 contexts of Comfort Theory

+ Physical:

- Your physical health condition, self-manage, any diseases? what kinds of thing you need help? (can't do yourself)
- What kinds of daily activities you do? Exercise?
- Between 3 types of living arrangements we mentioned before, which place(s) that you think you can have instant support when you need? Why?

+ Psychospiritual:

- What things that make you happy?
- When you're sad, what do you usually do?
- To you, what is happiness?
- Between 3 types of living arrangements we mentioned before, which place(s) that you think you would love to live. Why?
- What do you feel when you are received support from someone?
- What do you feel when there is no one around when you need support (e.g, when you are sick)? What will you do then?
- Imagine you are living in a place that you feel unhappy, what will happen? What will you do? (consider emotional well-being, meaning and purpose in life)
- How is your living condition and place right now? (consider emotional well-being, meaning and purpose in life)

+ Sociocultural

- How many children do you have?
- Who are your closed / beloved people?
- Do they usually visit? Support / Be next to you when you need.
- Do you usually hang out? Meet friends, clubs, etc.
- Between 3 types of living arrangements we mentioned before, which place(s) that you think you would have happy social life? Why?
- Describe your relations with your family and friends.
- Are they different from the time of your previous living arrangement?

+ Environmental

- Do you like the place you are living? Why? Why not?
- What things you like when you live here?
- Do you think you (or the people living around) could do something to improve your living arrangement?

Between 3 types of living arrangements we mentioned before, which place(s) that you think it would give you the best living condition? Why?

10.2 Coding guidelines

Category 1. Physical context

Sub-category	Definition of category	Anchor example
Health status	Level of health of a person as assessed by that person by objective measures	“Because of my physical deficiency - Parkinson’s disease, so I couldn’t live in my own house without the homecare service and the other services as well.”
Mobility	Relating to the importance of being physically active	“...here I have freedom to go in and out, to the place I like and go visit my relatives on my own. I think here I get the good services and freedom at the same time.”
Food	Relating to food consumption	“...the food should be more various and have several options.”
Health care	Relating to enhancing and maintaining level of health	“...the elderly decided to go to institutional places as they would receive more proper and professional care.”

Category 2. Psycho-social context

Sub-category	Definition of category	Anchor example
Emotion	Feeling driven from one's situation, mood, or relationships with others.	“When I’m sad, I just cry, cry to release all the sadness, the stress, the loneliness away and continue the life...”
Meaning of life & wishes	Relating to the importance of living or survival state.	“My dream home should be small and simple but include a really good kitchen, locating in the city and close to swimming hall.”

Category 3. Environmental context

Sub-category	Definition of category	Anchor example
Accommodation facilities	The means or equipment in a place for living	“They also provide me rollaattori, electric bed, safety phone on wrist so that I can make emergent phone call right away if I’m at risk since I have Parkinson’s disease...”

Category 4. Socio-cultural context

Sub-category	Definition of category	Anchor example
Family and beloveds	A small society unit in which people are related to each other based on a dearly relationship	“I would love to live with children, because I feel safe and happy when having someone around...”,
Healthcare providers	The people who support in detecting, minimizing, treating sickness or disability	“In my imagination, the elderly are left alone to survive even though they have homecare service; because the care providers won’t be with them 24/24, they just come to finish their jobs and then leave.”
Social activities	Actions done by a group/groups of people	“I usually go visit my sister and my niece...go visiting my relatives and doing things together with them make me happy. Life is so meaningful when you have someone you love around.”
Friends	The people who have bond of mutual aspects	“I don’t feel depressed, but lonely. I have no friends...but good friend is pet cat...”

10.3 Thesis information statement



INVITATION TO PARTICIPATE IN A THESIS RESEARCH

THESIS INFORMATION STATEMENT

Thesis Title:

OPINIONS OF THE ELDERLY ABOUT INDEPENDENT, INSTITUTIONAL AND INTERGENERATIONAL LIVING ARRANGEMENT IN FINLAND

Investigators: Korva Dung and Tran Dung

Thesis Supervisors: Kauppila Hannele **and** Mikkola Anja

Email: hannele.kauppila@lapinamk.fi **and** anja.mikkola@lapinamk.fi

Dear participants,

You are invited to participate in a thesis being conducted by Lapland University of Applied Sciences' undergraduate nursing students. This information sheet describes the thesis in straightforward language, or 'plain English'. Please read this sheet carefully and be confident that you understand its contents before deciding whether to participate. If you have any questions about the project, please ask one of the investigators.

What is the project about? What are the questions being addressed?

The purpose of this thesis is to investigate the elders' opinion about independent living arrangement, institutional living arrangement and intergenerational living arrangement. The aim is to provide the updated knowledge for geriatric-specialized nurses and family members about the elders' opinion about living arrangements.

Qualitative interviews will be conducted with 5-6 Finnish elder people. Indeed, interview questions of this study primarily explore your opinion about Independent, Institutional and Intergenerational living arrangement

Why have you been approached?

You are chosen as the target sample of this study since this thesis's sample is native Finnish elderly, who is more than 65 years old.

If I agree to participate, what will I be required to do?

You will be required to answer all interview questions taking approximately 1 to 2 hours.

What are the risks or disadvantages associated with participation?

Your participation of this study will not generate any risks outside your normal day-to-day activities or your clinical conditions (depression, anxiety, stress, gambling or drug use).

What are the benefits associated with participation?

You will not obtain any benefits for participation to this study.

What will happen to the information I provide?

Your identity and interview responses are confidential as it's only seen by the interviewers, translator and supervisors.

Any information that you provide can be disclosed only if (1) it is to protect you or others from harm, (2) a court order is produced, or (3) you provide the researchers with written permission.

The interview results will be collected, analysed and disseminated in students' thesis and that data will be aggregated or you plan to use pseudonyms. The research data will be kept securely.

What are my rights as a participant?

As a participant, you have rights to:

- *Withdraw your participation at any time, without prejudice.*
- *Not answering questions that you don't want to answer.*
- *Have any unprocessed data withdrawn and destroyed.*
- *Have any questions answered at any time.*

Whom should I contact if I have any questions?

Kauppila Hannele and Mikkola Anja

Email: hannele.kauppila@lapinamk.fi and anja.mikkola@lapinamk.fi

Interviewers,

Dung Korva and Dung Tran