Providing Good Nursing Care In Elderly Care Center

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The purpose of the thesis is to find out the nursing descriptions of nursing interventions in order to provide good nursing care in elderly care center. The research question was open-ended question. The research approach was qualitative method and the qualitative content analysis method was used to analyze the data. The data was collected by using an interview method where the tape-recorder was used.

The findings of the research explain that nursing interventions in order to provide good nursing care in elderly care centers are promoting physical health, mental health and spiritual health. Further, promoting physical health has sub-categories of personal hygiene, medication, rest, physical comfort, mobility and nutrition; promoting mental health has sub-categories of respect, family, communication, social life, presence of nurse, mental comfort; and promoting spiritual health has sub-categories of music, attending the Sunday mass, peaceful environment and purpose.

Key words: Ageing, elderly care and elderly care center, gerontological nursing, holistic nursing care, nursing interventions, and good nursing care

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1 INTRODUCTION

The **world**'s **population** of older people is increasing; The **World** Health Organization (WHO, **2013**a) defines 'elderly' as those 65 years and older. Six hundred million people worldwide are aged over 60years, a figure that is predicted to double by 2025 (World Health Organization, 2013b). Consequently, nurses are and will continue to be, primarily caring for older people, both in the hospital and community and will require expertise in gerontology and the ageing process (Pope, 2012).

According to Heikkilä (2012), population aging has emerged as one of the essential problems facing the developed countries, and consequently the problem posed by the elderly population is gaining increasing importance when considering the future and development of the society. The most remarkable change in the age structure will occur within the next ten years when the baby-boom generation, those who were born during the second half of the 1940s, will retire. (Heikkilä, 2012, pg.2)

According to the Finnish statistical data on population projection, the number of individuals aged 65 years and above is expected to rise in the near future. The percentage for the year 2010 stood at 18% and is expected to be 29% by the year 2060.This amounted to 4, 3% of the population, and in the EU-15, the share was 4, 7% of the population in 2008. In 2032, i.e. roughly one generation later, the share of the population in Finland aged 65 or over will have risen to 26, 0%. The same share for the EU-15 is projected to be 24, 7%.The total population in Finland in 2031 is estimated to be some 5 568 256 inhabitants and this means that Finland faces a somewhat sharper increase in the population that is 65 or older than is the case in the EU-15. Regarding those 80 or over, it is projected that this share will rise to 8, 7% of the total population in 2032 in Finland whereas the corresponding figure for the EU-15 will be 7, 5%.Thus, also in the case of the population aged 80 or more the rise in Finland will be somewhat sharper than in the EU-15 countries as a whole. Consequently the demand for long-term care of all possible forms will increase in the future, not only in Finland but in the EU as a whole. **(Böckerman,Johansson & Saarni, 2011).**

In the end of year 2005, there lived around 37505 people in Järvenpää. Among them, 3733 were people of 65 years old and 1514 were people of 75 years old. During the year 2005, the increase amount of elderly people was more than expected. The amount of elderly people of age 75 tripled on the same year, 2005. The number of people moved to Järvenpää was more than expected. Then the number of elderly people of 75 was 1514 during the year 2010. The elderly people who moved from other municipalities were more than it was expected. The oldest group (+85years old) was 306 during the year 2005 and number increased to 400 during the year 2010 and it is estimated that the number will rise to 505 during the year 2015. Among this group of elderly people, half of them need help in almost day to day life. (Luuk et al., 2007)

The topic of my thesis is "providing good nursing care in elderly care center". This thesis is held in Pihlavistokoti and Lehmustokoti, homes for elderly people where services and gerontological care are provided under the basis of 24-hour /day and 7days/week. In Pihlavistokoti there are around 42 apartments altogether and five elderly care units where around 6-9 elderly people are living in each unit. In Lehmustokoti there are three units and 36 apartments. In each unit there are around 12 clients living together. Both these homes for elderly people are situated in Jamppa, Järvenpää. In each ward, there is one registered nurse working together with other practical nurses. (https://www.jarvenpaa.fi)

Since the number of elderly people is increasing year after year in Järvenpää, there will be a lot of challenges to provide good nursing care. So, in my point of view, it is important to do research in this field now, which might help in getting solutions in the future. Elderly people have as much as rights as all the other age group to get good nursing care. So, the descriptions of nursing interventions that nurses use in order to provide good nursing care might provide innovations and development in nursing care of elderly people in Järvenpää in the present as well as in the future.

2 THEORETICAL BACKGROUNDS

2 .1 Ageing

There is no single universally accepted definition of aging. Aging is best looked at as a series of changes that occur over time, contribute to loss of function, and ultimately result in the death of a living organism. Biological theories of aging attempt to explain why the physical changes of aging occur. Some biological theories look at aging from a genetic perspective. The programmed theory proposes that every person has a "biological clock" that starts ticking at the time of conception. In this theory, each individual has a genetic "program" specifying an unknown but predetermined number of cell divisions (Wold, 2012). There are four interrelated aspects of ageing which are physical ageing, psychological aging, social psychological ageing and social ageing. Human ageing is described as physical changes over adult life, psychological changes in the minds and social psychological changes in what the individuals think and believe, and social changes in how individuals are viewed, what individual can expect and what is expected from the individuals. (Atchley 1997, pg. 3.)

Psychosocial theories of aging do not explain why the physical changes of aging occur; rather they attempt to explain why older adults have different responses to the aging process. Physical theories of aging indicate that, although biology places some limitations on life and life choices. Nursing can help individuals achieve the longest, healthiest lives possibly by promoting good health maintenance practices and a healthy environment. Psychosocial theories help explain the variety of behaviors seen in the aging

population. Understanding all of these theories can help nurses recognize problems and provide nursing interventions that will help aging individuals successfully meet the development tasks of aging (Wold, 2012).

Between 2000 and 2050, the proportion of the world's population over 60 years will double from about 11% to 22%. The absolute number of people aged 60 years and over is expected to increase from 605 million to 2 billion over the same period. It took more than 100 years for the share of France's population aged 65 or older to double from 7 to 14%. In contrast, it will take countries like Brazil and China less than 25 years to reach the same growth. The number of people aged 80 years or older, for example, will have almost quadrupled to 395 million between 2000 and 2050. There is no historical precedent for a majority of middle-aged and older adults having living parents, as is already the case today. (WHO, 2012)

Even in poor countries, older people die of non-communicable diseases such as heart disease, cancer and diabetes, rather than from infectious and parasitic diseases. In addition, older people often have several health problems at the same time, such as diabetes and heart disease. Around 4-6% of older people in developed countries have experienced some form of maltreatment at home. Abusive acts in institutions include physically restraining patients, depriving them of dignity (by for instance leaving them in soiled clothes) and intentionally providing insufficient care (such as allowing them to develop pressure sores). The maltreatment of older people can lead to serious physical injuries and long-term psychological consequences. (WHO, 2012)

Elderly people tend to acquire multiple health problems and illness as they age. The decline of physical function leads to a loss of independence and increasing fraility as well as to susceptibility to both acute and chronic health problems, which generally result from several factors rather than from a single cause. When combined with a decrease in host resistance, these factors can lead to illness or injury. Impaired mobility is the cause of decreased are many and varied. Common causes are Parkinson's disease, diabetic neuropathy, cardiovascular compromise, osteoarthritis, osteoporosis, and sensory deficits (Smeltzer, S.C., et al., 2008).

Environmental barriers and iatrogenic factors are also significant. Elderly patients should be encouraged to stay as active as possible to avoid the downward spiral of immobility. During illness, bed rest should be kept to a minimum, because even brief periods of bed rest quickly lead to deconditioning and, consequently, to a wide range of complications. Injuries rank seventh as a cause of death for older people, and falls

are the leading cause of injury in the elderly, accounting for 62% of all nonfatal injuries treated in emergency departments in 2001 (Public Health and Aging, 2003). Causes of falls are multifactorial. Both extrinsic factors such as changes in the environment or poor lighting and intrinsic factors such as physical illness, neurological changes, or sensory impairment play a role (Smeltzer et al, 2008).

Urinary incontinence may be acute, occurring during an illness, or it may develop chronically over a period of years. Infectious diseases present a significant threat of morbidity and mortality to older people, in part because of the blunted response of host defenses caused by a reduction in both cell-mediated and humoral immunity. Age-related loss of physiological reserve and chronic illness also contribute to increase susceptibility. Many altered physical, emotional, and systemic reactions to disease are attributed to age-related changes in older people. The emotional component of illness in older people may differ from that in younger people. Older people admitted to the hospital are at high risk of disorientation, confusion, change in level of consciousness, and other symptoms of delirium, as well as anxiety and fear. In elderly person, illness has far-reaching repercussions. The decline in organ function that occurs in every system of the aging body eventually depletes the body's ability to respond at full capacity (Smeltzer et al, 2008).
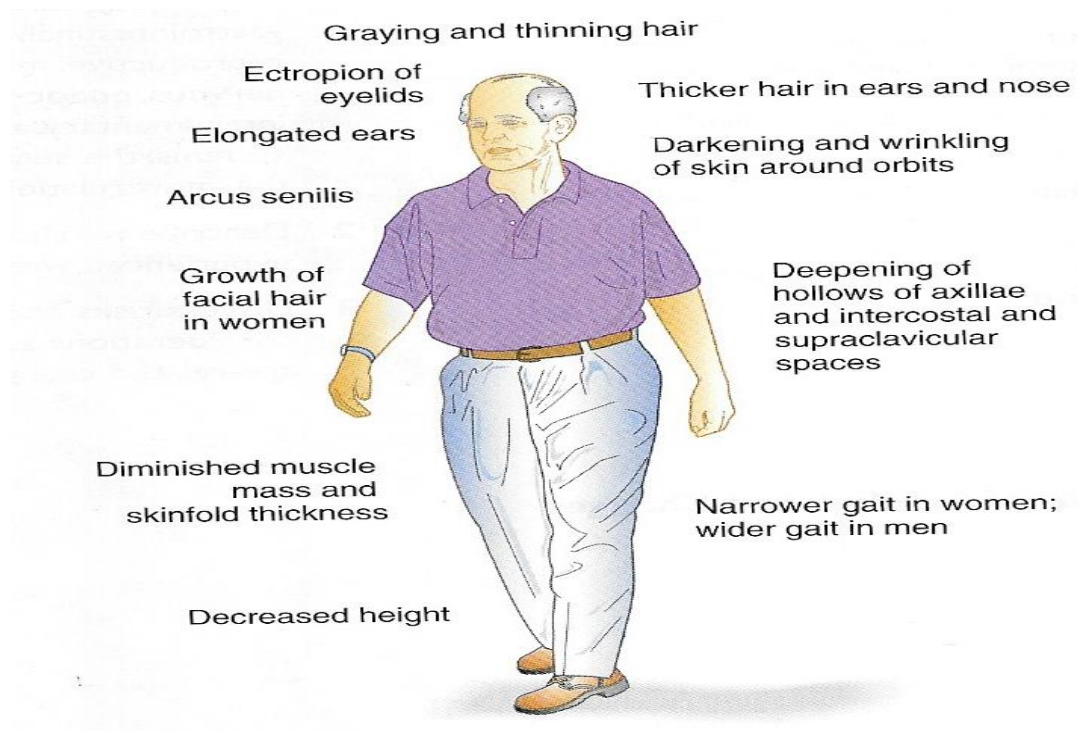

Figure 1-1. Age-related changes noticeable on inspection.
(Source: Gerontological Nursing, 7th ed; Charlotte Eliopoulos, pg.50)

2.2 Elderly care and elderly care center

It is a comprehensive service which provides health and functional needs to individuals over an extended period of time. The risk of need of long term care increases with the age. Thus, the older people age 65 or over account for needing long term care because of the effects of chronic conditions. Hence, the individuals requiring long term care are circumscribed by disability, chronic illness, or trauma. Long term care includes medical and non-medical care; provides assistance with the functional activities such as basis activities of daily living (ADLs) and instrumental activities of daily living (IADLA) which are necessary for life and independence. Long-term care services are provided in home, community, residential and institutional living areas (Kouch 2009, 2-3).

According to European Union, institutional care includes both short term care and long term care in old people nursing homes and in nursing homes. Long-term care lasts more than three months. Long-term institutional care is organized by many different sectors such as municipalities, private service providers, foundations and associations. Long-term care is facilitated by nursing homes, service centers, and health centers and a variety of inpatient care in nursing homes or psychiatric hospitals. Long-term care provides medical and social services to the individuals who need help with basic activities of daily living, caused by chronic conditions of physical or mental disability (Health-EU 2012).

Institutional care can be defined as the maintenance, treatment and care in a hospital, care institution or in another similar unit. Institutional care is determined as long-term care when the care is estimated to last more than three months. (Luoma, 2007) Long-term institutional care is given to people for whom constant care cannot be arranged at home or in service accommodation. It includes rehabilitative activity, food, medicines, cleanliness, clothing and services to promote social wellbeing (Ministry of Social Affairs and Health 2010a) .The aim of institutionalized care is to support old people´s quality of life, self-determination and independent living regardless of their functional capacity (Luoma, 2007). The ageing policy is carried out by municipalities, which arrange the social and health services that older people require (MSAH 2010b).

Institutions and assistant living facilities are at the moment the living- and care-environment for over 40 000 Finnish people over 75 years of age, who need round-the-clock care. Primarily those people need help due to deficits in functional capacity caused by memory problems (Ministry of Health and Social Affairs, 2010). According to Halme (2012), nursing home residents are relatively old and need a lot of care. A wider meaning to the word "resident" is a person who resides permanently in a place; a permanent or settled inhabitant of a town, district etc. or living somewhere on a long-term basis. (Halme, 2012).

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2.3 Gerontological nursing

The specialty of gerontological nursing was not always a popular or well-respected area of practice. However, over the past few decades, the specialty has experienced profound growth and has benefited from societal recognition of the importance of the older segment of population. Nurses, long involved in the care of older adults, have many opportunities to play significant roles in the care of older persons today and to shape the future of gerontological nursing. Nurses, long interested in the care of older adults, seem to have assumed more responsibility than other professional disciplines for the segment of population. In 1904, the American Journal of Nursing printed the first nursing article on the care of the aged, presenting many principles that continue to guide gerontological nursing practice today (Eliopoulos, 2010, pg.69).

 Although nurses were among the few professionals involved with older adults, gerontology was missing from most nursing curriculums until recently. Frustration over the lack of value placed on geriatric nursing led to an appeal to the American Nurses Association (ANA) for assistance in promoting the status of this area of practice. This group became the Division of Geriatric Nursing in 1966, gaining full recognition as a specialty (Eliopoulos, 2010, pg.69).In their activities with older adults, nurses function in a variety of roles, most of which fall under the categories of healer, caregiver, educator, advocate, and innovator (Fig. 1-2).
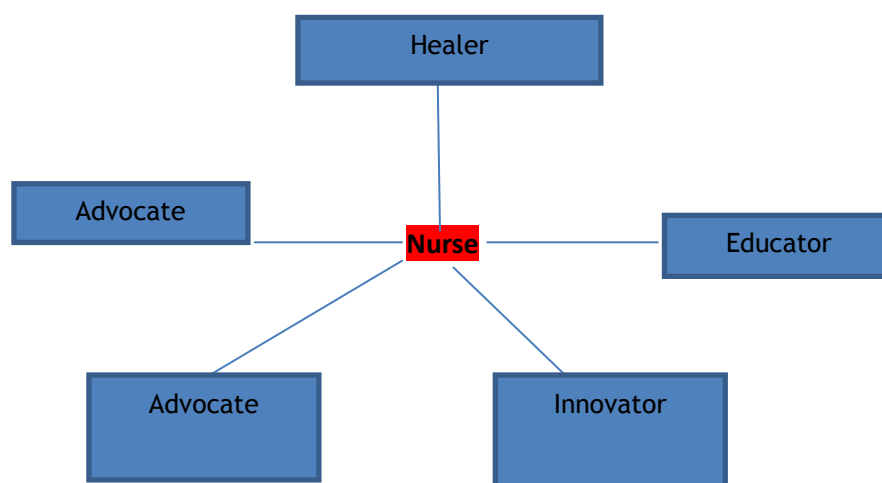

Figure 1-2. Gerontological nursing roles. (Eliopoulos, 2010, **pg. 75)**

As medical knowledge and technology grew more sophisticated and the nursing profession became grounded more in science than in healing arts, the early emphasis on nurturance, comfort, empathy, and intuition was replaced by detachment, objectivity, and scientific approaches. However, the revival of the holistic approach to health care has enabled nurses to again recognize the interdependency of body, mind, and spirit in health and healing. Nursing plays a significant role in helping individuals stay well, overcome or cope with disease, and mobilize internal and external resources. In the healer role, the gerontological nurse recognizes that most human beings value health, are responsible and active participants in their health maintenance and illness management, and desire harmony and wholeness with their environment. A holistic approach is essential, recognizing that older individuals must be viewed in the context of their biological, emotional, social, cultural, and spiritual elements (Eliopoulos, 2010, pg.76).

The major role filled by nurses is that of caregiver. In this role, gerontological nurses use gerontological theory in the conscientious application of the nursing process to the care of older adults. Inherent in this role is the active participation of older adults and their significant others and promotion of the highest degree of self-care. This is especially significant in that older adults who are ill and disabled are at risk for having decisions made and actions taken for them-in the interest of "providing care," "efficiency," and "best interest"-that rob them of their existing independence. Although the body of knowledge of geriatrics and gerontological care has grown considerably, many practitioners lack this information. Gerontological nurses are challenged to ensure that the care of older adults is based on knowledge that reflects the unique characteristics, needs, and responses of older persons by disseminating gerontological principles and practices. Nurses working in this specialty are challenged to gain the knowledge and skills that will enable them to meet the unique needs of older adults and to assure evidence-based practices are utilized.(Eliopoulos, 2010, pg.76)

Gerontological nurses must be prepared to take advantage of formal and informal opportunities to share knowledge and skills related to the care of older adults. This education extends beyond professionals to get the general public. Areas in which gerontological nurses educate others include normal aging, pathophysiology, geriatric pharmacology, health promotion, and available resources. With the diversity and complexities of health insurance plans, and important area for consumer education is teaching older adults how to interpret and compare various plans to enable them to make informed decisions (Eliopoulos, 2010, pg.76).

The gerontological nurse can function as an advocacy in several ways. First and foremost, advocacy for individual clients is essential and can include aiding older adults in asserting their rights and obtaining required services. In addition, nurses can advocate to facilite a community's or other group's efforts to affect change and achieve benefits for older adults, and to promote gerontological nursing, including new and expanded roles of nurses in this specialty (Eliopoulos, 2010), pg.76.
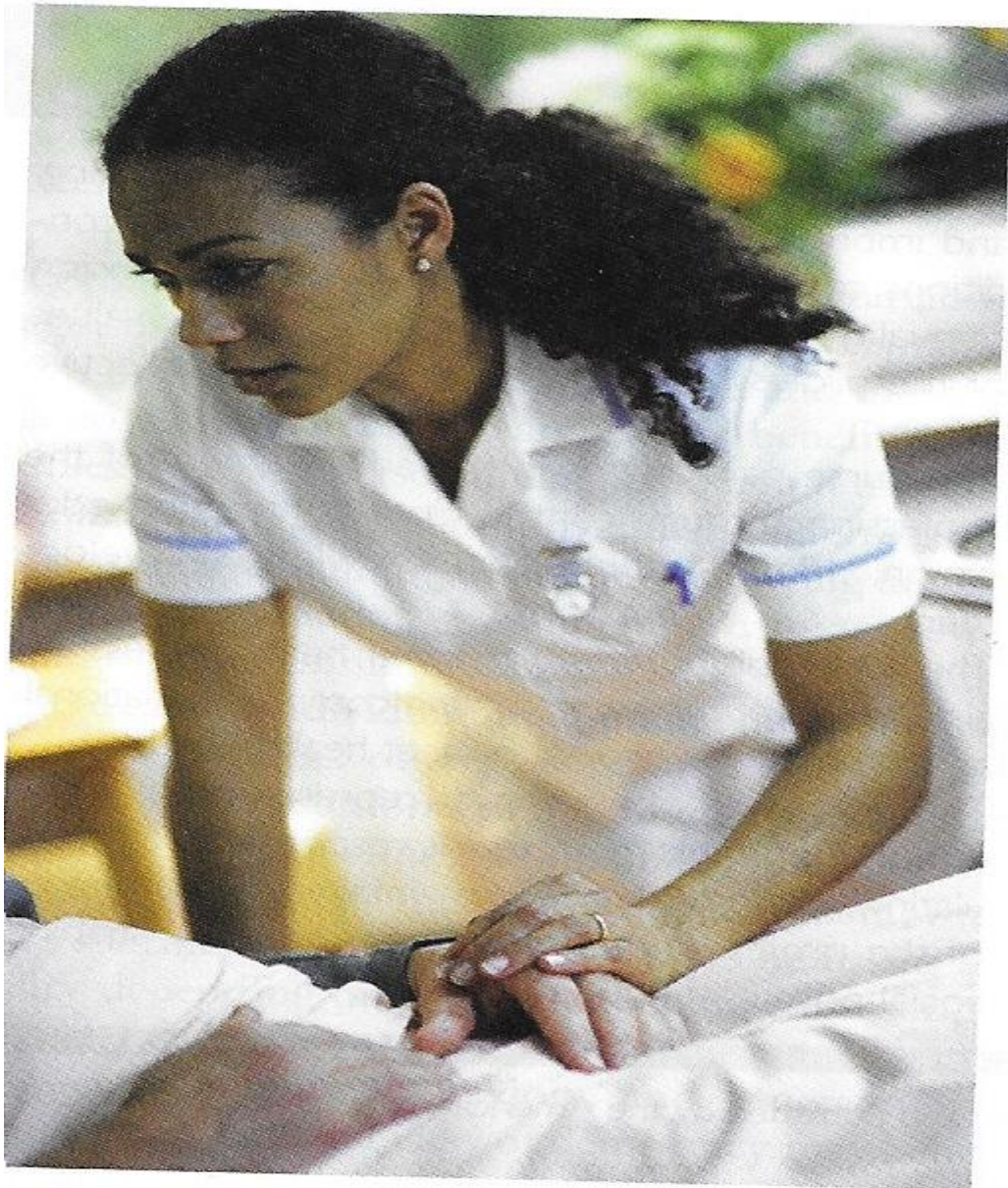
Figure 1-3. Nurses follow the principles of doing good, treating people equally, honoring their word, and respecting older adult's rights

(Source: Eliopoulos, pg.110; Gerontological Nursing, 7th Ed.)

Gerontological nursing continues to be an evolving special it; therefore, nurses have opportunities to develop new technologies and different modalities of care delivery. As an innovator, the gerontological nurse assumes an inquisitive style, making conscious decisions and efforts to experiment for any end result of improved gerontological practice. This requires the nurse

to be willing to think ''out of the box'' and take risks associated with travelling down new roads, transforming visions into reality (Eliopoulos, 2010, pg.76).

BOX 10-2   Functions of the Gerontological Nurse

Guide persons of all ages toward a healthy aging process.

Eliminate ageism.

Respect the rights of older adults and ensure others do the same.

Oversee and promote the quality of service delivery.

Notice and reduce risks to health and well-being.

Teach and support caregivers.

Open channels for continued growth.

Listen and support.

Offer optimism, encouragement, and hope.

Generate, support, use, and participate in research.

Implement restorative and rehabilitative measures.

Coordinate and manage care.

Assess, plan, implement, and evaluate care in an individualized, holistic manner.

Link services with needs.

Nurture future gerontological nurses for advancement of the specialty.

Understand the unique physical, emotional, social, and spiritual aspects of each older adult.

Recognize and encourage the appropriate management of ethical concerns.

Support and comfort through the dying process.

Educate to promote self-care and optimal independence.

Fig. 1-4 Function of the gerontological nurse
(Source: Eliopoulos, 2010, pg.26; Gerontological Nursing, 7th Ed.)

2.4 Holistic Nursing care

Holism refers to the integration of the biological, psychological, social, and spiritual dimensions of an individual to form a sum that is greater than its parts; within this framework, healing the whole person is the goal of nursing (Dossey, Keegan, Guzzetta, 2005). Holistic gerontological care is concerned with facilitating growth towards wholeness; promoting recovery and learning from an illness, maximizing quality of life when one possess an incurable illness or disability; providing peace, comfort, and dignity as death is approached. Health promotion and healing through a balance of the body, mind, and spirit of individual are the core of holistic care and have particular relevance for gerontological care (Eliopoulos, 2010).
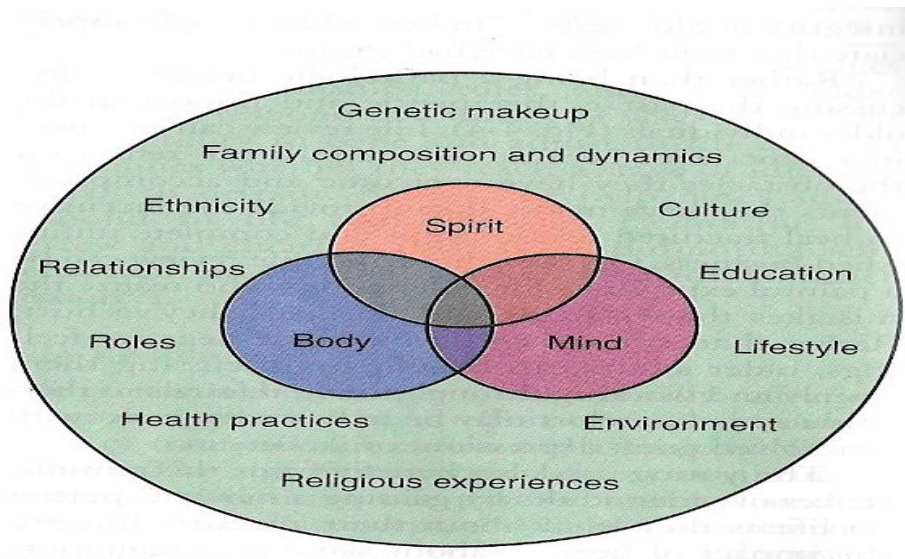
Fig. 1-5. Holistic Nursing care

(Source: Gerontological Nursing, 7th ed; Charlotte Eliopoulos, pg.44)

A research was conducted in England by Witton (2005) to ascertain the competence of care givers showered that the majority of caregivers to older people hold vocational qualification. The aim of the research was to identify the health and personal care needs of older residents and also to verify the adequacy of the contents of vocational qualification in offering holistic needs to older people. This qualification does not necessarily empower them to demonstrate the competence in all aspects of care. The qualification does not address the holistic needs of older people but based on providing basic care. This rise the question of whether an obtainment of vocational qualification will enable care staff to meet the care needs of older people or only basic needs. The researcher also argued that, the unit curriculum of vocational training does not address the holistic needs of older people. (Witton, 2005)

Assessment is essential in understanding the functional ability of patients. Bathing a patient is an example of how a competence staff will detect the condition of the skin and texture and correlate this to nutritional status, continence and pathological conditions. Other assessments include patient's wellbeing such as muscles usage, posture, mobility and hygiene. Through interaction with the patients observation of any form of redraw could be made. By these observations a competence staff can assess a form of deterioration and assessment of this kinds are the short comings of vocational qualification. What these depict is that, gaining a vocational qualification does not equate with exhibiting maximum skills because there would be incompetence in providing evidence of holistic care. It is of the uttermost important that care staffs must take notice of not only basic needs but also social, emotional, physical and mental health needs of older people in the care home. (Witton, 2005)

Willis (2002) refers to holistic care as being of the uttermost essential than ensuring patients is able to maintain their individual hygiene. Another element such as being aware and understanding the spiritual nature if patient care, should not be unnoticed. Willis stated that, providing holistic care would enforce developments of new skills and competence. Nevertheless, it is of no benefit unless patients perceive that they receive holistic care from their staff. Patients access care that exposes them to clinical and non -clinical personnel's, however, Nurses are the frequent at the heart of patients receiving care and hence are able to influence immensely on patients perception.

2.5 Gerontological Nursing Interventions

The Nursing Interventions Classification (NIC) is a comprehensive, research-based, standardized classification of interventions that nurses perform. It is useful for clinical documentation, communication of care across settings, integration of data across systems and settings, effectiveness research, productivity measurement, competency evaluation, reimbursement, and curricular design. The Classification includes the interventions that nurses do on behalf of patients, both independent and collaborative interventions, both direct and indirect care.

An intervention is defined as "any treatment, based upon clinical judgment and knowledge that a nurse performs to enhance patient/client outcomes." While an individual nurse will have expertise in only a limited number of interventions reflecting on her or his specialty, the entire classification captures the expertise of all nurses. NIC can be used in all settings (from acute care intensive care units,

to home care, to hospice, to primary care) and all specialties (from critical care to ambulatory care and long term care).

While the entire classification describes the domain of nursing, some of the interventions in the classification are also done by other providers. NIC can be used by other non-physician providers to describe their treatments.

NIC interventions include both the physiological (e.g. Acid-Base Management) and the psychosocial (e.g. Anxiety Reduction). Interventions are included for illness treatment (e.g. Hyperglycemia Management), illness prevention (e.g. Fall Prevention), and health promotion (e.g. Exercise Promotion). Most of the interventions are for use with individuals but many are for use with families (e.g. Family Integrity Promotion), and some are for use with entire communities (e.g. Environmental Management: Community). Indirect care interventions (e.g. Supply Management) are also included. Each intervention as it appears in the classification is listed with a label name, a definition, a set of activities to carry out the intervention, and background readings (Bulechek et.al, 2013).

Nursing interventions (NI) can include things like counseling, referrals, patient advocacy, the administration of medication, and the performance of minor medical procedures. As in all medical care, the primary concern is keeping the patient stable enough to receive treatment, while the secondary concern is evaluating all patient needs and deciding on a course of action. (Eliopoulos, 2010).

 Nursing interventions are actions undertaken by a nurse to further the course of treatment for a patient. Nursing interventions are directed towards empowering the older individual by strengthening self-care capacities, eliminating or minimizing self-care limitations, and providing direct services by acting for, doing for, or assisting the individual when requirements cannot be independently fulfilled. The following figure 1-6 explains the above statement (Eliopoulos, 2010).

Health promotion-Related Needs

Health Challenges-Related Needs

Gratification

Purpose-Pleasure-Dignity

Connection

Self-Spirit-Family-Society-Culture-Environment

Physiological Balance

Respiration-Circulation-Nutrition-Hydration-Elimination-Movement-Comfort-Immunity-Risk reduction

Education

Counseling

Coaching

Monitoring

Coordination

Therapies

    Conventional

    Complementary

Requisites to Meet Needs

Physical, mental, and socioeconomic capabilities

Knowledge, experience, and skill

Desire and decision to take action

Self-care deficit

Inability to meet

needs independently

Self-care capacity

Ability to meet

needs independently

Nursing Interventions

Strengthen self-care capacity

Eliminate or minimize self-care

limitation

Figure 1-6. Health promotion and nursing interventions (Eliopoulos, 2010)

The following figures explain some of the nursing interventions which promote the health of elderly people.

Figure 1-7. Comfort and well-being can be promoted with eye contact and gentle touch.

(Source: Wold, 2012, pg. 93; Basic Geriatric Nursing, 5th ed.)

Figure 1-8. The nurse offers simple clothing choices to the patient

(Source: Wold, 2012, pg., 190; Basic Geriatric Nursing, 5th Ed.)

Figure 1-9 Crafts such as knitting may help lessen anxiety and maintain activeness in older adults.

(Source: Wold, 2012, pg. 209; Basic Geriatric Nursing, 5th ed.)

Fig. 2-1 Assistive device promote support and safety

(Source: Wold, 2012, pg. 175; Basic Geriatric Nursing, 5th Ed.)

Figure 1-9. A resident maintaining social contact by using the telephone

(Source: Wold, 2012, pg. 220; Basic Geriatric Nursing, 5th ed.)

Figure 2-1. Nurses can use touch to calm a person with Alzheimer's disease.
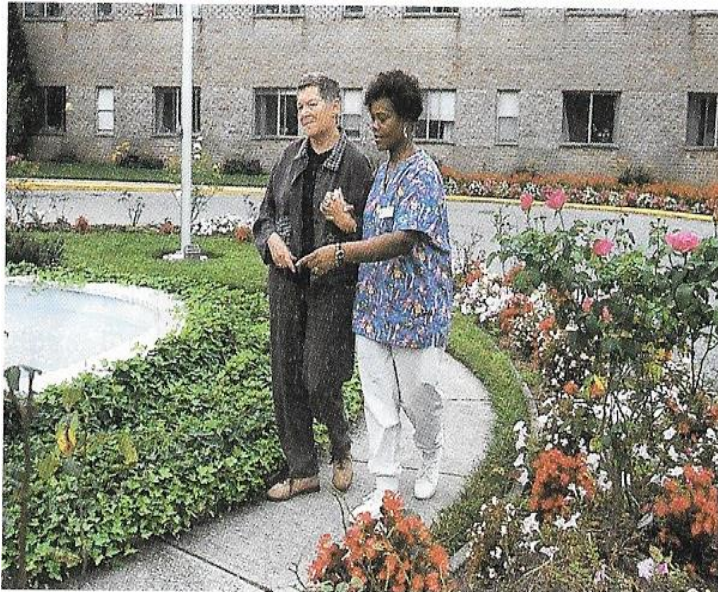
(Source: Wold, 2012, pg. 183; Basic Geriatric Nursing, 5th ed.)

2.5 Good nursing care

According to (Smith& Godfrey, 2002), good nursing is doing right, following the ethical codes, being flexible, and being compassionate. In 2006, Miller did research by using semi-structured interview method and found out that good nursing care is making a difference in lives of others, treating others with respect, being honest, being present to the patients and supporting patients and families.

Good nursing care is a critical facet of health care. It has an impact on all aspects of the business of hospitals and community care. In hospitals/long term elderly care center it must be provided over a full 24 hour period, every day of the year. If it is not present neither clients nor other health professionals will be satisfied with the service provided. Definitions are likely to be associated with individual perceptions—perceptions which are typically based on personal experience with nurses, and the context in which that experience occurred (http://intqhc.oxfordjournals.org/content/6/1/59.full).

One of the problems for nursing is that there is no universal understanding of what nurses actually do. The "hands on" aspect—the actual tasks associated with providing care—is usually easily identifiable. The ability, or otherwise, of nurses to communicate effectively with patients is also identifiable. But the thinking and decision-makings—or "heads on"—aspects of nursing that nurses use to make assessments and decide on particular courses of action is less demonstrable and escapes easy definition. Nurses frequently assert that they know they give good nursing care and that this care makes a difference to the health outcomes of patients/clients. But unless it is clear what nursing actions make a difference to patient/client care outcomes, and why, the quality of nursing care will continue to be difficult to assess (http://intqhc.oxfordjournals.org/content/6/1/59.full)

(Attree, 2001), explains that good nursing care focuses on patients, Involves patients, being kind and cares for and about patients. The nursing process has been used for many years by nurses as an approach to nursing care. It describes the way in which nurses assess the nursing needs of patients/clients, plan appropriate nursing care or intervention, provide the care, then evaluate the effects of that care. Nurses have also used the nursing process as a basis to formulate standards for nursing practice and develop evaluation systems to determine the quality of nursing care. (http://intqhc.oxfordjournals.org/content/6/1/59.full)

Table 1-1

**Clusters of Good nursing, including Literature and
Examples of Behavior**

Category	Examples of behavior
Good Nurse/Good Nursing Care/ Good work	
Nurses' Personal Characteristics Research Descriptive, qualitative: Registered nurses (Smith & Godfrey, 2002)	Does the right thing Character framed by ethical code Truly cares for people Flexible Compassionate Respects self Outstanding people skills Listens Respects others' feelings and beliefs Knowledgeable Patient centered Advocacy Thinks critically Performs safe, competent nursing care
Nurses' Professional Characteristics Research Descriptive, qualitative: Registered nurses (Smith & Godfrey, 2002)	Commitment to patients Follows professional code of ethics Adheres to nurse practice acts and standards of care Acts as role model
Good Nursing Work Semi-structured interviews, descriptive: Entering nurses (Miller, 2006	Makes a difference in lives of others Treats others with respect Honest Compassionate Supports patients and families Is present to patient
Good Nursing Work Semi-structured interviews: Experienced nurses (Miller, 2006)	Promotes excellence in nursing Advocates for underprivileged people Creates a positive learning environment for nurses Empowers others Promotes quality education
Good Nursing Care Grounded theory: Patients and relatives (Attree, 2001)	Focuses on patients Involves patients Acknowledges patients' individuality Anticipates patients' needs Offers help willingly Close, open relationship Kind Concerned Compassionate Sensitive Cares for and about patients

3 THE PURPOSE OF THE THESIS AND RESEARCH QUESTION

The purpose of this thesis is to find out nurses' descriptions of the interventions that they use in order to provide good nursing care in elderly care centers.
Research question:

> What are the nursing interventions used by nurses to provide good nursing
>
> care in elderly care centers?

4 METHODOLOGICAL BACKGROUNDS.

4.1 Qualitative research approach

Qualitative approach to nursing research since qualitative research method is holistic in general and aims in understanding entities or a whole phenomenon. In qualitative research the researcher becomes the instrument of the research (Polit, Beck & Hungler 2001). Qualitative research process is a human experience, where the meanings of words are interpreted. Qualitative nursing research focuses on words rather than figures. In qualitative research it is vital for the researcher to realize that experiences rise from unique contexts. (Talbot 1995).This thesis will describe certain views of certain registered nurses. Since this is a qualitative study the aim is not to be generalized or to be valid in any other environment (Paunonen & Vehviläinen-Julkunen. 1998).

In this thesis the thesis design will mature during the thesis itself and some decisions concerning the data collection will be made on the field. This will require flexibility, which will therefore allow me to adjust to new situations and information. It will be important to constantly evaluate the strategies, procedures and data-collection (Polit, Beck & Hungler. 2001). In addition, qualitative research is concerned with human attitude i.e. social interaction, relationships and their expressions in particular behaviors. People express their views and concerns through qualitative research, thus information acquisition by researchers in reference to the topic being researched. Qualitative information can be gathered through using various research techniques; data can be in different formats such as interview transcript (tape recorded), text and other methods. The data of this study was in transcript form.

4.2 Data collection

Data collection was based in Järvenpää, as the information was gathered only from Järvenpää referring to a small-scale qualitative research that was conducted by the student. The writer planned to have six participants, however only four participated in the study. The reasons for not reaching the targeted number of participants were unknown, however as previously mentioned participation in the study was free of choice. Before data collection, the writer filled a form for requesting permission from the city of Järvenpää for conducting the study.

The permission was granted in posted letter to the writer. The method of data collection during the study was open ended question. Participants were informed before their approval of participation in the study that the writer would collect gathered data in an interview form for further data analysis. All the information will be completely destroyed after the thesis work is complete and accepted. This will provide an opportunity for the writer an access to the data during thesis preparation. The interview of this thesis was carried out in two hours between February and March 2014 and it took place in Järvenpää, Pihlavistokoti and Lehmustokoti (Nursing homes).

The informants had made the arrangement for appropriate room reservation. The interview took place in a silent place. All the informed consents were received on paper. Every informant was given an advice of preparing for the interview of approximately from half an hour to one-hour duration. The fulfilled duration of the interviews varied from twenty to forty minutes. All the interviews were audio recorded for further analyzing. Also some notes were taken to support the audiotapes. The interview was successful in the manner that it was informative and meaningful.

4.3 Informants

A total of four registered nurses working with elders in nursing homes from Järvenpää participated in the study. The informants had at least a year of working experience with elders. The average age of the informants was 40 years. All the informants were females. The education of the informants was registered nurse. Participation in the interview was a self-choice and participants could abstain from the interview at any point.

Personal identity of the participants was strictly confidential. Both Finnish and English languages were used during the data collection. As previously mentioned all the participants had a working experience of at least one year or above. According to the collected data, the working knowledge of nurses varied between 1 to 10 years. Some participants had worked in other areas of expertise in the nursing field such as children and youth, healthcare etc. before working in the current geriatric unit.

4.4 Arrangements for the interviews

After my thesis plan was accepted in December 2013, the head nurse was contacted in order to receive research permission. The thesis plan was delivered to the head nurse in advance to give her time to familiarize herself and the application for research permission was posted to her. She gave the approval at the end of January 2014. After I received her permission letter by post, I was able to proceed with my thesis and make the interviews in the ward in February 2014.

The research permission included the information for the participants that the interview will be carried out in the ward in order not to place unnecessary workload for my informants. This has been a topic that is difficult to get informants to participate into. Prior to the interviews the informants had received the introductory letter including the themes of the interview. Also the background information form and informed consent were attached. The interview schedule was formed according to the work shifts of the informants. The time of the interview were agreed with the ward sister and with the informants.

4.5 Data analysis

Most of the collected data was transcribed. Copy and paste image of word was used to create new document that contains only the themes. Furthermore, a dictionary of Finnish- English was also used for checking the precise meaning some of the words in order to avoid misinterpretation of data. The data reported in Finnish language was translated into English language before being analyzed. Informants provided useful data (in relation to research questions) thus contributed in forming a precise data categorization. Data analysis of the gathered information was based on qualitative content method. The method originated at the beginning of the twentieth century in the United States. Qualitative content analysis method analyses data in a more systematic and objective format (Tuomi & Sarajärvi, 2002, 105).

During the data analysis, observation, data or theories are considered in forming a guideline of data analysis. Data analysis is merely based on the content of the gathered data. Interpreted data is grouped into respective categories and sometimes sub-categories depending on the content (Tuomi& Sarajärvi, 2002, 103).The main task in data analysis interview is to be fully knowledgeable with the data (Morse& Field, 1996). The writer has a task of familiarizing with the data precisely before forming data categorization. It's very important for the writer to read all the data collected carefully and categories it into respective groups accordingly with regards to the findings. The main goal in analysis of qualitative data is to organize the gathered information so as to attain a conclusion and data conveyed in a research report (Polit & Hungler, 1995).

5 FINDINGS

According to the informants, the descriptions of nursing interventions in order to provide good nursing care in an elderly care center is to promote the physical health, mental health and spiritual health . Further, physical health is divided into sub categories of personal hygiene, medication, rest, physical comfort, mobility and nutrition. Mental health care is divided into sub categories of respect, family, communication, social life, presence and mental comfort. Spiritual nursing care is divided into sub categories of music, attending the mass, peaceful environment and purpose. The following figure 2-5 presents the findings of the thesis.
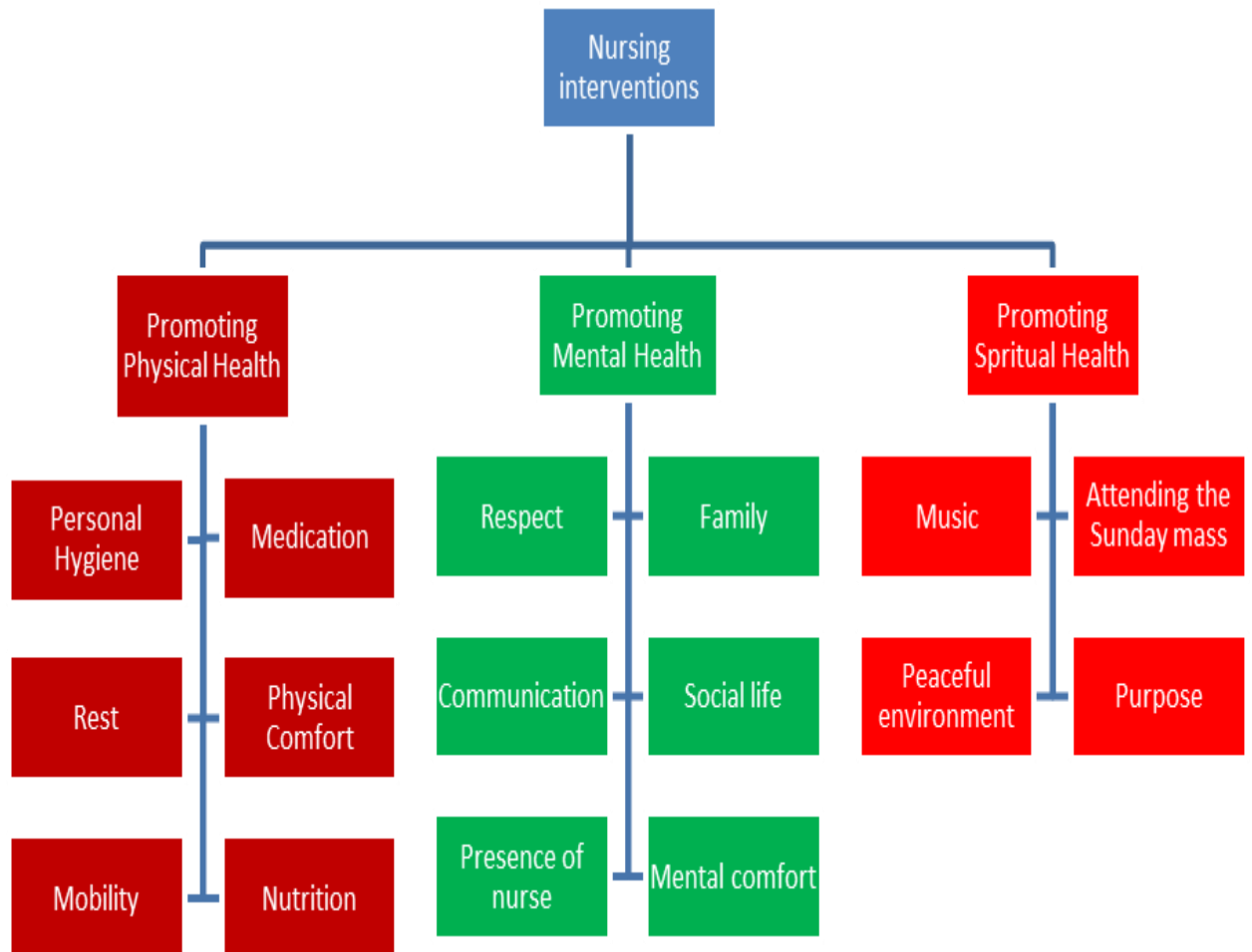

Fig.2-5   Summarization of the findings

According to the informants, health of elderly people is when their bodies function as they are supposed to function. Elderly people need nutrition and exercise to maintain their health. When an older person cannot manage living in their own home, due to disability, dementia or a combination of these, alternative living arrangements need to be considered. In Järvenpää, elderly care centres where 24 hours a day and 7 days a week services and nursing care are available are the main options for on-going support for the elderly people living in Järvenpää. The role of elderly care centres are very important. The elderly care centres have taken on additional roles in rehabilitation after acute illness, and in palliative care. Older people in elderly care centres are highly vulnerable group, often lacking an effective voice owing to dementia and other communication difficulties.

5.1 Promoting Physical health

According to the informants, physical health means the soundness of the body without any diseases. The informants mentioned that most of the elderly people living in elderly care center in long term basis have multiple physical problems. But the nurses try to improve the physical conditions and try to avoid further damage to the physical health of the elderly people through different nursing interventions. The physical health of elderly people consists of the following categories which are illustrated by the following fig. 2-6.

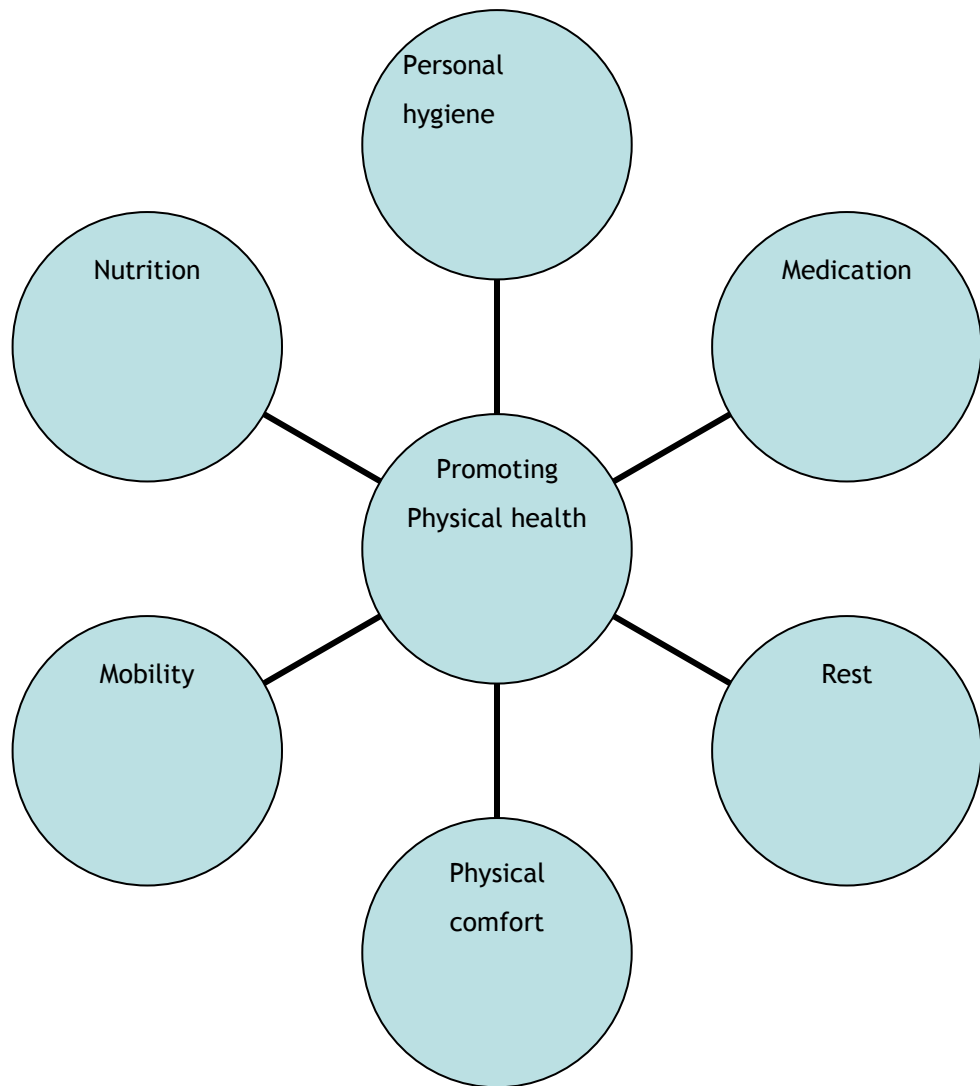Fig. 2-6. Summarization of Promoting Physical health.

5.1.1 Personal hygiene

The informants mentioned that each one of us is born with a body that is highly complex mechanism. Germs, bacteria, molds, and viruses may attack parts of our bodies, trying to infiltrate and use the body as home or source of food. Cleanliness is one defense against disease. The informants mentioned that personal hygiene is every per-

son's right. Nursing intervention to provide cleanliness to the clients of the elderly care center is to assist the elderly people in shower at least once a week. Assessing the skin in shower is one way to know the conditions of the skin of the residents. Applying skin moisturizers after shower keeps the skin soft and prevents from getting pressure sores. One of the informants mentioned that the prevention is better than cure. So, the skin should be oiled so well after shower that the skin wouldn't go bad. Wound should be taken care as early as possible before it will get infected. Beds with pressure relieving devises or thick mattresses should be provided to avoid pressure sores.

5.1.2 Medication

Giving medicine under supervision is important as the clients there usually have dementia and other disabilities. One of the informants mentioned that the registered nurse had quite much responsibility in the medical care as the doctor visits the ward only twice a week. If she finds that clients are finding difficult to swallow certain medicines then it is her duty to discuss with the doctor and finds out the solutions by discussing with the doctor. Nowadays medicines are available in different forms for example in liquid, in bandage, and in injection form. So, by finding different alternatives, registered nurse provides the nursing intervention to help the clients to get the required medicines. The following sentences explain the above statement.

> *"Most of the residents are suffering from dementia. So, we have to check that they take their medicines as ordered by the doctor. Usually doctor visits the ward twice a week. So, mostly registered nurses take care of the medication and they are usually in contact with the doctor, if some urgent situations occur. Sometime it is very difficult for the residents to swallow certain medicines in tablet form. So, the nursing intervention in this situation is to find other alternatives of the medicines by discussing with the doctor. Nowadays, there are many alternatives. For example, medicines are found in liquid form, bandage form or in injection form.''*

5.1.3 Rest

With aging, sleep patterns tend to change. Most people find that aging causes them to have a harder time falling asleep, and that they awaken more often. Total sleep time remains the same or is slightly decreased. It might be harder to fall asleep and one may spend more total time in bed. The transition between being asleep and awake is often abrupt, giving older people the feeling of being more of a "light sleeper" than when they were younger.

Less time is spent in deep, dreamless sleep. Older people average three or four awakenings each night, and are more aware of being awake. Awakenings are related to less time spent in deep sleep, and to factor such as the need to get up to urinate, anxiety, and discomfort or pain associated with chronic illnesses. Sleeping difficulty is an annoying problem. Because they sleep more lightly and wake up more often, older people may feel deprived of sleep even when their total sleep time has not changed. Sleep deprivation can eventually cause confusion and other mental changes. So, nurses provide nursing intervention to avoid tiredness in older people by arranging them resting time quite often. The following sentences illustrate the above statement.

> *"As people get older, their sleeping patterns change. So, all the elderly people don't sleep so well at night and this lead to tiredness in them. So, nursing intervention to avoid tiredness in residents is to encourage them to take rest after lunch time.''*

5.1.4 Physical Comfort

Providing reclining chairs, beds with pressure relieving devises or thick mattresses, large faced clocks and calendars, soft lighting, visual/ hearing aids for people with impairments, access to a call button and easy to reach tray tables are some of the things which help nurses to provide nursing intervention to provide physical comfort for the elderly people. Adjusting correct room temperature for a more comfortable environment, fresh and fragrant smelling rooms, raised toilets providing warmed blankets for older people who are feeling cold or are restless are another nursing interventions nurses use to provide physical comforts for elderly people.

5.1.5 Mobility

The human body is made to be physically active. The heart needs to pump rapidly occasionally to keep its muscle tone. Lungs need exercise to function the way they are made to function. Exercise and using the body is important to maintaining one's health. Encouraging the clients to walk is one way to keep the mobility of elderly people. Changing the position every two hours is important for those immobile clients. According to the informants, physical rehabilitation improves physical function among older people in long-term care.

Falls in elderly care centre are common events that cause considerable morbidity and mortality for older people. Hip fracture in older people usually results from a fall on the hip. So, the nursing intervention in this case is to encourage older people to use hip protectors to reduce the risk of hip fracture.

5.1.6 Nutrition

Nutrition is another important part of the good nursing care. The nurses described that providing healthy food is the important part of the nutrition. Semi-liquid food is important for those who have difficulties in swallowing/eating normal food. If some clients find difficulties in eating normal food then for them semi-liquid food is ordered. If some clients found difficult to eat even semi-liquid food then for them nutritional alternatives are ordered for example, fruit smoothie, and vitamins in liquid form etc. As most of the clients have multiple health problems. So, the food is usually ordered according to their health problems. In this way, the nursing intervention is done to provide proper nutrition for all the elderly people living there in the long term basis.

5.1.6 Physical Comfort

Providing reclining chairs, beds with pressure relieving devises or thick mattresses large faced clocks and calendars, soft lighting, visual/ hearing aids for people with impairments, access to a call button and easy to reach tray tables are some of the things which help nurses to provide nursing intervention to provide physical comfort for the elderly people. Adjusting correct room temperature for a more comfortable environment, fresh and fragrant smelling rooms, raised toilets providing warmed blankets for older people who are feeling cold or are restless are another nursing interventions nurses use to provide physical comforts for elderly people.

5.2 Promoting Mental health

This type of health refers the soundness of the mind. This consists of sub-categories of respect, family, mental comfort, presence of nurses, and communication. The following figure explains the summarization of promoting health.
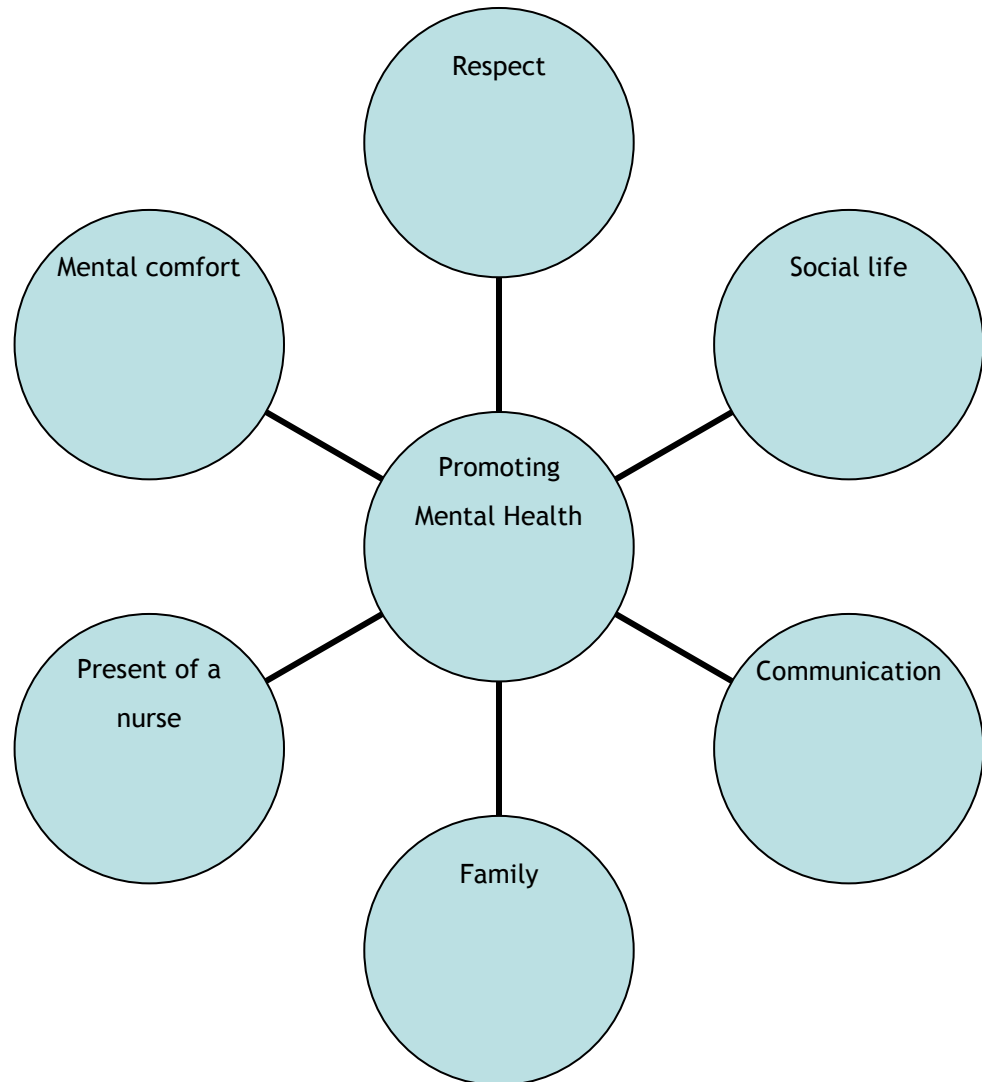
Fig. 2-7. Summarization of Promoting Mental Health

5.2.1 Respect

Elderly people have contributed a lot to the society when they were in working life. So they deserve to be respected. That's to be admired and respected. Nurses' interventions are to respect their wishes and desires.

5.2.2 Family:

Family is very important part of life. Elderly people are much happier when their family members come to visit them. The following information illustrates the importance of the family.

> "Kannustamme perheenjäseniä käymään vanhusten luona.
> Heidän vierailunsa tuovat iloa ja onnea vanhuksille. Perheenjäsenet ovat apuna vanhusten huollossa.Perhetapaamisia järjestetään hoitotyön suunnittelemiseksi.''

''We encourage the family members of the elderly people to come to visit   their elders as their visits bring a kind of joy and happiness in elderly people. Family members are involved in the care of the elderly people. Family meetings are arranged to discuss about the nursing care plan for the clients''.

5.2.3 Communication

Elderly people who are unable to live independently often have a chronic illness or some level of dementia that makes self-care – and communication – difficult. Age-related decline in physical abilities can make communication more challenging, and some illnesses make communication more difficult. A hearing loss makes one harder to understand, so nurses should be patient and speak more clearly. Vision loss makes it harder for the elderly person to recognize the person, who is talking to them. Some elderly people experience changes in speaking ability, and their voices become weaker,

or harder to understand. Nurses should be patient when listening, and be aware of when the elderly person gets tired and wants the visit to end.

5.2.4 Social life

Spending time with other people especially with the same age group provides a kind of happiness which elevates the mental health of the elderly people. So, providing that opportunity to socialize, nurses try to maintain the social life of the elderly people. The following sentences highlight the above statements.

> "Meillä on asukkaille yhteinen olohuone, jossa he voivat nauttia aamiaista, lounasta tai päivällistä yhdessä.He voivat kuunnella musiikkia tai katsella televisiota yhdessä.Ja joskus he voivat pelata yhdessä, mikä auttaa heitä seurustelussa. Tämä antaa heille tunteen onnellisesta yhdessäolosta joka kohottaa vanhusten henkistä terveyttä."

> *"We have common living room for the residents where they can have breakfast, lunch or dine together.* **They can listen to the music or watch TV together and sometime they can play together which help them to socialize and this gives them a sense of happiness and togetherness which elevates the mental health of elderly people.''**

5.2.5 Presence of a nurse

Elderly people have a lot of time as they don't have to go to work anymore. So, sometime they would appreciate the presence of someone. So, being present for the elderly people, nurses can provide nursing intervention to avoid loneliness in those people. Nurse can just talk with them about nature, climate; music and almost about anything. Being there for those people, nurses provide them a sense of being cared and a sense of happiness. Sometime nurses needn't speak so much. Just being there and listening what they want to say is enough for them.

5.2.6 Mental comfort

The informants informed that to avoid depression in elderly people the presence of nurses is very important. Sometime just being near to elderly people and chatting with them makes them respected and happy and closer to the people. The following information illustrates the statement.

> *"Hoitotyön väliintulolla vältetään masennus olemalla läsnä ikäihmisille.*
> *He tarvitsevat jonkun jolle puhua.ja vain jutella hänen kanssaan*
> *Tällä osastolla suurin osa asiakkaista kärsii dementiasta.He haluavat vain jutella mistä tahansa, joten he etsivät aina jonkun juttelukaverin."*

''The nursing intervention to avoid depression is being presence for the elderly people. They need someone to talk with them and just to chat with them. In this ward, most of the clients are suffering from dementia. So, they want just to talk about anything and they are always looking for someone to chat.''

5.3 Promoting Spiritual health

Spiritual care provides a sense of meaning, purpose, connection and hope. It plays an important role in the healing a recovery of a client as they are nurtured by worship, prayer, rituals and traditions of the church as well as music, art and other disciplines that uphold their personal beliefs and values. The spiritual health consists of music, attending the mass, peaceful environment, and purpose. The following fig. 2-8 illustrates the summarization of promoting spiritual health.
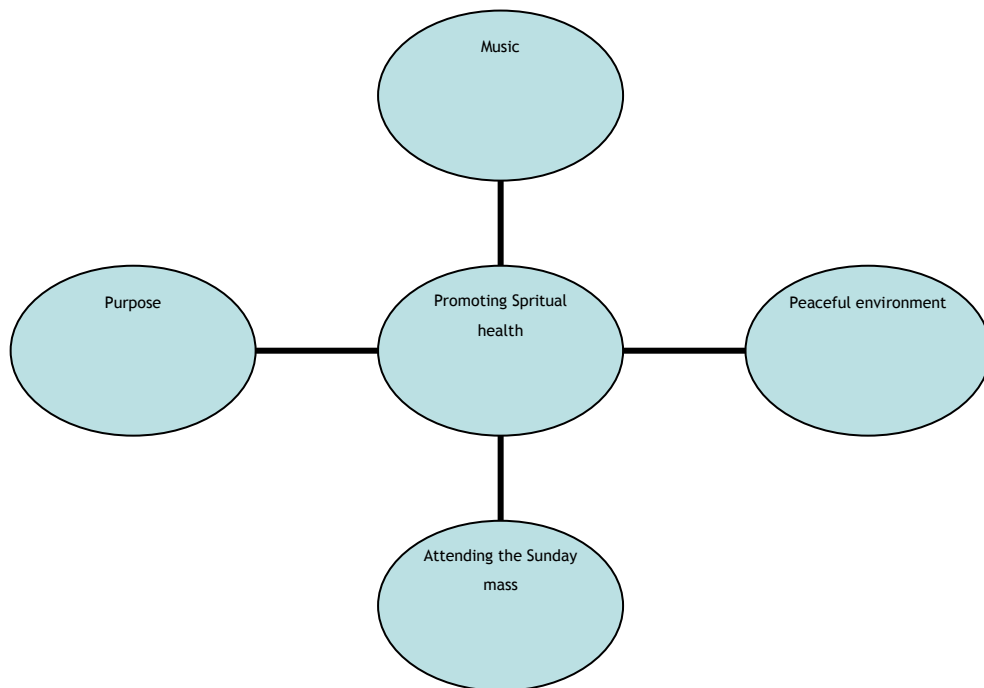
Fig. 2-8. Summarization of promoting spiritual health

5.3.1 Music

Elderly people just love to listen to the music, especially classical music. So, nurses would arrange that kind of music which elderly people would love to hear. They even talk to the family members of the elderly people in order to find out what kind of music would certain client would like to hear. A major part of health concerns healing. After you have become sick or injured, your body will fight the disease and then attempt to heal the wounds. Although there are some drugs that can relieve pain, the major part of healing is natural.

5.3.2 Attending the Sunday mass

Clients who are religious and believe in god then nurses would encourage the family members to take their elders to take to attend the mass. Nowadays it is easy as tech-

nology has developed so much. So, the mass come through the radio or through the TV every Sunday. So, opening TV and radio every Sunday for these clients provides spiritual nursing care to the clients. The following sentences explain the above statement.

> *"Jotkut asukkaat uskovat Jumalaan , ja he haluaisivat osallistua sunnuntain messuun, mutta sitä ei ole aina mahdollista järjestää.Mutta hoitotyö voidaan keskeyttää jotta olisi mahdollista avata televisio tai radio sunnuntaina ja ohjata nämä vanhukset katselemaan tai kuuntelemaansunnuntain jumalanpalvelusta.''*

> *"Some of our residents believe in god and they would like to attend the Sunday mass but it is not always possible to arrange that. But nursing intervention to make this possible is to open the TV or radio on Sunday and guide these elderly people to watch or listen to the live Sunday mass.''*

5.3.3 Peaceful environment

Elderly people don't like place where there is too much noise pollution. They prefer some kind of peaceful environment. Adjusting correct temperature for a more comfortable environment, fresh and fragrant smelling rooms is the nursing intervention to provide peaceful environment for the elderly. Residents and family members are encouraged to bring furniture from home in order to create a comfortable and familiar setting. Elderly care center provides assistance with daily living needs of elderly people. Skilled staff is on duty to assist the residents whenever the need arise. The following sentences illustrate the above statement.

> *" Kaikki asukkaat eivät pidä paljosta melusta. Jotkut heistä rakastavat hiljaisuutta ja nauttivat rauhallisesta ympäristöstä.Tärkein tavoite täällä hoitokodissa on tarjota kodikas ja rauhallinen ympäristö vanhuksille. Joten kannustamme perheenjäseniä tuomaan asukkaille niitä esineitä kotoaan,mikä lisää ympäristön kodikkuutta huoneessa.''*

> **"Not all the residents like too much noise. Some of them just love to be quiet and enjoy the peaceful environment. Our main aim here in this nursing home is to provide homely and peaceful environment to the elderly people. So, we encourage the family members of the residents to bring those things**

from their home which increases the homely environment of the resident's room.''

5.3.4 Purpose

They mentioned that elderly people once they were healthy and young and they had taken care of many things by themselves. They had working live, built the family and had raised the children. So, time feels quite long if they don't have much to do. So, arranging some kind of recreational program me the nurses can provide purpose to these elderly people. According to her good nursing can be provided to the clients by listening to the clients' opinion, the family members of the clients.

One of the informants mentioned that in the ward where she is working are older people with multiple health problems and physically tired people for example bed clients. According to the informants, recreational is important but all the clients from her ward cannot go to attend the recreational therapist. So, nurses make sure that recreational should come from daily life. For example by putting radio on, by playing music, by being presence for the clients and by talking to the clients and sometime just by listening to the clients.

6 DISCUSSIONS

Findings show that the nursing interventions used in elderly care center of Järvenpää is by considering physical health, mental health and spiritual health of elderly people. According to the informants, resources are always not enough and the cost of providing good nursing care is quite high. So, sometime it is quite difficult to balance between the cost and quality nursing care. When comparing the theoretical background and the findings, the results show that the nurses use a holistic approach in taking care of elderly people in Järvenpää.This approach guarantees the care of the elderly people as whole of the person. However, the holistic approach in elderly care center is not always possible as there are many factors which affects the holistic care in elderly care

center as resources are always not enough. All the family members of the clients' don't want to involve themselves in the care of their relatives in the elderly care center.

The nursing interventions used by Järvenpää elderly care center are to give the medicines under supervision, and making sure that the clients are getting correct medications by counseling with the doctor who comes to visit the ward twice a week. Holism refers to the integration of the biologic, psychological, social, and spiritual dimensions of an individual to form a sum that is greater than its parts; within this framework, healing the whole person is the goal of nursing (Dossey, Keegan, & Guzzetta, 2005). The holistic approach of the nurses of Järvenpää's elderly care centers consists of physical health, mental health and spiritual health which involves the care of the person as a whole.

The physical health has the sub-categories of personal hygiene, medication, rest, physical comfort, mobility and nutrition. The mental health has sub-categories of respect, family, communication, social life, presence of nurse, and mental comfort. The spiritual health has sub-categories of music, attending the mass, peaceful environment and purpose. Encouraging the residents to take shower at least once a week and helping them in their personal hygiene, nurses provide physical health. If the help is needed, the nurses provide the nursing intervention in personal hygiene. Taking care of the skin and assessing the condition of the skin of the residents provide good care of the skin. By applying moisturizer which would keep the skin still healthy and pressure sore would be avoided by changing the position of bed- residents every two hour.

Medical care is very important for those residents who have chronic diseases and providing medicines under supervision is the nursing intervention provided by nurses working in nursing home of Järvenpää. Rest is very necessary for the elderly people as they are quite often tired. So arranging the rest periods for example after lunch, nurses provide comfort for the residents.

By taking residents for walk when nurses have free time maintains the mobility of the residents. The mental health is as important as the physical health. So, nurses show quite much initiative approaches to maintain the mental health of the residents. By respecting the elderly and by involving the family members in the care of the elderly is another nursing intervention as for the elderly the family members are very important part of their lives. Usually the elderly people do have a lot of time and they want the presence of the nurse who provides them a sense of being someone.

The spiritual nursing care is also an important part of the nursing care as most of the elderly people believe in something and due to this the peace of mind is achieved. Different elderly people have different method to reach the spiritual care. For example, by listening to the music, praying and by attending the mass. By encouraging the elderly people to listen to the different music especially the classical music, nurses provide nursing intervention to provide spiritual care for the elderly people.

Some elderly would like to have the quiet environment. It is like a meditation to them by being in silent place and thinking of different things or trying to remember those old days. Some elderly would like to attend the mass but for someone it is difficult to go to the church because their physical conditions and there are no none to take them to the church. So, in this case the nurse can open the radio or TV when such programs come. This way the nurse can provide the spiritual care for the elderly. A relation between an elderly and his/her family contributes in elderly loneliness especially for some institutionalizes people. Family members contribute greatly in affecting an elder's emotions to the level of experiencing loneliness by an individual. Each and every one belongs or once belonged in a particular family whereby love, secrets, joy and sorrow were shared among the members. Institutionalization of an elderly leads to loneliness for older people when family members visit /contact seldom. "Loneliness levels can become a serious problem by lack of contact from close individuals or special things" (Bergman-Evans et al., 2000).

Nurses' charisma has a great influence in an elder's life. Nurses participate in activities with elders such as singing, dancing and handwork whereby older people can enhance social spirits. Celebrations of birthdays, national holidays and name days is a good way for nurses to socialize with elderly. Social togetherness creates a sense of joy, love and belonging for an elderly in a nursing home. Activities such as arts and crafts can form an "ego attitude" for an elderly, which is good both socially and mentally.

A research was conducted in England by Witton (2005) to ascertain the competence of care givers showered that the majority of caregivers to older people hold vocational qualification. The aim of the research was to identify the health and personal care needs of older residents and also to verify the adequacy of the contents of vocational qualification in offering holistic needs to older people. This qualification does not necessarily empower them to demonstrate the competence in all aspects of care. The qualification does not address the holistic needs of older people but based on providing basic care. This rise the question of whether an obtainment of vocational qualification will enable care staff to meet the care needs of older people or only basic needs. The researcher also argued that, the unit curriculum of vocational training does not address the holistic needs of older people. (Witton, 2005)

According to Witton (2005), bathing a patient is an example of how a competence staff will detect the condition of the skin and texture and correlate this to nutritional status, continence and pathological conditions. Other assessments include patient's wellbeing such as muscles usage, posture, mobility and hygiene. Through interaction with the patients observation of any form of redraw could be made. By these observations a competence staff can assess a form of deterioration and assessment of this kinds are the short comings of vocational qualification. The nursing interventions to provide skin care in elderly care center of Järvenpää were encouraging the residents to take bath at least once a week and assessing the skin conditions, the nurses applied skin lotion to prevent pressure sores.

Unfortunately, the shortage of nurses is a problem all over Finland both in hospitals and long-term care institutions such as nursing homes. Thus, it is difficult for nurses to spend longer time with a single resident; meanwhile others wait to be cared for by the same nurse. Shortage of nurses is a great hindrance in offering care effectively to residents, however nurses tried their best in elderly homes in making the best of the little time available whenever circumstances allowed. Psychological assistance offered to elderly is among nurses' duties in promoting the wellbeing of a resident in a community. Loneliness has been associated with cognitive impairments, social isolation, hopelessness and the inability to perform independently daily activities (Hicks, 2000, 15-19). Memory lane, reminiscing the past and conversations challenges an elderly in sharing of the past events, emotions and knowledge thus, reduced feelings of loneliness. Nurses observe loneliness among elders in all various circumstances during nursing care; first and foremost loneliness requires recognition, eventually addressed by effective approaches. Furthermore, alerting the social services to the individual's loneliness problem in order to offer supporting approaches. "Presence of social interaction between elders in a nursing home improved health conditions and reduced loneliness" (Von Rossum et al., 1993 cited in Donaldson & Watson, 1996).Nurses and other caring professionals have a role of alleviating loneliness when caring for elderly individuals in nursing homes.

Nursing interventions in order to provide mental balance in elderly people are to arrange family meetings now and then, arranging opportunities to socialize through game or through arrangement to dine together in a common place. The nursing interventions to provide spiritual care of the clients are to learn about clients' spiritually and religious beliefs and incorporate this into care, to arrange for pastoral/spiritual counseling, to encourage verbalization of feelings concerning meaning of health and life changes.

Considering person as a whole is a holistic care which is shown in the theoretical background which writer used. Since the findings show that the nursing interventions are related to physical health, mental health and spiritual health, the nurses use holistic approach to provide good nursing care in elderly care center in Järvenpää.

8 THE ETHICAL ISSUES

The registered nurses working at Elderly care center in Järvenpää were fully aware of the ethical issues. According to Hungler 1999, the most important ethical consideration is to respect for human dignity as each human has the right to determine by themselves. So, all the informants in the research process had the right to take part according to their will without being misjudged by others. The writer wrote a letter to the nurses of assisted elderly care center ensuring anonymity of the participants' confidential.

All the informants received letters of consent before conducting data collection from the participants. All the data from informants was equally treated and handled confidential. The author didn't collect any forms of personal identification such as address and social security number during the thesis process. The results obtained from the interview will be confidential and the author will discard entire data gathered after thesis publication.

9 TRUSTWORTHINESS

Trustworthiness is an integral part of this thesis as it shows that the work carried out is credible and feasible. There are four key concepts of trustworthiness; these include credibility, transferability, dependability and conformability (Talbot, 1995, 428). With credibility the researcher aims to produce results that are believable or more appropriately credible. Qualitative research method in the form of open questions was conducted. To ensure valid results in this study the author selected participants in the nursing field, geriatric nurses, to be precisely, as the study was based on elderly group. Furthermore, the participants were required to have at least half a year of working experience with the group before participating in the data. This would provide the author with authentic responses that will have a true reflection of this research.

In this study questions and letters were sent to participants were in both English and Finnish versions. Because some of the responses were in Finnish, the author had to translate from Finnish to English. The use of the language in the process of writing a thesis and the way it is expressed is a key aspect of this research. Through language data is created and evaluated (Mäkinen, 2006). By translating this data from Finnish to English there is always a danger of getting inaccurate data. To reduce the risk, the writer used dictionary and online language translating tool. Data that is not accurate will defeat the whole purpose of carrying out this research and one word that has been translated incorrectly can change the meaning of participants' responses.

With regards to the concept of transferability, this is the ability of others to understand and use the author's results. Also transferability allows others to decide whether or not the findings in one scenario can be transferred to another. The research carried out in this study can be transferred to another study in a similar context and still hold similar meanings and interpretations (Talbot, 1995, 429). In this study the responses from nurses who participated in the research were significant because they offer the possibility to describe the nursing interventions in elderly care center to provide good nursing care.

According to (Talbot, 1995, 429) it is suggested that dependability and conformability may occur simultaneously. Dependability is an aspect of which one another person can

follow the process and procedures that were undertaken by the writer. Dependability makes an assumption that what is being studied may not be reliable or consistent. This is a very important factor in this study because if results are dependable it indicates quality assurance through methodological procedures (O'Leary, 2004, 60).

Conformability is described as the decision trail where readers can find data source hence confirming whether or not the findings are supported by the data that has been researched. Just to further elaborate this concept basically readers can trace how the author reached certain data interpretations and concepts and confirm the originality (Talbot, 1995, 429). The author followed thesis guidelines provided by The Laurea University of Applied Sciences for securing permission to conduct the research. To secure the permission from Espoo city the author had to fill out the study permit form.

Individuals who participated in the study had a choice of whether or not to take part. They were also able to discontinue with the research process whenever they wished to do so. Before the letters were sent out to the participants, the authors ensured that they were fully informed and aware of the purpose of the research as well as procedures involved and confidentiality issues were also mentioned. Participants also had a right to remain anonymous in all materials related to this study. The author will also make sure that all study materials will be destroyed.

10 RECOMMENDATIONS FOR FURTHER RESEARCH

Nursing intervention is a wide concept and it is a must in nursing care especially when in elderly care center as the number of elderly people are increasing day by day. The further studies should be emphasized by involving multi professional team and the interventions used by multi-professional team should be more focused. In the future, nursing interventions used by nurses working in home care center should be studied in order to provide holistic nursing care for the elderly people.

The informants can be the involvement of the multi professional team working in elderly care center and in the home care center. From the author's point of view, it would be interesting to involve the elderly people themselves to describe the nursing interventions to provide good nursing care. Nursing interventions are described by the nurses and these results are used to provide good nursing care. So, involving elderly people as informants would give the opportunity to share their views of nursing interventions to create good nursing care.

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12 APPENDICES:

Appendix 1

Consent letter

Laurea University of Applied Sciences

In signing this document, I am giving my consent to be interviewed by a student of degree programme in Nursing at Laurea University OF Applied Sciences, Espoo.

I understand that I will be part of a research study that will focus on describing different nursing interventions nurses use in order to provide good nursing care at elderly and home care center in Järvenpää.

I understand that I will be interviewed in my work place at a time convenient to me. I will be asked to describe different nursing interventions nurses use in order to provide good nursing care at elderly care or at home care center. The interview will take about half an hour to complete. I also understand that the researcher may contact me for more information in the future.

I understand that I am selected to participate in this study because I am involved in taking care of elderly people at elderly care center or at home care center. I have been working as a Registered nurse/practical nurse for a long time enough to gather experiences to describe the different nursing interventions nurses use in order to provide good nursing care at elderly and home care center.

This interview is granted freely. I have been informed that the interview is entirely voluntary, and that even after the interview begins I can refuse to answer any specific questions or decide to terminate the interview at any point. I have been told that answers to questions will not be given to anyone else and no reports of this study will ever identify me in any way. I have also been informed that my participation or non-participation or my refusal to answer questions will have no effect on my work and my life.

This study will help to develop a better understanding of the experiences of practical nurses and registered nurses in order to describe the different nursing interventions nurses use in order to provide good nursing care at elderly and home care center.

However, I will receive no direct benefit as a result of participation. I understand that the results of this research will be given to me if I ask for them.

_____

Respondent's Signature

_____   ----------------------------

                                                          Date and place

   Interviewer's Signature

Appendix 2 Letter to the registered nurses

   Hei !

   Olen Ganga Pekkala (Nepali) ja olen kotoisin Nepalista. Olen asunut Suomessa melkein yhdeksän vuotta.

   Tällä hetkellä opiskelen Laurea Ammattikorkeakoulussa sairaanhoitajaksi ja olen opiskelun loppuvaiheessa.

   Nyt olen tekemässä opinnäytetyötä ja minun aiheeni liittyy vanhustyöhön. Haluaisin tehdä tutkimuksen

   Lehmustonkodissa ja Pihlavistokaodissa. Siihen tarvitsen Teidän apuanne.

   Olen saanut Laurea Ammattikorkeakoulusta ja Järvenpään kaupunkin johtajalta päätöksen ja luvan aloittaa opinnäytetyön.

   Pyydän ystävällisesti Teitä osallistumaan haastatteluun. Haastattelu kestää noin puoli tuntia.

   Järjestetään haastattelu Teille sopivana aikana jos mahdollista kello 14 - 15 välisenä aikana.

   T U T K I M U K S E N   K Y S Y M Y S

Millaisia hoitotyön auttamismenetelmiä sairaanhoitajat käyttävät tarjotakseen hyvää hoitotyötä

tehostetun asumispalvelun yksiköissä Järvenpään vanhustenhoitolaitoksessa ?

tai

Millaisia hoitotyön auttamismenetelmiä käytätte tarjotaksenne hyvää vanhusten hoitotyötä täällä ?

Paljon kiitoksia etukäteen.

Terveisin ,

Ganga Pekkala,

Laurea AMK, Otaniemi