

Healthy Aging

Focus on the elderly people living at home with cardiovascular disease

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<p>Abstract:</p> <p>The study was based on Healthy aging with emphasis on the elderly people living at home and suffering from cardiovascular diseases. Aim of the study was to explore the subject "Healthy aging" in relation to the elderly people. Answers were provided to the research question: What can homecare nurses do to improve and maintain healthy heart of the elderly? The method used in the study was Systematic literature review and 37 journals from academic databases such as Sciencedirect, Ovid and Cinahl were reviewed while all the articles used were properly referenced in the reference list. To explain the phenomenon of healthy aging theoretically, Psychosocial theory and Activity theory of aging were critically explored. The articles that contributes largely to the results were analyzed in a tabular form in the appendix page and the results of the study show that homecare nurses can impact the health of the elderly people socially, psychologically and physically through various means outlined in the results chapter. The study was cooncluded by suggesting a research topic ” Effect of Ageing well from adulthood” which could be explored in the nearest future by the future researchers in this field.</p>	
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<p>Tiivistelmä:</p> <p>Tutkimuksen tavoite oli selvittää aihetta ”Terveellinen Ikääntyminen” vanhusten parissa. Tutkimus keskittyi Terveelliseen Ikääntymiseen, painopisteen ollen kotonaan asuvissa vanhuksissa, jotka sairastavat sydän- ja verisuonisairauksia. Kyseessä oli kyselytutkimus, jossa vastattiin kysymykseen: ”Mitä kotihoitajat voivat tehdä parantaakseen ja ylläpitääkseen tervettä sydämen toimintaa ikääntyneillä ihmisillä?” Tutkimusmetodina käytettiin Systemaattista kirjallisuuskatsausta; 37 aiheeseen liittyvää julkaisua akateemisista tietokannoista, kuten ScienceDirect, Ovid ja Cinahl, käytiin tutkimusta varten läpi. Kaikki nämä käytetyt lähteet löytyvät asianmukaisesti viitattuna lähdeluettelosta. Terveen Ikääntymisen ilmiön selittämiseksi teoreettisesti on ikääntymisen sekä psykososiaalista teoriaa että toiminnallista teoriaa tutkittu kriittisesti. Artikkelit, jotka liittyivät merkittävästi tutkimuksen aiheeseen, analysoitiin taulukkumuodossa. Taulukko on tämän tutkimuksen liitteenä. Tutkimuksen tulokset osoittivat, että kotihoitajat voivat vaikuttaa ikääntyneiden ihmisten terveyteen sosiaalisesti, psykologisesti ja fyysisesti monin eri tavoin, kuten tutkimuksen lopputuloksissa tarkemmin esitetään. Tutkimus päätettiin toteamalla mahdollinen tutkimusaihe ”Terveellisen ikääntymisen vaikutus aikuisiässä”, jota suositellaan tarkemmin tutkittavaksi lähitulevaisuudessa tämän alan tulevien tutkijoiden puolesta.</p>	
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TABLE OF CONTENTS

1	INTRODUCTION.....	9
2	BACKGROUND.....	11
2.1	Aging process.....	11
2.2	Healthy heart.....	13
2.3	Cardiovascular diseases of the elderly.....	14
2.4	Homecare.....	16
2.3.1	Physiological homecare.....	18
2.3.2	Physical homecare.....	19
2.3.3	Psycho-social homecare.....	20
2.3.4	Holistic homecare.....	22
3	THEORETICAL FRAMEWORK.....	23
3.1	Psychosocial theories of aging.....	24
3.1.1	Activity theory and healthy aging.....	24
4	AIMS AND RESEARCH QUESTIONS.....	29
5	METHODOLOGY.....	30

5.1	Systematic literature.....	30
5.2	Data collection.....	31
5.3	Data analysis.....	33
6	ETHICAL CONSIDERATIONS.....	36
7	RESULTS.....	37
8	DISCUSSIONS.....	43
9	CONCLUSION AND RECOMMENDATIONS.....	48
10	REFERENCES.....	50
	Appendix 1: Result analysis of the articles.....	54
	Figure 1: Features of activity theory.....	25
	Figure 2: Formation of linear healthy aging.....	27
	Figure 3: Healthy aging model.....	28
	Figure 4: Data retrieval.....	32

1. INTRODUCTION

As people age, they experience progressive deterioration in both physical and mental health, therefore, they require more medical attentions and social services to live healthily. In most cases, such medical attention need to be standard and readily accessible (World Bank 1993).

Likewise, it has been proven that, growing old is a risk factor to growing sick. As people grow, there is high tendency of developing life threatening diseases which one may have to be living with for the rest of one's life. Such aging diseases are Cardiovascular diseases, Obesity and Metabolic syndrome, Cancer, Arthritis, Osteoporosis and falls, Vision and Hearing loss etc and live a better life with these diseases, there is need to live a healthy lifestyles (Patridge, L & Planck, M. 2014)

Healthy aging is not only limited to biological and medical aspects of growing older, it is also referring to holistic aspect which encompasses body, soul and mind in the area of subjective experiences and interpretations, practicable imaginations that allows human autonomy, participations and good health (Sixsmith, J. et al. 2014, 3).

Attitude of the elderly people formed over long years play important roles in the effectiveness of homecare services that is being rendered to them. The elderly living at home contribute to their care plan and their attitude play a major role. Homecare nurses spend little time with their patients while the remaining part of the day depends on the willingness of the patients to follow up the recommendation of the nurses. The attitude of the elderly people to do the right thing as recommended by the nurses is a big challenge, some old people cannot drop their dietary habits, they continue with their usual unhealthy foods in the absence of the homecare nurses (Rechel, B. et al. 2013, 1312-1322)

According to National Institute For Health and Welfare, Finland (2014), it was noted that across the world, old age is a strong risk factor to severe cognitive decline but in Finland, the situation is different, about 5% of the elderly that fall within the age of 65years - 75years and 10% of the elderly in the age range of 74-84 years suffer what can be described as moderate dementia.

Aging has become a concern across the world due to the ever rising population of the elderly people, especially in the developed nations. In a nation like Finland, the present rise in the population of the aged people is as a result of the higher number of babies born within the year 1946 and 1950 who actually represent larger proportion of the old age people nowadays (Statistics Finland, 1998-1999, 12-23)

Aging is actually an epidemiology in this present society but it has remained an area that has not attracted interests for a long time whenever epidemiology is being discussed but in the recent time, policy makers and research financiers have called the attentions of the researchers to channel their efforts towards aging and healthy aging research in order to promote good health and reduce the burden being created by the aging process (Kuh, D. et al. 2012, 194)

The author of this research developed interest in this topic (Healthy aging) due to 3-year work experience he had at the department of Cardiothoracic and Vascular Surgery where aging was found out to be more responsible for cardiothoracic and vascular problems in the older people and their negligence of healthy living was also noted to be behind their worsening health status. Meanwhile, the thesis was also commissioned by Lovisa kaupunki. The fact that lack of healthy living at home is an important factor worsening the health status of the old age people, then, homecare nurses' intervention become very pertinent or important to the research topic. This reason made the researcher chose to make " Homecare nurses' interventions " to be central to the research question in the study.

2. Background

Taking care of elderly people is one of the fundamental challenges facing western societies. The strategies put forward in the previous decades were planned without consideration for the expanding needs of recipients and the shortage of public resources. Not only are they somewhat obsolete with respect to elderly people's current needs, but they compete with other collective needs. Furthermore, demographic changes indicate that these strategies will be even more inadequate in the future. The health condition and socio-economic situation of elderly people, as a social group, have changed dramatically in recent years. On one hand, this group is currently characterised by increased heterogeneity with regard to functional and cognitive capacities, and financial resources. On the other, elderly people represent a much greater proportion of the population than before, and they hold a more visible position in social debates (Jutras, S. 1990, 763).

2.1 Aging process

Aging is a process over a period of one's life, it refers to gradual phenomenon of growing older in a deleterious sense. Aging gradually has negative impact on the ability and living of a man which eventually lead to death. Aging is not same like other known biological processes in the body and has no peculiar definitions on individual ground (Kuh, D. et al. 2012, 193-195)

Also, aging also has a link with a reduction in cognitive capacity and other primary functions are affected as well. The underlying physiological changes in the body due to aging are gaining a continuous exploration (Gauthier, J. C et al. 2014, 310). Aging can be viewed from various perspectives, sometimes, it is defined as normal aging when aging is associated with less serious decline in memory and a number of other cognitive functions. The elderly might actually notice the changes in their body system but those changes are not serious to the extent that it can render them incapable of carrying out their usual activities (National Institute For Health and Welfare, Finland, 2014)

Human aging comes with vascular and cognitive deterioration. All the arteries in the body get stiffer as human being ages which was assumed to have started occurring from the aorta and the effect progress gradually to the remaining organs of the body which is also believed to have impact on the cognitive abilities (Gauthier, J. C et al. 2014, 310)

Understanding the aging process to a large extent goes a long way to aid homecare nurses in helping the elderly people. As people grow older, they tend to be more vulnerable to deadly diseases like cardiovascular disease as an aftermath of aging process. It is generally accepted that as a person ages, his or her experiences acquired over their life time, ways in dealing with the environment, economic and social resources, relationships, and support systems can impact on his or her longevity and well-being profoundly. Moreover, as adults reach late adulthood, they are more likely to be challenged with physical, mental, and social changes as a result of aging (Humboldt, S.V & Leal, I. 2014, 108).

Aging process goes hand in hand with progressive loss in capacity to withstand stress, worsening in both homeostatic imbalance and the rate of diseases. There is a continuous gradual of functional ability associated with aging. The reason is affiliated with the reduction of more than 5–10% of the maximal aerobic capacity for every 10 years of life (Oliveira-Brito, L. V. et al. 2014, 367-371). Besides, not all aged people usually have a progressive loss that could eventually lead them to deadly diseases, some age successfully without serious complications. Out of this comes a theory known as successful aging. Concept of ‘successful aging’ has been noticed at the fore-front of the contemporary study and public discussion about aging for more than twenty years (Biilow, H. M & Söderqvist, T. 2014, 139-149).

Meanwhile, due to the technological and medical break-through, aging process has become a process that could be reversed, controlled or delayed little bit by genetic pathways and biochemical processes conserved in evolution. This break-through has not been a common practice but research has shown the possibility of slowing down aging process in man (López-Otín, C. 2013, 1194-1217).

There are many ways of describing aging in relation to health of individual, aging satisfaction measures a person's evaluation of his or her own aging process, including changes in feelings of usefulness, energy level, and quality of life. Although aging satisfaction is associated with life satisfaction, the two constructs do not correlate strongly and exhibit unique variation among individuals. Aging satisfaction is associated with many positive health outcomes in older adults (Kim, E.S et al. 2014)

2.2 Healthy heart

As human being advances in age, there is tendency that human heart might deteriorate as well due to cardiovascular diseases. As we age, the heart and other tissues that are paramount to heart's survival also experience wear and tear such as deterioration in elasticity of the heart walls and a reduced flexibility to adjust to the changes in the pressure of the arterial system. Besides this, heart valves could become thicker or experiencing a leakage and variation in the rate at which the heart beats. The cells around the heart muscles also progressively decline which eventually hamper the heart from having the capacity to pump blood to the rest of the body. These changes as a result of aging also have ripple effect on the endothelia, the blood characteristics, the blood vessels and the quantity of the blood that is pumped through these vessels (Strawbridge, W. J et al. 1996, 1)

Study shows that the elderly people suffering from metabolic syndrome has higher chance of developing heart diseases. The effect of aging on metabolic activities in the body paves way for metabolic syndrome such as impaired glucose regulation, increased pressure in the arterials, raised plasma triglycerides. (Morewitz, S. J & Goldstein, M. L. 2007, 125-135).

Managing symptoms of heart diseases and aging through pharmacotherapy and psychosocial interventions does not only help the heart to function healthily but also raise the quality of life expectancy of the elderly people. Engaging in little home tasks, getting involved in brainy games and social-interaction with the people in the environs aids healthy heart and bring about happiness (Corella, D & Ordovás, J. M. 2014, 53-73).

Though, happiness has different definitions depending on individuals and also varied from place to place. It is state of mind when one is being happy with oneself, an healthy person may not be happy while unhealthy person could be happy to some extent. That is why happiness is described as the general assessment of the state of mind and body. For research purposes, a term, Happy Life Expectancy(HLE), was developed to describe the number of years spent being happy within the duration of Life Expectancy. Happiness is not measured only through examination of facial expression, what makes an happy person is multi-dimensional in nature and it encompasses a whole body and mind assessment. Happiness is a general assessment of quality of life as a whole and not limited to aspect of life such as marriage, work issues or state of physical condition. Meanwhile, the terms satisfaction and subjective well-being are also components of happiness (Yang, Y. 2008, 1235)

2.3 Cardiovascular diseases and risk factors

Over the years, life expectancy of man has astronomically increased across developed and developing nations. This situation has led to the importance of aging-associated diseases because growing old has been realized to be the leading cause of cardiovascular diseases. Though, cardiovascular diseases cannot be considered to be the leading cause of death at a global level across all ages but it is among the major causes for the elderly people above 65 years (Corella, D & Ordovás, J. M. 2014, 53-73).

Strawbridge, W. J et al. (1996, 1) also inferred from their study, Successful Aging: Predictors and Associated Activities, that Cardiovascular disease (CVD) is at the fore-front as regards cause of death, but noted that old people that are older than 85 years were not suitably represented in their study about risk factors that are responsible for CVD. They further suggested that in order to reduce the burden of CVD on the growing susceptible population of the elderly people, there should be better understanding of the relative importance that exist among the risk factors in the study.

Several traditional risk factors appear to have a diminished association with cardiovascular events in older persons. The association of blood pressure (BP) with stroke and heart disease mortality is robust in younger elders, and appears attenuated in very old adults. Elevated total cholesterol appears to have a weaker association with cardiovascular mortality in older adults than younger adults; although, the association of HDL with CVD appears robust across a wide age-range. The optimum Body Mass Index (BMI) for older adults is thought to be higher than for the middle-aged population (Strawbridge, W. J et al. 1996, 2)

It was observed that higher weight negatively affect successful aging, as also reported elsewhere. Indeed, higher weight and obesity likely influence co-morbidities, which are often more severe in obese patients. Secondly, excess weight may lead a person to have low self-esteem in today's society, which in turn could adversely influence successful aging as one of the many psychological factors involved (Dahany, M. M et al. 2014, 1-6). A wide range of factors appears to be prospectively associated with subsequent successful aging. That the four relatively common chronic diseases of diabetes, asthma, arthritis, and chronic obstructive pulmonary disease would reduce the likelihood of subsequent successful aging is consistent with previous research highlighting their known impacts on physical functioning. The particularly strong association between diabetes and successful aging is noteworthy, perhaps reflecting the higher prevalence of cardiovascular, podiatric, and visual problems among persons with diabetes (Strawbridge, W. J et al. 1996)

Diabetic patients with the metabolic syndrome also had a higher rate of coronary events than those without diabetes. Patients over 70 years have a high risk for cardiovascular events, and the metabolic syndrome in this group is related to a greater risk of cardiovascular events. Older individuals have a greater risk of dying after a heart attack and having complications than younger individuals. Socioeconomic status (SES) and institutionalization factors can influence the extent to which this population may develop cardiovascular complications. Some patients lack the money to purchase the medications necessary to follow their medical regimen and thus cannot avoid complications. Others with less education or with cognitive impairments may be unable to follow the doctor's orders. Demographic factors such as age, marital status, and gender may be related to risks for complications (Morewitz, S. J & Goldstein, M. L. 2007, 125-135).

Increasing age is an important risk factor as a genetic predisposition and non-genetic and environmental risk factors, such as an unhealthy diet, sedentary lifestyle, tobacco smoking, etc. Consequently, elderly people often consume various types of drugs over many years in order to minimize the impact of these risk factors on manifestations of the disease. Moreover, the economic and social environment in which the individual has traditionally lived often deteriorates with old age, social support is often reduced together with a loss of purchasing power, alterations in sleeping patterns often occur, and depression and other mental problems often develop; in turn, these also constitute important cardiovascular risk factors (Strawbridge, W. J et al. 1996)

2.4 Homecare

Homecare, as regards nursing, is for people who need care at home, temporarily or till end of life, for a variety of health reasons. They are mostly elderly people as a result of aging problems; recently released from the hospital after surgery and in need of continuous care; a sudden event such as stroke or serious injury etc. Aging in place or aging at home, has recently redefined health profession as many old people are showing preference for homecare as against institutional care. They see homecare as being more qualitative in nature than public institutional care and this preference has led to the remodeling of the health policy in favour of homecare. People now sit back at home enjoying care services (Sixsmith, J. et al. 2014, 1-9)

The preference being shown by the elderly for the homecare service is multi-dimensional, it is not limited to the quality care ascribed to homecare services, old people are missing something important in their lives, and that is family. Homecare workers replaces families to a large extent sometimes and bring back the missing familiarity. Home based care-giving can be defined as a process that has a link with cultural context aside attitude and behaviour (Karher, T. X. 1998, 10-14)

The old people are pre-occupied physically, psychologically and socially by their homes and its environs. They prefer to retain their home in whatever situation they find themselves but as times goes on, they age, their health deteriorates and become frail and unable to care for themselves and for their environment to their satisfaction. They end up becoming burden on the families while families are no more available, loneliness set in and the need for homecare services become unavoidable (Sixsmith, J. et al. 2014, 1-9)

Care for the elderly people suffering from cardiovascular diseases at home is now gaining more attention from the people, simply because, care attention for the elderly has been shifted from the hospitals to nursing homes facilities and now to personal homes. What is actually responsible for this is that the elderly and their families see homecare more quality and safer compare to the facilities' care. It was observed that present society value care satisfaction same way they value quality care while the interaction and familiarity between the car-recipient and the care-giver plays an important role (Wei, S et al. 2011, 107-111)

Another importance of quality care that worths noting nowadays is Client-centered care, in which the need of the patient is more focused on. Client-centered encourages inter-personal relationship between the nurses and the elderly. It makes it possible for patients to explain how they feel and their needs to the nurses. Having autonomy over one's health care plan gives patient sense of belonging. All patients seems comfortable when their care plan go in the right tune with their own way of life and preferences in life. Therefore, nurses should understand ways of encouraging and motivating the patients by creating room for open discussions with them. In this regards, patients feel happier and extend warm-welcoming to the homecare nurses (Bosmana, R et al. 2008, 518-525).

From another perspective, the growing financial pressures in healthcare, epidemiological shifts in pathologies (e.g. from acute to chronic disease) and shifting policy priorities account for the organization of care "moving away" from the traditional medical organizations, these financial considerations, cultural expectations and the policy endorsement enable people to live at home as long as possible. The elderly have more autonomy in their disease management. Patients now enjoy independent living to a reasonable extent by having opportunities to care for themselves with the aid of these tele-homecare tools in the absence of the homecare nurses (De-Roucka, S. et al. 2008, 589-601)

Holistic assessment and care are inseparable from the nursing process which are effectively described within the context of the Holistic Caring Process (HCP). The HCP is a circular model of nursing practice that allows for reflecting concurrently on every aspect of the nurse-person interaction. The HCP is established through attention to each of nursing's practice domains: cognitive affective, and experiential. Furthermore, the HCP is guided by holistic philosophy and theory and can be documented in standardized nursing languages. The HCP invites a nurse to enter into the client's world; to use qualitative and quantitative data and reflective techniques to come to understand the client, his needs, and wants; and then to plan care based on a holistic understanding of each individual (Potter. P.J & Frisch, N. 2007, 213-228).

Holism is derived from the Greek word "holos", meaning whole (Griffen, 1993). Healing and health stem from the Greek word "hale" which also means to make whole. Nursing is indeed holistic in nature, as the nursing profession has traditionally viewed the person as a whole, concerned with the interrelationship of body, mind and spirit, promoting psychological and physiological well-being as well as fostering socio-cultural relationships in an ever changing economic environment of care (McEvoy, L & Duffy, A. 2008, 412-419)

2.4.1 Physiological homecare

Physiological changes in the elderly people is commonly linked with the chronological and biological aspects in connection with the advanced age but it is actually beyond biological component, therefore, it is necessary to view aging process from the perspectives of physical, psychological and social issues. In this light, approaching active and healthy aging necessitates various perspectives (Silva, M. & Correia, S. 2014, 38-45)

Exercising the body has a well-established linked with the wellbeing as regular exercise slows down the impact of aging on vascular and metabolic physiology. The homecare nurses help the old people in partaking in exercises by encouraging them and lead them in carrying out mild exercises in a safer way (Gauthier, J. C et al. 2014, 310)

Homecare nurses, as part of their responsibilities, provide medical and personal care to individuals who are chronically ill, disabled or suffering from cognitive impairments. They usually work for older citizens who want to remain at home and at the same time accessing the necessary assistance. Home care nurses administer medication, monitor vital signs and educate patients on health care. Homecare nurses observe and carry out assessment exercise on the clients. Vital signs are monitored together with possible reactions to recommended drugs. They also note or observe occurring changes in patients' behaviour and condition. Home care nurses report directly to the client's physician and family, especially regarding concerns for new medical conditions or worsening health. In some situations, nurses are empowered to administer certain kind of treatment, treatment like therapeutic rehabilitation (Bosmana, R et al. 2008, 518-525).

Meanwhile, adherence to treatment has posed a threat to the health of the aged people in many nations which has led to increase in death rate but situation is different in Finland, generally, the death rate in Finland due to cardiovascular diseases has dropped when it is being compared with other European countries. The possible reason behind this is the adherence to treatment that is peculiar to Finnish aged people. In a study of the Finnish elderly people that were taken through statin therapy over a period of 4 years, higher number of the participants were found to be persistent over the 4 years (Rechel, B. et al. 2013, 1312)

2.4.2 Physical homecare

In a physical environment, good-quality living is paramount to healthy aging. The environment does not cover only personal homes where the nurse try to keep walk-way free, keep all materials that could possible cause danger away, it also encompasses the neighbourhoods as well. The neighbourhood is considered appropriate for good living for the elderly people when there is availability of swimming pools, gym and relaxation centers, social gathering and organization of lectures on public health promotion. Encouraging the elderly to engage in physical activities both at home and in the neighbourhoods liberate minds from depression, cardiovascular diseases, hypertension and considerably impact healthy aging (Rechel, B et al. 2013, 1315)

Changes to cardiovascular fitness brought out by aging have a negative impact on the functional capacity and also lower aerobic nature of the heart. These interfere with the daily activities of the elderly and eventually increase the chance of inability of the elderly people to live independently, gradual loss of self autonomy, emergence of frailty and risk of falls. Frailty is more common among the women compare to men of the same age class. In a study carried out on the frailty among 5317 elderly men and women, the results show that women are less physically imbalanced with 7.3% compare to men with 4.9% (Oliveira-Brito, L. V. et al. 2014, 367-371)

Frailty in the elderly cannot be removed completely but it can be minimized to the minimum. Frailty can be prevented to a reasonable extent and by so doing, preventing death and disability. Preventing falls is not observed by preventing the elderly from taking a physical walks around but by screening the area for any possible danger or environmental risk factors and get them removed. Introduction of muscle strengthening and balance training to reduce the possible violence occurrence among the elderly should be introduced (Rechel, B et al. 2013, 1315)

2.4.3 Psycho-social homecare

The state of mental ability of an elderly person declines as they age, especially in information processing speed, it gets slower and slower by the day. They usually struggle with remembering things while at advanced age. In most cases, they rely more on cues from the homecare nurses to help them recollect memories, even in normal aging at less advanced age, memory capacity and the capacity to learn new things also drop. As the daily activities of the elderly are been affected by the memory problems and difficulty in learning new things, then, there is possibility of dementia.(Heikkilä, E. 2012, 2-18)

Deterioration of mental ability is part of the progressive changes an elderly person shows during aging and sustaining psychology, social well-being and cognitive capability in the elderly while the capacity to carry out menial mental tasks that occur on a daily basis, are very important to aging well (Kuh, D. et al. 2012, 193-195)

The progressive decline in mental state in the elderly is associated with the physiological process of normal aging which, in most cases, is a direct consequence of growing older. In many researches, advanced age has been linked with dementia and normal functioning of the brain. Aging has been described as a risk factor that led to increase in the number of demented people with their exhibited usual way of social withdrawal from the society. Meanwhile, steady increase in the number of the elderly people suffering from dementia, most especially Alzheimer's disease, has called for the need of rehabilitation centers, social gathering etc which bring about healthy or active aging to the lives of the old people. (Silva, M. & Correia, S. 2014, 38-45)

Neuropsychological rehabilitation of the aged people, cognitive stimulation and training are therapeutic treatments that need to include motivational, social, physical and psychological aspects. The cognitive training can be aided by the homecare nurses through developing set of less mentally challenging games and light physical activities that can help the cognitive affected parts (Silva, M. & Correia, S. 2014, 38-45)

Study also has it that elderly people with severe or chronic health situations are more influenced by their individual behaviour, meanwhile, changing behaviour or habits are difficult to achieve in an elderly person who has been living with such for his/her whole life. Therefore, sustaining healthy behavioural changes has posed serious problems for the healthcare officers (Potempa, K. M. et al. 2010, 51-55)

Homecare nurses' presence around the elderly people in their own homes is psychologically essential to the healing process, it is therapeutic in its own way. Presence is the ability of the nurse to recognize that nurse-patient encounter is a mutual dynamism with two people bringing together all that they are, recognized and unrecognized. More than just showing up, presence of an homecare nurse is the capability to empathize, listen, reflect, and observed to be with the client in the moment and not somewhere else. It is an holistic self-giving exchange, the acknowledgment of a sacred quality operating within one person that can intentionally connect with that sacred quality in others (Potter, P.J & Frisch, N. 2007, 213-228)

2.4.4 Holistic homecare

Nursing care especially homecare is experiencing diversification on a daily basis, not only because the health policy makers are dynamic in their decision making but the clients themselves are now demanding for nursing care that is individualistic in nature. Holistic nursing care encompasses care for the body, soul and mind. It cuts across medical and individual needs of the patients without leaving out the spiritual care. Bringing in spiritual care in nursing care is not allowed in many countries but nurses do engage in spiritual care sometimes to make their services more cordial (McEvoy, L & Duffy, A. 2008, 418-419)

Although, spirituality in most cases, is mistaken for religion; spirituality is like a broader holistic concept that transcends it. Spirituality can be defined as a personal belief system which focuses on a quest for meaning and purpose in life which has a link to a higher dimension. Spirituality gives sense of personhood and individuality, it is the in-built force that drives uniqueness and acts of an individual. Modern day nursing actually has a strong links with religious or spiritual caring. Over the years, Nursing practice was re-modified to be independent as a professional field and managed to do away with all the links with religious links to become a secular occupation, but as nursing care tends towards individual needs, most importantly, homecare, there is need to redefine an aspect of nursing care as 'holistic care' which puts everything about the patients into care plan in order to satisfy patients' needs (Timmins, F & Neil, F. 2013, 499-505).

Nonetheless, practicing holism is not an easy task as it may negate some laid down nursing professional ethics, it is recommended for the nurses to be aware of both nursing recommendations and also the need of the patient. Also, sense of wholeness depends on one's own vulnerability and on the opinions of other. Another important thing is Self-awareness in a care relationship, it is a situation in which an individual aims at achieving a sense of balance between oneself and the services being rendered to the patients. It takes personal, intellectual and professional maturity to reach this level of self-awareness and harmony with oneself and the patient. The degree of harmony that exists between nurses and patients is central to holistic nursing. As patients being holistically cared for, they establish more trust in the nurses and abide by the care plan (McEvoy, L & Duffy, A. 2008, 412-419)

3. THEORETICAL FRAMEWORK

Theoretical framework provides a context for examining a problem, developing hypotheses, a frame of reference/base for observations, definitions of concepts, research designs, interpretations and Generalizations. It indeed serves as a guide to systematically identify precisely defined relationships among variables that are logically connected (Potter, P.J & Frish, N. 2007, 213-228)

In the other hand, nursing knowledge theories are applied to nursing in the form of nursing models which are then adapted and applied to the particular clinical setting. The development and refinement of theories creates new quality approaches to care and challenges existing in practice. Nursing is both practice and academically based, therefore, in order to create new approaches to practice, knowledge is essential. Knowledge must not only be limited to empirics, but should also be extended to " how and why " (Duffy, A. & McEvoy, L. 2008, 412-419).

In another explanation about application of theoretical framework, Theory-guided practice does not simply mean application of nursing theory in the care of patients; it provides a dialogue between patient and nurse, the empirical and theoretical by which situation-specific knowledge about health and healing can be generated. Theory provides the interpretive matrix for clinical judgment for the nurse-person interaction. Application of established nursing theories as practice guides has a positive impact on nursing care. This is demonstrated by increased satisfaction expressed by the care receiver and care provider (Potter, P.J & Frish, N. 2007, 213-228)

3.1 Psychosocial theories of aging

Theories of aging explain the process of aging and the meaning of aging. These theories are grouped differently depending on the perspectives of the researchers. Some authors see it from a psychological aspect while others consider it to be developmental in nature (Wadensten, B. 2006, 347-358).

In a review carried out by Wadensten, B. (2006, 348), theory of aging was categorized mostly as psychosocial theories to describe human development and aging in relation to individual changes. Noticeable changes in cognitive functions, character, inter-relationship, responsibilities, social changes and coping ability. In the reviews, theories such as Activity theory, Continuity theory, Disengagement theory, Erikson's psychodynamic theory and theory of gerotranscendence were mostly discussed under psychosocial theories and the theory that would be considered for this study is Activity theory.

3.1.1 Activity theory and healthy aging

Wadensten, B. (2006, 347-358) further explained activity theory in line with three assumptions, being active is better than being inactive; always try to be happy and the third one is aged people should take up the responsibilities of achieving the two above listed assumptions. Activity theory encourages continuity of the roles played while in the middle age by leaving behind the fact that they are of age. Activity theory also suggests tasking brain with little puzzle as a way of keeping mind and brain in active state. Meanwhile, in the event of inability to carry out certain old tasks while in the middle age, new roles should be developed to replace the old roles. In that regards, mind of fulfillment is achieved. New roles could require less strength, skills such as developing less strenuous hobbies, games, light domestic works, community services and social interaction with the old and the young.

Theory of activity has in-depth connection with the healthy aging. Healthy aging is described in some ways in relation to activity. In other way, activity is explained or defined through healthy aging. Active aging, healthy aging and other related aging phenomena have positive impact on human aging and increase human longevity (Fries, J. F. 2012, 1-8).

To further establish the relationship that exists between Activity and Healthy aging, The European Innovation Partnership (EIP) on Active and Healthy aging (AHA) targeted increasing average healthy span of the elderly people by 2 years by the end of year 2020 and the three priorities of the partnership were prevention and health promotion, care & cure and active and independent living of elderly people. Central concept of active and healthy aging is described as a way of enhancing or promoting quality of life and healthy life expectancy in people's lives as they grow older through social interaction, role playing, active mind etc (European Innovation Partnership 2014, 361)

From the above views and explanations, it can be deduced that some features are central to activity theory in relation to healthy aging. Those central features are exercises, engaging in domestic tasks, participating in brain puzzle games and interacting with the people. These four features is diagrammatically represented as fig. 1 (The activity theory) which contains features that describe activity theory.

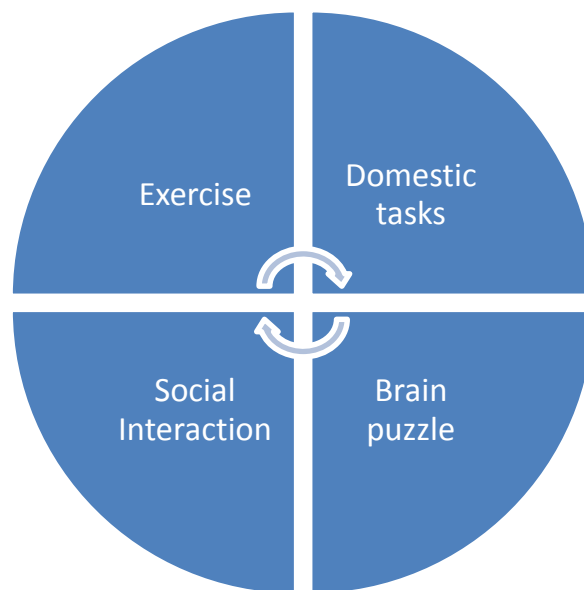


fig.1: Features of Activity theory

Wadensten, B. (2006, 347-358) further states that, theories are not meant to make provision for the cure or describe the type of care plan that could be applied to control the diseases of the elderly that hinder them from aging healthily. Theories are actually meant to describe what aging entails theoretically and how nurses apply those theories in understanding the needs of the patients. What is considered as important in the care of the older people depends largely on one's theoretical perspectives.

Holistic assessment and care & cure cannot be separated from nursing process. Promoting health, administering medication and helping patients in undergoing therapy are all encompassed in holistic care. Holistic nursing practice in accordance to philosophy of holism, stressed that a well-coordinated balance should exist between art and science, analytic and intuitive skills, and the ability to care and cure, using the interconnectedness of body, mind and spirit (Potter, P.J & Frish, N. 2007, 214)

Activity theory and care & cure have health and healing relationship and therefore can be merged together to form fig. 2 (Linear Healthy Aging). When Care & Cure with features (medication, holism, health promotion and therapy) are merged with Activity theory with features (exercises, domestic tasks, brain puzzle and social interaction), it generates what can be described as linear healthy aging represented as fig. 2 (Linear Healthy Aging)

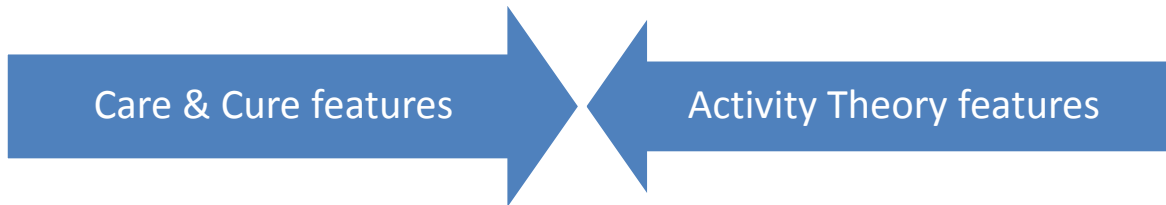


fig.2: formation of Linear Healthy Aging

In furtherance of diagrammatic explanation of Healthy aging, Linear healthy aging represented as fig. 1 later re-evolved to give fig. 3 (Healthy aging model). This model is achieved when features of Care & Cure come together with features of Activity theory to give a more detailed model.

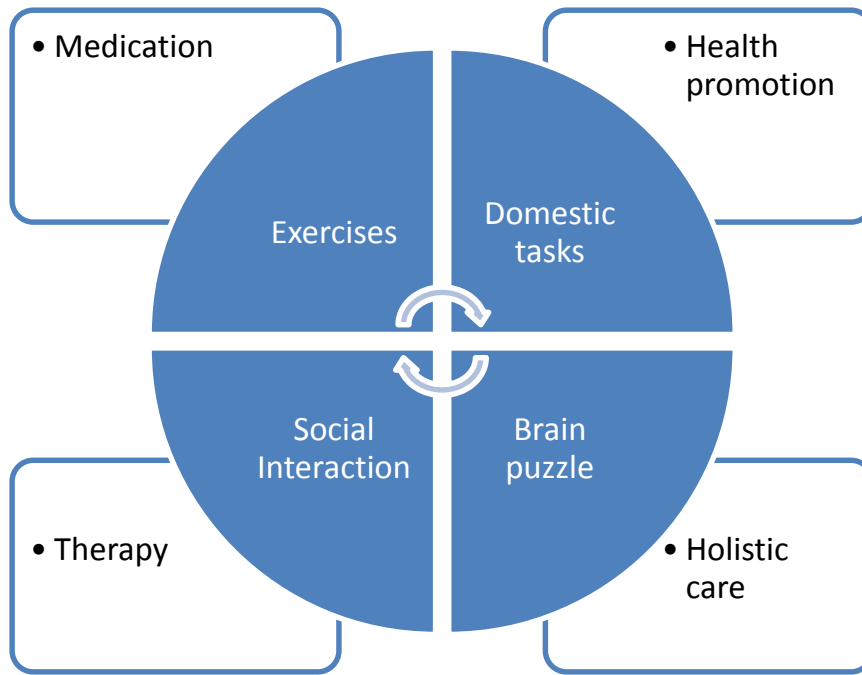


fig.3: Healthy Aging Model

Healthy aging model, give details about the general features of the Healthy aging modalities set to explain through theoretical framework. The inner part of the Healthy aging model contains features of Activity theory while features of Cure & Cure are attached to the circular orbit. This Healthy aging model theoretically indicates that, concept of healthy aging is not only limited to care & cure but also encompasses activity theory to form a robust and rounded model.

4. Aims and Research Question

The aim of this study is to explore the concept of healthy aging through a literature review and to provide answer to the research question:

What can homecare nurses do to improve and maintain healthy heart of the elderly?

5. METHODOLOGY

5.1 Systematic literature review

The method used in analyzing data in this research is systematic literature review using deductive analysis. Systematic literature review uses primary research for secondary data analysis, extract similar themes and results, and providing reliable evidence based that can be used in policy-making and practice (Neale 2009, 51). Systematic literature review is basically developed to manage high volume of information in a manageable and consistent approach. It employs a logical analysis and explicit methods to pin-point salient points and processes them in a useful way (Callaghan & Waldock 2006, p. 344).

Nowadays, Systematic literature review is applicable in different fields of research works, health field is inclusive. Health and social care practitioners need to be up-to-date with the latest information in their field, but they are unlikely to have the time to read, assimilate and interprets every publication or to follow debate. Moreover, Systematic reviews have the advantage of bringing together what can be vast bodies of information, and they provide an easy-to-digest, considered synopsis of the latest evidence on a particular issue intervention (Neale 2009, 52-64).

Walliman (2001, 25) noted that every piece of research contributes only a small part of a greater body of knowledge or understanding, researchers must be aware of the context within which their research work is to be carried out. Lots of information is involved in health field and there is need to make references to the old and distant studies in order to come up with substantial outcome in a research work. Conducting a systematic review of the literature can be very time-consuming, however, it is usually more time- and cost-efficient than undertaking a new study (Neale 2009, 67.)

5.2 Data Collection

This research is based on review of pre-existing scientific articles on the research topic and the related areas. There are numerous relevant materials on the research line and to make use of these literatures, the author employed the use of systematic literature reviews. The guidelines were to use academic databases such as Sciencedirect, Ebrary, CINAHL, Medline etc to obtain reliable data. It was noted that the use of public search engines may not give unreliable academic literatures and in other hand may have impact on the results. Therefore, only academic search engines were considered. One research question was developed which serves as a guide in the review process while certain criteria were also set.

During the search, certain features are strictly followed in managing the evolved literatures in order to extract the relevant ones. Research was developed and search key combinations were also developed. The interface of the academic databases determine how the keys were combined. Use of Ovid and Cinahl permit use of AND to connect search words and also permit creation of extra spaces to include more search words. The motive of the author is to combine the search words with the use of AND tool. Primary search words such as Healthy aging, Healthy, aging, Cardiovascular diseases, Nursing interventions are to be paired with secondary search words like The elderly, Population, Homecare and the search sentences emerged as Healthy aging AND The elderly; Aging AND The elderly population; Cardiovascular diseases AND The elderly; Nursing intervention AND Aging population.

To retrieve more scientific articles from Sciencedirect, a database that permits structuring search words in form of sentences. The same above mentioned key words were used to structure sentences and more articles were retrieved. Fig. 4(data retrieval) below shows the analysis of the search.

Keywords	Academic Databases	Number of Hits	Retrieved Articles	Relevant Articles	Articles used
Primary keys : Healthy aging, Healthy, aging, Cardiovascular diseases, Nurs- ing interven- tions. Secondary keys: The el- derly, Popula- tion, Homecare.	Ovid	1,802	31	8	4
	Cinahl	3,132	51	19	7
	Sciencedirect	17,873	126	27	14

fig.4: Data retrieval

Achieving reliable collection of data starts from the development of search criteria, the author use the Inclusion and Exclusion criteria together with Content analysis approach in analysing the available literatures. Key words were developed around the topic of the research topic ‘ ‘ Healthy aging ‘ ‘ in other to guide in data collection.

The key words are Aging, Ageing, healthy aging, active aging in the elderly, aging population and the elderly, cardiovascular diseases, nursing interventions homecare.

As the keywords were in-put and inter-changed in the academic databases, lots of literatures emerged, then the author applied other set conditions to streamline the literatures to reasonable numbers of article that have relevant information.

The preferred year of publication was set to be 1990 but any literature that uses lots of articles published below 1980 were excluded. Literatures with abstract and full texts were included. Those articles with topics that are in line with the research but have no relevant connection as regards its contents were excluded. Article that contains only abstract and no full text was not out-rightly excluded but the abstract were further used to make further search. Articles not in written in English or not written by the scholars were excluded while. Only free articles were included in the review because the study is an institution sponsored. Contents of each article were rigorously analysed and any article with mis-represented facts or biased judgement were excluded as well.

5.3 Data analysis

In this section, analysis of the scientific articles were presented to show how the research question was answered through the use deductive analysis. Providing answers to a research question of a study is done through analysis of the contents of the employed literatures in research work to arrive at a valid and reliable conclusion (Krippendorff 2004, p. 18).

In this study, about 25 scientific articles from three academic databases were reviewed apart from books and relevant websites that were also consulted. Though not all the 25 literatures answer the research question, some of them helped in giving definitions and concepts of the important terms that have strong relationship with the research line. Some of the literatures contributed immensely in providing supporting facts in the background details.

Setting standards and guidelines in a research work cannot be done away with because those are the retaining walls that keep the author in line with the topic of the research. In this work, the major point the author is driving at is to present useful and easy to digest background information which is used to provide answer to the research set out at the beginning of the research.

To be fully guided, the author came up with three themes that have strong affiliation with the topic. According to Methodology manual (2012, p. 2) reliable analysis of the content of an article is determined by the developed themes the same way direction of a developed questionnaire is determined by how the questions are structured.

The developed themes are healthy aging, cardiovascular diseases and Homecare nurses' interventions. These themes were developed through deductive analysis. The first theme " Healthy aging " is actually the topic of the study. In the beginning of the study, the author came up with " Happy aging " as the research topic after a wide consultations and on presenting the introductory part of the study to the supervisor, the supervisor made a suggestion that the topic should be changed to " Healthy aging " by proposing that Healthy aging is more practical and has a broader view than Happy aging and at the same time, there are more relevant articles in the area of Healthy aging.

While the study is ongoing, after retrieving a number of articles with the use of " Healthy aging " and " the elderly " as the preliminary search keywords. The author realised that most of the articles evolving were in connection with, firstly, preference of the elderly for living at home while receiving homecare and secondly, aging usually come with age related diseases such as cardiovascular diseases. After noting this trend in most of the first round of the scientific articles retrieved, the author decided to develop the other two themes around the above mentioned scenario that evolved in the first round of the articles " preference of the elderly for living at home while receiving homecare and aging usually come with age related diseases such as cardiovascular diseases ". This is what led to the second theme, cardiovascular diseases and the third theme is Homecare nurses' interventions. Also, in order to unify the direction of the study so that the developed themes and research question can be in harmony, the author also developed the research question in such a way that the research question is providing answer to the subjects being central to the themes developed. That is how the research question " What can homecare nurses do to improve and maintain healthy heart of the elderly? " was arrived at.

During the analysis of the relevant 25 articles, 17 articles have aging as part of their topics in relation with homecare and cardiovascular diseases. Such articles are Aging and cardiovascular diseases: The role of gene–diet interactions; Factors associated with successful aging in persons aged 65 to 75 years; Successful ageing: A historical overview and critical analysis of a successful concept; Adjustment to Aging in Late Adulthood: A Systematic Review etc. Meanwhile, less than 10 articles explored deeper into the aging in connection with old people in particular. Some of the articles in this category are ageing in the European Union; Healthy ageing and home: The perspectives of very old people in five European countries; a life course approach to healthy ageing; Satisfaction with aging and use of preventive health services etc.

The remaining 9 articles do not actually have aging as central topic but treat it as sub-topics. Few of these articles are Primary Caregivers Satisfaction and its Related Factors in Home Health Care Services; Relationship between level of independence in activities of daily living and estimated cardiovascular capacity in elderly women; Teaching nursing students about spiritual care: A review of the Literature; They are the reason I come to work; Client-centred care perceived by clients of two Dutch homecare Agencies; Holistic practice – A concept analysis; Absolutely fabulous, but are we? Carers' perspectives on satisfaction with a palliative homecare service etc.

Meanwhile, Homecare nurses' intervention, nursing care, nursing support etc emerged in 18 articles either as main topic or as sub-topic. The third theme which is " Cardiovascular diseases " is reserved at the back of the author's mind to interconnect the relevant articles simply because the nursing intervention is targeting the elderly living at home but suffering from Cardiovascular diseases. Though, in many articles, what is good for the cardiovascular diseases patients is also good for many other elderly people suffering from other diseases. Therefore, the third theme was used as a tool to control the literatures that answer the research question. Efforts were also made to make sure that some of the literatures that answer the research question were contact based and not all the literatures are theory-based. All together, 16 literatures provided answers to the research question.

6. ETHICAL CONSIDERATION

Ethical consideration remains an important part of a reliable study as it determines if the study has taken care of all the necessary issues that could lead to violation of rights and copy right. Violation of copy right carries heavy penalty nowadays and can equally lead to condemnation of a study. According to Robley (1995, p. 48) ethics is described as an important study tool which can be viewed from various angles, ethical reports prepared by the ethic committee can be considered as a guide and support during a review process.

Parahoo (1991, p. 36) stated that content and structure of a study are managed and directed by research ethics. In this study, ethical consideration was observed right from the beginning of the study till the end of it. In the beginning, the research topic was presented to the supervisor in-charge who offered recommendations and advises on how to carry out a research in a regularised manner. The author considered using the academic databases recommended by the supervisor that the author has right to use. Some studies that are contact based, where real people are used as samples, were taken care by not revealing the identities of the samples meanwhile, almost all the studies that are contact do not actually disclose the identities of their samples.

To avoid plagiarism, quotes from the articles are not lifted directly, the author tried as much as possible to re-structure all the quoted statements and they are all properly referenced in the reference list. Inciting words that could be regarded as abuse or emotional aggression are completely eliminated throughout the study. Likewise, efforts were made not to include any obscene picture that could denigrate the author or the study.

In a rare situation where some interviews are quoted directly, they are quoted in *italics* to indicate that, those quotes are actually lifted directly and they are referenced accordingly with truth and honesty to the best of the author's ethical knowledge. Also, facts and ideas from all the used literatures are not twisted in favour of the author's aim and direction of the study. Facts are represented as presented in all considered literatures.

7. RESULTS

In this section, efforts were made to analyze facts and figures presented in the background of the study in an objective way and associate them with one another, to produce answer to the research question " What can homecare nurses do to improve and maintain healthy heart of the elderly? After answering the research question in word-format, the results would also be represented diagrammatically. Also, in the last chapter of the study, appendices section, analysis of the articles that contributed immensely in providing answers to the research question and those that give valuable concepts and definitions, would be presented in a tabular form.

The developed themes for the study are healthy aging, cardiovascular diseases and Homecare nurses' interventions while the research question is " what can homecare nurses do to improve and maintain healthy heart of the elderly? ". In answering the research question and produce results for the study, the first theme, Healthy aging, was analyzed and its concept was explored to understand details about aging. The impression of the old people about living healthily was paramount in the analysis, how they feel about going through aging process and if they are really determined in following the process that could make them live a healthy lifestyles.

Healthy lifestyles emerged as an important concern among the elderly people. Their understanding about healthy aging was perceived from different dimension which encompasses psychological, functional, social and physical areas. The elderly also realised that their self control about activities has an important role to play in living a healthy life. It was observed that task of achieving healthy aging is not beyond what the old people could take up as an assignment with the support of homecare nurses and the involvement of other healthcare officers (Sixsmith, J. et al. 2014, 1-9)

It was observed that living a healthy life across lifespan in accordance to the recommendation of the homecare nurses, have positive influences on the physical and cognitive capability, social and psychological wellbeing, and the underlying biological components of aging. Achieving a positive result of healthy aging is not only limited to observing healthy lifestyles at old age, but across life span, especially, right from the adulthood (Kuh, D. et al. 2012, 193-195).

Keeping active while at home has been proven highly important to healthy aging and good living for the elderly people in many definitions. Research shows that retaining or maintaining one's previous roles, keeping control over one's life gives way for a positive impact on healthy aging. Interviewing the old people about how they wish their lives are managed is important to helping the old people to age well (Sixsmith, J. et al. 2014, 1-9)

It is generally observed that the old people are aware that living a healthy lifestyles could help them to achieve healthy aging psychologically, functionally, socially and physically. Achieving healthy aging is within their capacity by trying to follow the recommendation of the homecare nurses as regards their health. This indicates that living healthily is important to the old people and better way to achieve this is through follow-up of the homecare nurses' recommendations.

The second theme of the study, cardiovascular diseases, was also brought to lime-light to contribute to the research's results.

Aging and cardiovascular diseases can hardly be separated from each other, the two go hand-in-hand when it comes to the elderly people. Elderly individuals who have suffered cardiovascular diseases can suffer from significant disability and deterioration in quality of life, which can result to various physical, cognitive, and psychosocial impairments in the body system (Dahany, M. M et al. 2014, 2).

Patients with the age of 70 years and/or above have high risk of developing cardiovascular diseases, and the metabolic syndrome. Moreover, older individuals have higher chance of dying after as a result of heart attack and complications is common among them compare to younger people. Socioeconomic status (SES) and institutionalization factors can influence the chance at which the old people may develop cardiovascular diseases. Some patients are financially incapable to afford purchase of drugs needed to follow-up their medical care plan and therefore, cannot prevent ending up in complications. Others with less education or with cognitive impairments may be unable to follow the doctor's orders rightly, also, demographic factors such as age, marital status, and gender may also be linked to risks for developing cardiovascular complications (Morewitz, S. J & Goldstein, M. L. 2007, 125-135).

Cardiovascular diseases, mostly as a result of aging had impacted global social-economic issues, rise in national health burden; drop in roles, responsibilities and social obligation of the aged people in the society. Though, improvement in the field of medicine that elongates life expectancy is a great achievement but lack of healthy aging among the elderly people is a very important situation that demands an urgent attention (Willcox, D. C; Scapagnini, G. & Willcox, B. J. 2014, 148-162)

Homecare nurses could help the elderly suffering from cardiovascular diseases to age healthily through elimination of risk factors in their homes and their environment. Offering advises or helping them in removing what could lead to home and environmental accidents; Holistic care supports and emphasizes on social support networks (Sixsmith, J. et al. 2014, 1-9). Physical capability of the elderly people suffering from cardiovascular diseases, or ability to perform less strenuous physical tasks such as domestic and community tasks, can be assessed by the homecare nurses through objective tests of strength and physical performance, and self reports of daily activities to the homecare nurses (Kuh, D. et al. 2012, 193).

The third theme, homecare nurses' interventions, interconnect the first theme and the second theme with each other by pointing out the roles being played by the homecare nurses in supporting healthy aging in the elderly people.

Across the world, the overwhelming population of the elderly suffering from incurable diseases like cardiovascular diseases, cancers etc are encouraged nowadays to stay at home and receive care attentions. Due to this, homecare has now turned out to be a major part of healthcare setting. With this care system, the elderly feels more comfortable and happy at home than institutionalized setting. They also get optimized care from the homecare nurses (O'Connor, L. et al. 2009, 201-209).

Homecare nurses follow up treatment of the elderly people suffering from cardiovascular diseases by dosing out doctors' prescribed medication to them in their homes, teach them how to use it, explain how the medication works and the consequences of skipping the dosage. Also, homecare nurses watch out for the improvement as they visit them on a regular basis; encourage them to adopt healthy lifestyles, among the healthy lifestyles is consuming balanced foods with diets; participating in light exercises to achieve healthy weight; involving in puzzle games to improve their mental ability; do away with smoking habit as this reduces the worsening state of atherosclerotic cardiovascular diseases, such as coronary heart disease (CHD) and stroke (Sixsmith, J. et al. 2014, 1-9).

To the independent patients, quality care is more than physical but also emotional, personal needs, choices and responses as well. Social bonds that exist between homecare nurses and the patients shows that both the care-receiver and the care-givers enjoy it, such relationship also helps the patients in replacing the missing family relationship in their lives which makes the homecare services look more quality to them compare to hospitals and nursing homes (Ball, M.M et al. 2009, 38).

The old people are pre-occupied physically, psychologically and socially with their homes and environs. They prefer to retain their home in whatever situation they find themselves but as times goes on, they age, their health deteriorates and become frail, therefore, becoming unable to care for both themselves and their environment to their satisfaction. They end up becoming burden on the families when families are no more available, loneliness set in and the need for homecare services become unavoidable (Sixsmith, J. et al. 2014, 1-9)

The elderly people suffering from cardiovascular diseases are encouraged by the homecare nurses on the need to feed on foods containing balanced diets and also help them in making it available from the shops if it falls within their officially assigned duties. Considering the result of a project carried out in North Karelia, Finland, about the nutritional approaches to reduction of cardiovascular diseases among the people. The projects cover about three decades of comprehensive eating lifestyles with the inclusion of pharmacotherapy and other medical therapies. It was deduced that there was 80% risk reduction in cardiovascular diseases through reduction in cholesterol, blood pressure and smoking (Willcox, D. C; Scapagnini, G. & Willcox, B. j. 2014, 148-162)

Health promotion is an important key to healthy aging and homecare nurses play a central role in promoting health of the elderly because homecare nurses are more closer to the elderly compare to other healthcare officers. They promote health by advising on smoking cessation, effective disease prevention, good eating habit and reduction of risk factors of obesity (Rechel, B et al. 2013, 1312-1322). Holistic nursing practice is relationship centered, which involves body, soul and mind assist the homecare to get more closer to the elderly people which gives the elderly sense of relationship to open up their mind and share their feelings with the nurses. From this shared information, effective care plan which facilitates active healing and healthy living can be adopted (Potter. P.J & Frisch, N. 2007, 213-228).

Considering the survey carried out by Sixsmith, J. et al. (2014, 1-9) among the elderly people living at home in various European countries, the results of the survey shows that most of the participants prefer doing things on their own, going to bathroom to take care of themselves; shopping in the nearby shops, making meals and keeping their clean. Report of the European Innovation Partnership (EIP) on Active Healthy Aging (AHA) strategic implementation plan, classified plan into three areas of priorities. The areas are (I) Prevention and promotion (II) Care & Cure and (III) active and independent living of the elderly people (European Innovation Partnership 2014, 361-362)

It can be deduced from the analysis of the three themes that some salient roles of the homecare nurses are central to improve and maintain healthy heart of the elderly. The first theme, emphasizes active and healthy lifestyles among the old people, explains the reason why healthy aging can be sustained by the elderly through adopting recommendations of the homecare nurses. Moreover, it was stated that achieving healthy aging psychologically, functionally, socially and physically lies within their capacity if they are in cooperation with the recommendations of the homecare nurses.

The second theme which is cardiovascular diseases, gave insight into the rate at which cardiovascular diseases are present among the elderly people and ways of living or aging with it. The cardiovascular diseases cannot be separated from aging, it is common among the old people population and deteriorates their health condition, which therefore call for need of the homecare nurses.

Homecare nurses help them to age healthily through elimination of risk factors in their homes and surrounding; advising or helping them in removing what could lead to domestic accidents; promoting holistic care and emphasizes on social support networks.

The third theme inter-link the first and second theme and offer what nurses could do to help the elderly people to improve and maintain healthy heart of the elderly people. The roles of the homecare nurses includes promoting the health of the; helping with the care plan; dosing out the medications/drugs by following doctors' prescriptions; encourage the elderly in partaking in the mild activities and domestic works; encourage them to interact with their neighbors; assisting them with presence around them; offer advises on intake of balanced diets; refrain from certain bad habit such as smoking and engage in light puzzle games etc. These responsibilities of the homecare nurses are further categorized and abridged to generate a model, fig.5: homecare intervention, shown in the discussion part of this study. The model diagrammatically simplifies what nurses can do to improve and maintain healthy heart of the elderly.

8. DISCUSSIONS

In the background and results parts of this study, lots of issues were raised, analyzed and justified from different perspectives. The synthesized facts were then used by the author to justify the positions of the study results. The results would be summarized here and the interpretation of stated facts would be explained further in relation to the research question. However, not all raised facts in the used literatures are in support of the study direction, those that are not in support of the study direction are actually not negligible, some do carry weight and deserve to be treated here as part of the discussions and also in the concluding part.

The aim of the study was to explore " Healthy aging " in view of the elderly people living in their respective homes with cardiovascular diseases. In the process of the study, it was realized that the needs of the elderly people suffering from other age-related diseases are not critically different from the needs of the elderly people suffering from cardiovascular diseases. Therefore, the author explored the roles and responsibilities of the homecare nurses towards the elderly people suffering all age related diseases. All the homecare nurses' roles that emerged in the introductory and background parts were synthesized and narrowed down to the feasible and sustainable ones. In some situations in homecare services, some nurses play the roles of the nurses and other care practitioners. In this kind of scenario, the general roles of the nurses are considered so that the results of the study can be generally applicable in homecare situation.

To substantiate healthy aging with theoretical analysis, it was observed that in most articles that treat healthy aging as a subject, healthy aging is interpreted to mean or associated with active aging, both terms target quality lives through being active. According to Sixsmith, J. et al. (2014, 2), there is considerable overlap between healthy ageing and other concepts such as 'successful aging ', ' active aging ' and ' productive aging '. Therefore, Activity theory was used to explain features of healthy aging theoretically and when the features of both terms were analyzed, the products have relationships with the eventual results of the study.

In the first instance, the research question " What can homecare nurses do to improve and maintain healthy heart of the elderly? " Determines the direction of the thesis. The success of the study was achieved as the study results justified the research question. What homecare nurses do to maintain healthy heart of the elderly are numerous but the cogent ones are care & cure, nurses' supports and advises on physical activities, healthy diet and weight, smoking cessation, falls, social interaction, self care, health education and engagement in brainy games. These go a long way to extend life expectancy of the older people and number of years lived free of cardiovascular diseases (Rechel, B. et al. 2013, 1312-1322)

From the views of many authors, what homecare nurses do to help the elderly people also face some limitations as the roles of homecare nurses do not cover certain deterministic factors in the homes or surroundings where the elderly people live. Home and environmental safety is more crucial to the design of the homes and environment and, if not well designed to aid safety, could militate against safety advises from the homecare nurses. In such manner, falls would be difficult to avert. Also, aging at home with family members interfere with the family issue sometimes through a variety of reflections, emotions and behaviour. The motive of the nurses for the elderly and what the elderly want for themselves such as decision-making processes on care provision, may contradict the interest of the rest of the family, therefore, tension might set in which discourages the living together of the whole family and eventually gives birth to loneliness for the elderly (Sixsmith, J. et al. 2014, 1-9)

In a recent study, out of the 17 major risk factors that are responsible for death, diet constituted the most severe risk factor of age-associated diseases. Also, some dietary patterns are well known to be associated with the prevention of chronic age-associated diseases, such as the traditional Mediterranean diet. Sometimes, it is difficult to encourage somebody at old age to engage in social interaction to better his/her life because the person has been living in isolation for many years. Attitude especially that of the old people, are difficult to change (Willcox, D. C; Scapagnini, G & Willcox, B. J. 2014, 148-162)

Aging at home seems to have benefits that outweigh its demerits. Aging at home brings about the possibility of continuing living normal lives in one's preferred environs. This allows old people's independent lives without sharing things with strange people the way it is in the hospitals or long term facilities. They colonize their own space and maintain certain peculiar roles in their own homes. Meanwhile, they also have access to quality private care being delivered to them at their door-steps. The area that did not gain so much attention in many literatures about aging in place are its demerits, some elderly people do not actually fit to continue living at home but their real health statuses are unknown to them. For such people, aging at home would only worsen their situation (Sixsmith, J. et al. 2014, 1-9)

Below fig. 5 (Homecare intervention) is the diagrammatic representation of the study results which shows how homecare nurses impact the health/heart of the elderly positively through roles of homecare nurses. The homecare nurses is represented as the central role player while the some responsibilities, Care & Cure and Encourage activities are further split.

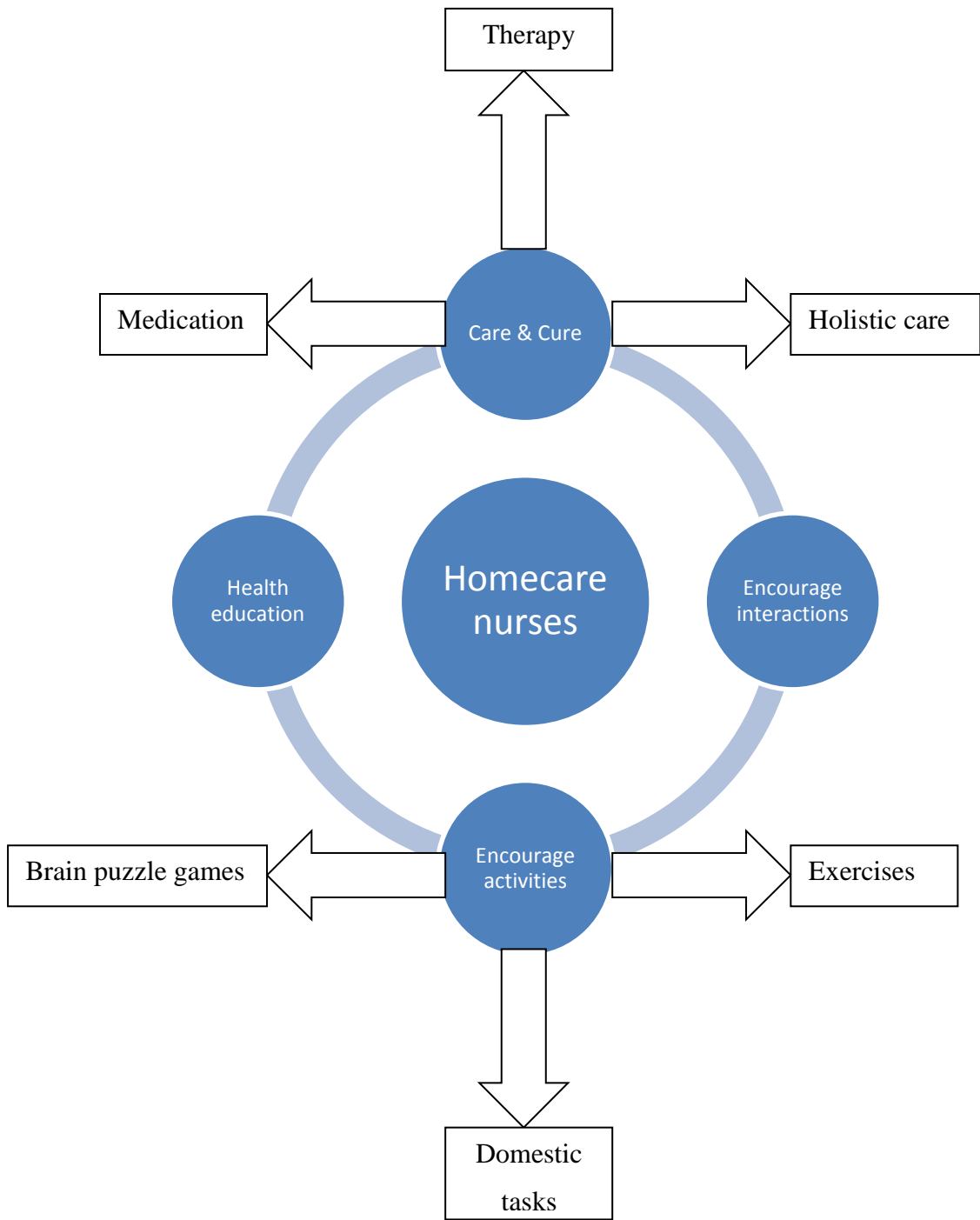


fig. 5: Homecare intervention

Moreover, the research question is focussing more on how the homecare nurses could help the elderly people but in the actual sense, the roles of the homecare nurses is to help the elderly on how they could help themselves. The mentality behind living at home while receiving care means one could actually help oneself to a certain extent. Therefore, helping the elderly on how to self-care themselves has lots of connection with other factors. Self-care is associated with general conditions of living, having coordinated sense of coherence, moderately good health, health literacy, access to information, access to technology such as internet and computer etc. Lacking all or part of these above mentioned can be associated with inability of an elderly people to self-care which could lead to adverse outcomes and one of identifying the elderly that deserve homecare services is to organize regular home visits to ascertain if any elderly person is homecare-worthy (Rechel, B. et al. 2013, 1319-1322)

9. CONCLUSION AND RECOMMENDATION

Definition of Healthy aging is beyond elongation of life, it also emphasises quality of life as a key concern for health and social care practitioners. To the elderly person, healthy aging means having a sense of wellbeing, the ability to undertake an independent activity, meaningful participation, enjoy supportive environments and positive attitudes or right frame of mind. Being healthy transcends to having the resources at disposal to undertake everyday life that is not satisfying to self but also possibly satisfying to others (Sixsmith, J. et al. 2014, 1-9)

As simple as definition of healthy aging looks, achieving it could demand an endless efforts. The threat of the aging population especially in the developed countries is the major concern of both the government and the public. The government is more concerned about the resources expended on the elderly care, the younger generation is wearing due to ever demanding of elderly care services but the elderly people themselves are more concerned about their own comfort (Rachel, R. et al. 2013, 1312-1322)

In achieving healthy aging, removal of risk factors to cardiovascular diseases and other age related illness is highly important. It has been established that deterioration in health can be delayed or prevented through removal of risk factors. The marked reduction in heart disease mortality that began in the 1960s was linked with reduction in risk factors such as smoking and cholesterol levels (Fries, J. F. 2012, 1-8). Also, from a biomedical angle, the removal of risk factors for severe illness, and promotion of optimal responses to illness have been central. A holistic approach to health encompasses conducive and supportive living environments and psychosocial dimensions, including individual dispositional factors, social support groups and elimination of structural inequalities (Sixsmith, J. et al. 2014, 1-9)

The Veterans Specific Activity Questionnaire (VSAQ) developed to facilitate prediction of fitness for exercise in the elderly people suffering from cardiovascular disease also indicated that the elderly with higher VSAQ scores (8METs) were associated with 75% reduction in mortality risk of cardiovascular diseases (Oliveira-Brito, L. V. et al. 2014, 367-371).

Formation of healthy habit or attitude aid healthy living in the lives of the elderly. Centers for Disease Control and Prevention (CDC) have estimated that almost 80% of coronary heart disease (CHD) and type-2 diabetes mellitus (T2DM) as well as 40% of cancers, can be possibly prevented through improvement in just three areas of healthy behaviour, namely, eating habit, physical activity, and tobacco cessation (World Health Organization, 2005; Willcox, D. C; Scapagnini, G & Willcox, B. J. 2014, 148-162)

Improving the healthy lives of the old people living with cardiovascular diseases is not limited to the homecare nurses alone, it is more of interwoven responsibilities which necessitate working together of social and healthcare workers in other to deliver care safely and efficiently. The management of severe cardiovascular diseases of an elderly person living at home can be improved through a readily available well trained healthcare workers, supportive information systems, and reliability in financial matters (Rechel, B. et al. 2013, 1312).

Achieving all these above stated factors would bring about healthy aging, happiness in the lives of the elderly people as well as readiness to live. Happiness has been explained to mean condition of stable, global perception of life quality and central to indicator of Quality of Life (QoL) because, together with physical ability and mental state of mind, it indicates how people live and thrive (Yang, Y. 2008, 1240).

In the end of any research work, it is always a good idea to offer recommendations or at least suggestions for the future researchers in the areas that are not yet gaining research attention. In the course of review of the literatures, many researchable areas in the field of Healthy aging emerged. The author understands that at this level of research, recommendation cannot be made and suggestions would rather be offered in the area that could be focused on by the future researchers. The salient researchable area observed during the review is ‘ ‘ Effect of Ageing well from adulthood ‘ ‘. This topic could explain more reasons to start aging well right from adulthood rather than waiting till old age when it will be difficult to change attitude or cope with the old age related changes.

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APPENDICES

AUTHORS' & YEAR OF PUBLICATION	ARTICLES' TITLES	STUDY SAMPLES	DATA COLLECTION TOOLS	STUDY RESULTS
Ball, M. M. et al. 2009	They are the reason I come to work.	100 residents, 61 staffs	Participant observations and interviews	Care outcomes are influenced by, and in turn Influence, relationships and strategies. Outcomes also are influenced directly and indirectly by DCW, resident, and Workplace factors.
Bosman, R et al. 2008	Client-centred care perceived by clients of two Dutch homecare Agencies	732 clients received questionnaire. 341 returned. 323 valid	questionnaire	Clients were quite positive about the care they were receiving. They appreciated the homecare services with a score of 8.23 on a scale of 1–10 (SD ¼ 1.21).
Bullock, H. M & Söderqvist, T. 2014	Successful ageing: A historical overview and critical analysis of a successful concept	Reviews of existing literatures	Argument based	Established that concept of successful ageing was received in a wide variety of different disciplines that deal with ageing.
Corella, D & Ordovás, J. M. 2014	Aging and cardiovascular diseases: The role of gene–diet interactions	Reviews of existing literatures	Argument based	Expression of age-related trait depends on complex interactions between relevant genes and environmental factors. Outstanding among gene–environment interactions are interactions with diet. Current paradigm for healthy aging and longevity is based on calorie restriction while gene–diet interactions play a signifi-

				cant role
Dahany, M. M et al. 2014	Factors associated with successful aging in persons aged 65 to 75 years	30,514 subjects participated in the national Barome tre Sante survey in 2005, 2277 subjects aged 65 to 75 years completed the Duke Health Profile.	Data collected from organization's database, Barome`tre Sante, (health barometer), a national telephone survey on health performed in randomly selected individuals aged 12 to 75 year.	In total, 645 (29.9%) had successful aging according to reseachers' definition. Study found that demographic characteristics (such as younger age and the fact of practising a religion), regular exercise, combined with psychological and physical factors were all associated significantly with successful aging.
Gauthier, C. J et al. 2014	Hearts and minds: linking vascular rigidity and aerobic fitness with cognitive aging	31 young (21 males, with mean age of 24 yrs) and 54 older community-dwelling healthy participants (17 males, with mean age of 63yrs)	Interviews, records, physical and medical checks.	All participants were healthy and did not show signs of mild cognitive impairment. Modified Stroop reaction time was higher on average within the older as compared with the young group. The standard deviation of both groups was similar, and the 95% confidence intervals for the two groups were found to be non-overlapping.
Humboldt, S.V & Leal, I. 2014	Adjustment to Aging in Late Adulthood: A Systematic Review	Reviews of literatures	Argument based	All the studies in the review were performed in the community that corroborates growing research, which suggests that aging well should be promoted within the community.
Kim, E.S et al. 2014	Satisfaction with aging and use of preventive health services	6177 respondents who are over the age of 50 years	Sample drawn from the 2008 wave of the Health and Retirement Study (HRS), collected through interviews	In unadjusted, age-adjusted, and fully-adjusted models, aging satisfaction was not associated with obtaining preventive flu shots. However, higher aging satisfac-

			and self-administered questionnaires.	tion was associated with a higher likelihood of using other preventive services in all models.
Kuh, D. et al. 2012	A life course approach to healthy ageing.	unspecified random samples	Information retrieved from nine UK cohort studies	Those with poorer physical capability are more likely to die sooner and develop health problems than those with higher physical capability. Higher levels of neuroticism, poorer cognitive and physical capability, greater disability, and poorer health were linked with higher risk of these outcomes. Diurnal cortisol patterns are associated with walking speed and chair rise time, even when the measures were taken 20 years apart
McEvoy, L & Duffy, A. 2008	Holistic practice – A concept analysis	Reviews of literatures	Argument based	Holistic nursing care embraces the mind, body and spirit of the patient, in a culture that supports a therapeutic nurse/patient relationship, resulting in wholeness, harmony and healing.
O'Connor, L. et al. 2009	Absolutely fabulous, but are we? Carers' perspectives on satisfaction with a palliative homecare service	720 past carers received a satisfaction survey within the 5 years prior to data analysis, 300 (41.7%) returned com-	Use of questionnaire with open ended questions	Almost all carers (99.1%, $n = 293$) expressed overall satisfaction with the admission processes, and over 98% ($n = 300$) of carers were either always (86.8%) or often (11.5%) satisfied with each aspect of the delivery of care. Only two car-

		pleted surveys.		ers were rarely or never involved in care planning. Almost all carers (99.7%, <i>n</i> = 300) felt comfortable with the care.
Oliveira-Brito, L. V. et al. 2014	Relationship between level of independence in activities of daily living and estimated cardiovascular capacity in elderly women	37 healthy elderly females, aged over 60 years. The subjects were recruited from the Third-Age Open University program in Gama Filho University.	Veterans Specific Activity Questionnaire (VSAQ)	There was positive correlations between the VSAQ and all functional tests, especially when the VSAQ was age-adjusted with the nomogram. Contrary to our hypothesis, the best correlation observed was between the VSAQ and the assessment of agility and dynamic balance (8-foot up-and-go). We found a significant correlation between the VSAQ and the 2- min step test.
Rechel, B et al. 2013	Ageing in the European Union	Reviews of existing literatures	Argument and projection based	The unprecedented ageing of European populations presents new challenges to health, long-term care, and welfare systems. Irrespective of a potential compression of morbidity, the numbers of older people with cancer, fractured hips, strokes, and dementia will increase, and many older people will have multi-morbidities.
Sixsmith, J. et al. 2014	Healthy ageing and home: The perspectives of very old people in five European countries	117 females, 73 males across five countries	Interviews	Healthy ageing was seen as something that older people could do or work towards for themselves, highlighting a sense of agency in old age. In the following analysis, the emergent themes of healthy ageing are described in rela-

				tion to the role of the home in supporting or constraining this process.
Timmins, F & Neil, F. 2013	Teaching nursing students about spiritual care: A review of the Literature	Reviews of existing literatures	Argument based	Many nurses feel ill-equipped to deal with patients spiritual needs, even though, they readily recognize that these are evident in practice and they often provide spiritual care. In addition, increased population mobility means that many contemporary societies are increasingly multicultural resulting in diverse spiritual and religious needs
Wei, S et al. 2011	Primary Caregivers Satisfaction and its Related Factors in Home Health Care Services	145 care-givers. Male 43, Female 102.	Self-structured questionnaire.	Analysis for all variables between expectation and perceived performance showed that “home health care nurses are reliable” responsiveness dimension of “home health care nurses will inform when to provide services” and empathy dimension of “attitude of home health care nurses is kind and friendly” has significantly higher score in perceived performance, whereas the expectation score of “home health care nurses can complete the promised tasks” is higher than the perceived performance.

Appendix 1: Result analysis of the articles

