Quality of Life among the Elderly in Nursing Homes
A Literature Review

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Abstract:
Globally, there is an increase in the population of the elderly, aged 65 years and above. Most families are opting to take their elderly people to nursing homes where they will get adequate and specialized care. The purpose of the thesis is to discuss Quality of life among the elderly in nursing homes. The methodology used in the research is literature review. The researcher has used the WHOQOL/100 instrument as a theoretical framework. The results were obtained from 10 scientific articles obtained from EBSCO, Science Direct and Google Scholar databases.

The results of the study show that spiritual well-being involves having meaning and purpose in life. Psychologically, it is important the elderly feel that they have choices, freedom, feel useful and valued, respect for possessions and individualized care. In the physical well-being, the elderly require meaningful activities and a supportive physical environment that is clean and safe. In their social well-being Nurse-client interaction and interpersonal relationships with family and fellow clients is important. The characteristics of nursing homes that were most valued are nursing homes with adequate and effective staff and the availability of personal rooms. In conclusion, important to provide individualized care and this is possible by looking at an elderly person as an individual with their own preferences. By looking at the different dimensions of health, that is, the physical, spiritual, psychosocial and social dimensions of health. By understanding the needs in the different dimensions, nurses can plan holistic care. The recommendation is continuous training of elderly care nurses on the importance of meeting individual client needs. It is also important that nursing homes support the welfare of nurses so that they are more effective in providing care.

Keywords: Quality of Life, well-being, elderly, nursing home, care.
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**ABBREVIATIONS**

Qol Quality of Life

Qoc Quality of care

ADL Activities of Daily Living

WHO World Health Organisation

LTC Long term Care

MSAH Ministry of Social Affairs and Health
FOREWORD

I thank God for giving me the opportunity resilience to study in a foreign land. To my parents for their support and always reminding me of the values of discipline and hard work. To my teachers and fellow students for their support throughout the years.
1 INTRODUCTION

Globally, there has been an increase in the population of people aged 65 years and older which can be attributed to various factors not limited to improved health care and advances in modern medicine. This has resulted in decreased mortality rates. WHO (2002) demographic projections approximate a population of 1.2 billion elderly people by 2025. The population of the elderly is further estimated to be at 2 billion people by 2050. Due to these projections, there has been a surge in research and debate concerning ageing. Various disciplines have researched ageing from biological, social and psychological point of views and developed models to improve the understanding of the ageing process.

The World Health Organisation describes quality of life as, “how an individual views their position in life in the setting of cultural value systems in which they live in relation to their goals, expectations, standards and concerns. It is an expansive term that includes physical health, psychological state, independence level, social relationships, personal beliefs and how an individual relates to the environment surrounding them” (WHOQOL Group, 1995). According to Gurková (2011), QOL in nursing is a subjective perception and evaluation of individual living conditions based on the individual’s internal standard. This implies that QOL is subjective, multi-dimensional and a value-driven construct. In the elderly, QOL is affected by the many demanding situations and factors that are associated with older age – ranging from changes in health status to coping with new restrictions in life, and identifying new roles, opportunities, and available social support (Gurková, 2011). Amongst the elderly, the important features of QOL assessment include self-sufficiency, autonomy, decision-making, absence of pain and suffering, the preservation of sensory abilities, the maintenance of a system of social support, a level of financial status, a sense of usefulness to other and a certain degree of happiness (Gurková, 2011).

Research has shown that the common indicators of QOL are demographic variables (age, gender, ethnicity), socio-economic characteristics (education, social status, income, social support etc.), cultural influences and values, health factors (health/medical condition, disease, functional status, health care services), and personal characteristics (Layte, et al 2013, Bilgili & Arpaci, 2014; Gurková, 2011 & Bryła, et al. 2013). In the elderly, QOL
is influenced by many factors associated with old age such as changes in health status, coping, changing roles in life and availability of social support (Gurková, 2011).

A good quality of life does not only consist of promoting wellbeing and health, or of assessing and responding to various degrees of need for care and attention — even if this quality recommendation was to a great extent prepared with these theme areas in mind. It involves promoting a good life in a broader context, or of safeguarding a good quality of life and functional capacity in everyday life. Improvements in these various aspects of life can be achieved by promoting the wellbeing and health of the elderly and by offering services of a better quality (MSAH, 2013). Good quality of LTC helps to support or improve the functional and health outcomes of the frail, those with chronic illness and the disabled old people. The characteristics which are widely accepted as essential to quality of care are patient safety, patient-centeredness and responsiveness, and co-ordination of care. LTC comprises of personal care services to assist the disabled with activities of daily living (ADL), providing basic medical services, specialised nursing care, prevention, rehabilitation and end of life care. Other tasks include assistance in personal and administrative tasks (OECD, 2013).

The motivation for writing this thesis was inspired by my experiences in my first practical training. The concept of a nursing home was foreign to me, since in my culture, the elderly live with their extended family. The family members are the primary caregivers. My understanding of nursing homes has greatly improved throughout my studies and more deeply during the research process of writing this thesis.
2 BACKGROUND

The following are definitions of key concepts that have been used in the text:

2.1 Definition of Terms

Quality of life

The World Health Organisation describes quality of life as, “how an individual views their position in life in the setting of cultural value systems in which they live in relation to their goals, expectations, standards and concerns. It is an expansive term that includes physical health, psychological state, independence level, social relationships, personal beliefs and how an individual relates to the environment surrounding them (WHOQOL Group, 1995).

Elderly/Older Adults:

Within the scope and context of this study, these terms refer to persons aged 65 years and above whose physical, cognitive, psychological or social functional capacity is impaired due to illness or injuries that have begun, increased or worsened with high age or due to degeneration related to high age (MSAH, 2013).

Long Term Care:

It includes a range of services set out to meet personal health care needs during a long period of time. These services are designed to help elderly people with activities of daily living when they can no longer do it on their own (National Institute on Aging, 2017).

Gerontological nursing:

It is a specialised field of nursing whose purpose is the achievement and maintenance of the well-being of the elderly. It combines knowledge from nursing and gerontology and work done in multidisciplinary teams. (MSAH, 2013).
Healthy Ageing:

The World Health Organisation defines healthy aging as the process that involves growing and sustaining the functional ability that will make it possible for the elderly to live well in old age. (WHO, 2015)

Nursing Home:

A nursing home is residential care setting that provides round the clock care to individuals who are chronically ill or disabled. This means that the residents are unable to care for themselves in the home setting and they require extensive nursing care (Pioneer Network, 2015)

2.2 Old Age

Old age is characterised by physiological decline as the normal functioning of the body continues to decrease. This results to poor vision, hearing, ability to move, decreased memory, not being able to eat and digest food properly, not being able to control bodily functions such as continence and also having chronic ailments (Lena et al. 2009). Below is a table outlining the expected changes that come with old age (Jaul & Barron 2017)

<table>
<thead>
<tr>
<th>Sensory changes: Decreased hearing, vision and sense of balance.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased muscle mass and strength.</td>
</tr>
<tr>
<td>Decreased immunity: This weakens the body’s ability to fight infections.</td>
</tr>
<tr>
<td>Changes in the urinary bladder: This weakens the body’s ability to fight infections.</td>
</tr>
<tr>
<td>Chronic and somatic conditions: Hypertension, Cardiovascular diseases, Cancer, Osteoarthritis, Osteoporosis, Diabetes and having multiple chronic conditions.</td>
</tr>
<tr>
<td>Physical Function Changes Decreased ability in ADL, Lowered mobility, Decreased walking speed, Falling, Frailty and continence.</td>
</tr>
<tr>
<td>Psychological and cognitive function changes: Short-term memory loss, depression, dementia,</td>
</tr>
</tbody>
</table>
Social and environmental changes:

- Burden on the family as the primary caregiver
- Medical Decisions: Difficult decisions on when to start or stop medication.
- Hospitalisation
- The use of five or more medications by a single patient (polypharmacy). There is the risk of harmful events due to drug interactions.
- To be placed in a LTC institution.
- Difficult discussions in advance in regards to end of life care

*Table 1: Changes in old age (Jaul & Barron 2017)*

The goal to ensure successful process of aging is that the caregivers are aware of the age related changes and this helps them to diagnose potential risks make informed decisions in regards to care (Jaul & Barron 2017)

It is important to understand that specific problems can be determined by the social cultural background an individual is coming from. Stanciu (2012) lists the common problems among the elderly as declining health, obstacles with regards to finances, poverty, social marginalisation, dependence, retirement, abuse and systematic discrimination of the elderly. A major way to provide support to the elderly is through formal social support through social legislation in countries and also through informal social support by regular interactions with family (Stanciu 2012)

### 2.3 Gerontological Nurses

Nursing homes together with inpatient wards in health facilities provide institutionalised care for the elderly in Finland. According to the Finnish Nurses Association (2016), the basic role of a professional nurse is to treat patients. Nurses work in the public and private sectors, and voluntary organisations. In the public-sector, nurses work in primary health care, specialised health care and social care fields. Nurses use their theoretical and practical knowledge to promote and sustain health, prevent and cure diseases, and rehabilitate patients while following nursing guidelines and protocols according to Finnish Nurses Association, 2016 as quoted in (Rautavuori et al 2016)
To promote competency in their area of expertise, nurses are required to frequently update their knowledge base on nursing, medicine and pharmacology and also be familiarised with advances in social and behavioural sciences. According to the Ministry of Education and Culture (2006), as quoted in (Rautavuori et al. 2016) nurses need to possess strong professional and ethical decision-making skills. Erikson et al (2014) quoted in Rauhovuori et al. 2016, suggests that the competencies of nurses can be grouped under nine distinct dimensions, which are:

- Client centeredness
- Ethics and professionalism in nursing
- Leadership and entrepreneurship
- Evidence-based practice and decision-making
- Education and teaching
- Promotion of health and functional ability
- Social and health care environment
- Quality and safety of social and health care services

Gerontological nurses’ purpose is to provide treatment, mitigate or alleviate suffering of the elderly patients and support the well-being of the elderly in challenging situations. The interaction between nurses and patients is crucial in the elderly’s psychological welfare (Haugan et al, 2013). Furthermore, Gerontological nurses promote confidence, dialogic interaction and the confidence of the elderly which are considered as important factors in the quality of life of the elderly. Hayes and Ball (2012) quoted in Rautavuori et al (2016) suggests that “Nursing elderly patients is highly skilled work, requiring specific competencies that allow nurses to meet the needs of patients who may suffer from sensory and cognitive deficiencies as well as high levels of physical dependency.”

Hayes and Ball (2012) outlined vital care activities that are provided for the elderly. These are:

- Comforting patients
- Promoting patient mobility
- Hygiene
- Preventing falls
- Giving patients and their families adequate information
- Preparing patients and their families for discharge
- Pain management and care for dying patient

2.4 Role of Nursing Homes in long term care

A nursing home is an alternative home of residence for older people who need assistance with their activities of daily living. Many institutions are providing dwelling arrangements with a home-like environment in contrast with the environment of a healthcare facility (Rijnaard et al 2016)

A study by Slettebø & Polit (2008) reveal that residents in a nursing home felt safer than they would be feeling in their own private homes. They were afraid that something would happen to them and they would not be able to get help at the crucial time they needed it. The residents expressed that having caregivers in close proximity to them was one of the major benefits of being in the nursing home.

For residents living in nursing homes, most of their interactions is with staff and hence it is important that their interactions are meaningful. Nursing homes with more resources have the capacity to support their staff and therefore improving the resident–staff interactions (Burge & Street, 2010). Bitzan and Kruzich, 1990 as cited in Custers et al 2010 note that the relationship with nursing staff is key due to its positive connection with residents’ well-being. Studies by Westin and Danielson 2007 show that interactions with nurses helped reduced the feeling of being alone as there was the possibility of finding someone to talk to. Molony et al as cited in Rijnaard et al.2016 found that in nursing homes where the staff “really care”, the residents felt more at home.

Residents desire variety in in terms of where to spend time in the home through meaningful activities. Residents are motivated by doing as much as they can. The characteristics that define meaningfulness include; experiencing enjoyment, having a sense of belonging and autonomy. Familiarity is an important aspect to the elderly, therefore, being involved
with activities with familiar objects and places was found to be important to them (Benbow, 2014). A study by Torrington (2006) cited in Benbow (2014) shows that amongst the highest ranked activities include; recollection of past events, old photos and interacting with family and friends. Others were going out, singing and music. The elements of care provided in nursing homes include; living arrangements, food, assistance with ADL, facilitating contact with family and friends and supporting their rights and interests (Buzgova & Inova 2011).

2.5 Challenges in Nursing Homes

The aim of nursing homes is to provide assistance with the purpose of improving the Qol of the elderly. As much as nursing homes provide assistance to the elderly and purpose to improve their quality of life, it goes without saying that also institutional care in a form of a nursing home setting does present certain challenges.

Older people are under the threat of neglect and abuse. They are under the risk of abuse from family members, their fellow elderly residents and most of all caregivers providing direct care. Frail elderly people and those with cognitive impairment are highly dependent on their caregivers and are therefore at a high risk of abuse. Other characteristics of elderly people likely to be abused are aggressive clients, clients who are rarely visited and women were found to be more abused than men (Buzgova & Ivanova 2011).

A study by Georgen (2004) showed that verbal aggression was commonly accepted as a way controlling behaviour of the residents and to maintain order in the institution. Neglect was as a result of staff shortage especially on weekends, nightshift and during holidays. Residents who could not speak out for themselves were at most risk of neglect. The use of physical restraints such as belts, bed rails have greatly reduced but there were other ways of restraint such as not helping the patient to get out of the bed or locking them up in their rooms. Some nurses treat patients especially those with dementia as infants and use overbearing behaviour when dealing with residents.
Some residents feel that nurses are not reliable with arranging for appointments and other aspects related to care. Residents felt frustrated having to wait for a long time for something that was promised (Slettebø & Polit 2008)

Lack of adequate staff is another aspect that undermines provision of adequate care. Resident stated that nurses were too busy to give them enough attention. Nurses are also concerned about inadequate staff because they would like to pay more attention to the residents (Rijnaard et al 2016). Employees who were involved in abuse were not satisfied with their working conditions, were exhausted and they considered their jobs stressful (Buzgova & Ivanova 2011)

A study by Teeri et al (2006) identified problematic care in LTC and grouped them into 3 categories:

- Psychological; lack of respect for patient’s right to self-determination, insufficient information and being treated in a demeaning manner.
- Physical; physical abuse and lack of individualized care.
- Social; loneliness and isolation.

Being in a LTC institution can bring about a feeling of reduced autonomy as residents may not be able to fully influence decisions on their ADL and movement. Privacy is also crucial to the elderly and the sense of privacy increases as a resident continues to become more dependent and they need more help with their personal activities. There is also the conflict between patient’s, relatives’ and the nurses’ point of view (Teeri et al. 2006). It is important that nurses are continually aware of nursing ethics so as to minimise challenges in long-term care.
3. THEORETICAL FRAMEWORK

3.1 The World Health Organisation WHO Quality of Life Instruments (WHOQOL Group, 1995)

The world Health Organisation defines quality of life as how an individual views their position in life in the setting of cultural value systems in which they live in relation to their goals, expectations, standards and concerns. It is an expansive term that includes physical health, psychological state, independence level, social relationships, personal beliefs and how an individual relates to the environment surrounding them.

WHO came up with two instruments of measuring quality of life which are WHOQOL/100 and WHOQOL/BREF. WHOQOL/100 was developed simultaneously around 15 centres in the world, where important aspects of quality of life were drafted after asking different people with different diseases, well people and health professionals from different cultures. WHOQOL/BREF is an abbreviated 26 item version of WHOQOL/100 that was developed using the field trial version of the WHOQOL/100.

The WHOQOL/100 shows particular facet of quality of life, for example, social support, financial resources, positive feelings, scores in regard to large domains of life, for example, social, psychological and physical relationships and a score to show the overall quality of life and general health. WHOQOL/BREF produces domain scores and not individual facet scores.

3.2 Strengths of the WHOQOL instruments.

The instruments were developed cross/culturally and are available in over 20 different languages.
Another strength of the instruments is that the primary basis is the perception of the individual. Most medical assessments are made examinations by health workers and from the laboratory; the instruments on the other hand focus on the patient's perception about the disease. For example, with a disease like diabetes, the instruments will not only investigate the functioning of patients with diabetes, but also how well satisfied with their functioning and the effects of the treatment.

The instruments can be used to assess the quality of life in a variety of circumstances. For example, specific modules are being formulated for specific groups such as the elderly, cancer patients, refugees and those with certain diseases.

3.3 The uses of the WHOQOL instruments.

The instruments may be used with other forms of assessment to give an indication of areas which are of most concern to a patient and therefore help the practitioner to make the best choices for the patient. In addition, they can be used to measure how the quality of life changes within the course of treatment.

When the medical practitioner understands better how the treatment affects the patient, this gives a meaningful interaction between them. The practitioner finds more fulfilment in their work and the patient finds the healthcare process more meaningful.

When evaluating the quality of services in health centres, the patient's perception is also useful. The instruments can also be useful with the continuous research in medicine, new and different feelings by patients can be used as a basis for research therefore improving health in general.

3.4 The structure of the WHOQOL/100

Summarised below are the components of the WHOQOL/100. Domains and facets incorporated within domains:
<table>
<thead>
<tr>
<th>Domains</th>
<th>Facets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health</td>
<td>Energy and fatigue, Pain and discomfort, Sleep and rest</td>
</tr>
<tr>
<td>Psychological</td>
<td>Bodily image and appearance, Negative feelings, Positive feelings, Self-esteem, Thinking, learning, memory and concentration</td>
</tr>
<tr>
<td>Level of Independence</td>
<td>Mobility, Activities of daily living, Dependence on medicinal substances and medical aids, Work capacity.</td>
</tr>
<tr>
<td>Social relations</td>
<td>Personal relationships, Social support, Sexual activity</td>
</tr>
<tr>
<td>Environment</td>
<td>Financial resources, Freedom, physical safety and security, Health and social care: accessibility and quality, Home environment, Opportunities for acquiring new information and skills, Participation in and opportunities for recreation/leisure, Physical environment (pollution/noise/traffic/climate), Transport</td>
</tr>
<tr>
<td><strong>Spirituality/ religion/personal beliefs</strong></td>
<td>Single facet</td>
</tr>
</tbody>
</table>
4. THE AIM AND OBJECTIVES OF THE STUDY

4.1 Aim of the study

The purpose of this study was to investigate the factors that affect Qol in the elderly population in nursing homes. To achieve this goal, literature on Qol in nursing homes was reviewed. Also reviewed was literature that investigated what the elderly population perceived was most important for them in the nursing home.

4.2 Research questions

In order to achieve the objective of the study, the following research questions were formulated:

1. What are the factors affecting Qol among the elderly in nursing homes?
2. What characteristics of nursing homes are important to the elderly?
5. RESEARCH METHODOLOGY

Methodology constitutes the ideas of scientific quest of information. Selection of research topic and collecting data, its analysis and implementing them in a planned way is research study (Silverman, 2011). Qualitative methods, using narrative and observation rather than numerical data are increasingly being used in health care settings where they are seen to “reach the parts other methods cannot reach” (Pope and Mays 2006), and they are now seen as part of the mainstream of methods in health services research (Holloway 2005). Qualitative research is a comprehensive research tradition that concern with the study of human feeling and experiences. This is a purposeful method to understand the meaning of emotional aspects which take in natural setting of human collection (Polit and Hungler 1999).

5.1 Data Collection

5.1.1 Literature Sources

The literature materials used in this thesis are within the past decade (2009– 2019) and have been sourced from search engine databases, EBSCO, Science Direct and Google Scholar using the key words; quality of life or wellbeing, health related quality of life, elderly and nursing home. 10 articles were selected for this thesis.
5.1.2 Article Selection Criteria

The articles and scholarly articles selected for the research methodology were assessed based on the following inclusion criteria:

- Articles and publications selected are less than a decade old (dating from 2009 to 2019).
- Articles and publications selected are relevant and related to the research topic.
- Articles and publications selected are scholarly in nature.
- Articles and publications selected are from academic databases.
- Articles and publications selected are open access.
- Articles and publications written in English.
- Articles and publications have to relevant to quality of life or well-being for the elderly, health-related quality of life and nursing homes.

5.1.3 The Searching process

The searching process involved getting to the Database, in this case EBSCO, Science Direct, and Google Scholar. This was followed by writing the keywords in the search box and observing the resulting articles.

From using EBSCO data base the advanced search, the key words used were quality of life or wellbeing or health-related quality of life AND elderly AND nursing homes, there was a total hit of 1,530 articles. By limiting to only texts available in full text, the total hits were 312. By further limiting the scope to peer reviewed journals only, the total hits were 258. A total of 4 articles were selected from EBSCO. By using Science Direct data base the advanced search, the key words used were Quality of life, wellbeing health related quality of life, elderly and nursing homes, the total hits were 850. By further limiting to articles written in the years 2009-2019, the total hits were 619. The articles were further limited to review articles and the hits were 136 articles. A total of 5 articles were selected from Science Direct. By using Google Scholar, key words used were Quality of Life, well-being and elderly in nursing homes, the total search results were 751,000 articles. By further limiting to articles within the last 10 years, the total articles were 18,900. One article was chosen from Google Scholar.
<table>
<thead>
<tr>
<th>Data source</th>
<th>Key words</th>
<th>Further limits</th>
<th>Total hits</th>
<th>Articles Chosen</th>
</tr>
</thead>
<tbody>
<tr>
<td>EBSCO</td>
<td>quality of life or wellbeing or health-related quality of life AND elderly AND nursing homes</td>
<td>Full text, Peer reviewed</td>
<td>258</td>
<td>4</td>
</tr>
<tr>
<td>Science Direct</td>
<td>Quality of life, wellbeing health related quality of life, elderly and nursing homes</td>
<td>2009-2019, review articles</td>
<td>136</td>
<td>5</td>
</tr>
<tr>
<td>Google Scholar</td>
<td>Quality of Life, well-being and elderly in nursing homes</td>
<td>2009-2019</td>
<td>18,900</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 3: The searching process

The list of the selected articles is tabled and listed in the appendices at the end of this thesis in table 6.
5.2 Data analysis

Content analysis is a research method that can be used in analysing written, verbal or visual information (Cole, 1988). The goal in quantitative analysis is to systematically convert a large amount of data into highly organised and condensed summary of key results. The initial step is to read and re-read the literature to gain a general understanding what the articles are about. This is then followed by condensing the text into meaning units. This is then followed by formulating codes and then grouping the codes into categories. Depending on the aim of the study, themes are created from the categories. It is important that the writer is aware of their pre-understanding, assumptions and beliefs on the topic so that it does not influence the analysis or results (Erlingsson & Brysiewicz 2017)

An inductive content analysis was used in this thesis. The process includes open coding, forming the categories and abstraction. The researcher read through the selected articles to make sure they answered the research questions. The articles were reviewed again and all points arising from the articles were written down. The results with similar ideas were grouped together to form sub-themes. The subthemes were then grouped together to form the main themes that answered the research questions.
5.3 Ethical Consideration

Ethical research observes norms such as truth, knowledge and avoiding error. Prohibitions against false or misrepresented data exist so as to promote truth and reduce error. A summary of ethical principles include honesty, objectivity, integrity, carefulness and respect for intellectual property (Resnik, 2015).

The Arcada thesis guide was used to guide the writing process. The articles were obtained from reliable scientific databases such as EBSCO, Science Direct and Google Scholar. The writer also gave credit to scholars whose work, ideas or words were referenced to avoid plagiarism and ethical fraud. The study was done without influence by personal beliefs which was important to minimize errors.

<table>
<thead>
<tr>
<th>Intensive Reading of Articles</th>
<th>Highlighting all aspects of the content</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grouping together similar ideas</td>
</tr>
<tr>
<td></td>
<td>Identification of sub-themes</td>
</tr>
<tr>
<td></td>
<td>Forming the main themes</td>
</tr>
<tr>
<td></td>
<td>Reporting the results</td>
</tr>
</tbody>
</table>

*Table 4: Content analysis process*
6. RESULTS

The purpose of the study was to review literature to find out the factors that affect Qol among the elderly in nursing homes. From the review of the 10 articles, the following themes and sub themes were revealed from the articles:

**Table 5: Results of the research**

<table>
<thead>
<tr>
<th>Psychological wellbeing:</th>
<th>Physical wellbeing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-determination, feeling useful, respect, personhood-individualized care, narrative approach to care</td>
<td>Meaningful Activities, supportive physical Environment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Wellbeing:</th>
<th>Spiritual wellbeing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse-client interaction, interpersonal relationships</td>
<td>Purpose in life, Intrapersonal self-transcendence</td>
</tr>
</tbody>
</table>

Characteristics of nursing homes:
Staffing, location, private rooms, ownerships, chain membership
6.1 Spiritual well-being

6.1.1 Meaning and purpose in life.

From the articles, former studies have emphasized meaning of life as a core concern of Qol for older adults. [1] Patients who see that their life has meaning have a high psycho spiritual functioning which helps them especially during stressful life experiences. Patients who have found no meaning and purpose to life have might say things like: preferring not to be born, suicide, finding their existence as utterly meaningless and their perception of the world as utterly confusing. Patients who find no meaning in life are prone to risk factors such as sadness and depression [1][2][3]

6.1.2 Intraperso nal self-transcendence

This concept comprises of aspects such as self-acceptance and adjustment, as when patients are accepting and adjusting well, it gives them more inner peace which is strongly associated with finding meaning in life [1]. Self-acceptance cultivates inner resources such as self-esteem, confidence and positive life orientation. This concept is valuable especially with seriously older adults to accept that they are getting older, to adjust well to changes in their physical ability and to accept their present life situation. [1][10]

6.2 Psychological Well-being

6.2.1 Choice, freedom and self determination

As age increases, the decision to be placed in a nursing home is hard as nursing homes are seen as the final place to go before death. The elderly sometimes feel as if there are losing a part of their independence by leaving their homes. Most residents expressed that they valued autonomy and flexibility in their routines and being able to go outside whenever they wished and not feeling ‘locked’ in the facility.] Patients who are highly dependent were found to have lower Qol Having freedom in their daily routines provided a sense of normalcy for them and having control of their lives. [2] [3][8]
6.2.2 Feeling useful and valued

Being able to help with small domestic jobs and by helping other residents, the residents felt a sense of being useful and valued. Other ways that residents felt useful was by participating in family milestones and giving advice in family situations. [8][10]

6.2.3 Respect for possessions and personal space

It was important for the residents that the nursing homes showed respect for their possessions and their personal space. Having a space of their own gave them a sense of respect as a person and for those who did not perceive the sense of control, it caused them anxiety and weighed heavily on their minds.[8]

6.2.4 Personhood – individualized care

Most residents expressed that it was important that they were treated as an individual who has likes, dislikes, specific needs and preferences. Being able to express their preferences and being seen for the whole person who they are rather than being labeled as a diagnosis was seen as dehumanizing and therefore contributing to poor outcomes in the nursing home. The narrative approach to care is an example of how to achieve individualized care. People make sense of their life experiences by creating and sharing stories. By doing so, interventions and practices can be focused solely on the uniqueness of their stories.

[2][4][8] [9]

6.3 Physical Well-being

6.3.1 Meaningful activities

Many nursing homes offer a range of meaningful activities for the residents to be involved and enhance their social life in the nursing home. For the residents it was important that they not only able to participate in activities, but in activities that are meaningful to them. Meaningful leisure activities include storytelling, indoor gardening, music and sounds
from the period when the residents were young. The QoL of residents who participated in these activities was found to have improved after these activities [3][5][8]

6.3.2 Supportive Physical Environment

Residents felt that the nursing homes should be ‘homelike’ as possible by contrasting with a clinical hospital –like feel. Having access to other spaces outside their own rooms which were clean provided a pleasant leaving environment. [2][8][10]

6.4 Social well-being

6.4.1 Nurse-client interaction

Studies have shown that nurse-client interactions are critical to clients’ sense of self-worth, dignity, meaning and generally QoL [1][2][3][4][6]. Staff-client interactions can either promote or undermine the resident’s well-being as nurses have the most interactions with residents. Where the staff provided emotional care by sharing their own life, the clients felt respected and worthy. Some clients complained of nurses not respecting their modesty during care such as closing the door or curtains when bathing [2][8]. Also in countries where there workforce is of mixed ethnicity, language and culture, it is important to put foreign staff in language and dialects to improve the communication between the residents and the staff [2]. It is important to continuously train nurses on how their behavior affects client’s well-being and how they can make a difference in their daily interactions. [5]

6.4.2 Interpersonal relationships

Residents who made friends in the nursing home had better life on average as it reduced the chances of loneliness, boredom sadness and depression. Having friends who are peers made the residents feel that they were important to others. [3][10]
6.5 Effect of Nursing Home Characteristics on resident’s Qol

Institution based care is becoming more acceptable as a care option as people consider cognitive impairment, frailty and access to skilled care thus reducing the burden on family members. It is important to pay attention to quality of care being provided in the nursing homes as it is the home for many residents for a long period of time. Quality of care details how to deliver care by promoting health and reducing adverse events [6] [7]. The following characteristics of nursing homes were studied to find their association with residents’ Qol.

6.5.1 Staffing

Increasing nursing home staff is important but it does not necessarily mean that Qol and Qoc improve with the increase in staff. There are other factors such as training, experience and quality of the nursing staff which affect the quality of care. For the residents, it is important that the staff is flexible in care routines and is able to spend more time with the residents. In some cases, family members perceived care givers were tired as they were understaffed and therefore had inadequate time to provide personalized care. Residents needed to feel that their needs were met adequately [6] [7][8][10]

6.5.2 Location

In terms of comfort, the study found that rural facilities had better Qol than urban facilities but not in other domains. [6]

6.5.3 Private rooms

Studies found that facilities with more private rooms had more Qol in the domains of privacy and comfort compared with facilities with lower percentage of private rooms. ‘Feeling at home’ in the client’s own room and also in shared spaces was found to be the most important characteristic for the residents and also the family members [6][7][8][10]
6.5.4 Ownership

Most of the studies reveal an inconsistent association between ownership and Qol of the residents; however some studies reveal that most non-profit nursing homes had better Qol than facilities for profit. [6]

6.5.5 Chain membership

Most studies reported that chain–owned facilities had more deficiencies than facilities not owned by a chain. [6]
7. DISCUSSION

The purpose of this paper is to find the factors that affect Qol among the elderly population.

Results indicate that, more family members are considering taking their elderly members to nursing homes. This is because as aging progresses, the elderly cognition deteriorates and physically they become frail and they need more specialized care. When the elderly move from their homes, it is seen as a final stage in life as what proceeds is death and this is difficult for the elderly to accept this change in life. Therefore, it is important that nursing homes provide an environment that feels like home and give them activities that are meaningful to them so that they continue to have meaningful lives.

In the elderly, Qol is influenced by many factors associated with old age such as changes in health status, coping, changing roles in life and availability of social support (Gurková, 2011). Therefore, it is important that when writing a care plan, it is important that the nurses look at the different dimensions of the elderly person. That is the physical, mental, social and spiritual aspects and provide individualistic tailored for the specific elderly person.

From the articles, different elderly groups were interviewed and the most concern by the elderly was being seen as an individual. Robichaud et al (2006) found that the three most important quality of life indicators for residents was to be treated with respect, to have meaningful quality relationships and proficient nursing care. Other psychological needs such as respect, choice and freedom of self-determination also contribute to being seen as an individual wholesome person. The elderly do want to be recognised by their condition or illness or just as a task, it is important that nurses view the elderly as individuals, who have specific preferences and needs.

When families are looking for nursing homes, they look for certain characteristics. From the results, the most evident one is staffing and availability of personal space or private rooms. Although studies did not conclude that the more number of staff, the better Qol, it is important to note that if the number of staff does not meet a certain threshold, then the nursing home is understaffed. This means that the nurses are not able to spend quality
time with the elderly. Nurses spend the most one-on-one time with the elderly and it is important that the time spent is adequate to meet their needs.

7.1 Findings relating to theoretical framework

The findings of the thesis show QoL in different dimensions of health. Attention should be given to all the dimensions as neglecting any over a long duration will affect the others and in the end, their well-being and quality of life. The dimensions however are not equal and the goal is to have our own perspective on what living a full life means (Stoewen 2017).

The WHOQOL/100 instrument indicates a particular facet of quality of life, for example, social support, financial resources, positive feelings, scores in regard to large domains of life such as social, psychological and physical relationships and a score to show the overall quality of life and general health. The findings and the theoretical framework are intersectional in that: The theoretical framework shows us the indicators of QoL in different dimensions and the results indicate the factors that affect QoL of the elderly in the different dimensions.
8. CONCLUSION

The aim of the literature review was to find out the different aspects that are important to the elderly population living in nursing homes to improve their quality of life. The study revealed that it is important to provide individualized care and this is possible by looking at an elderly person as an individual with their own likes, dislikes and preferences. By looking at the different dimensions of health, that is, the physical, spiritual, psychosocial and social dimensions of health. By understanding the needs in the different dimensions, nurses can plan care that is wholesome and individualised. The role of nursing homes is to provide a home-like physical environment that is safe, clean and friendly to the staff and the elderly residents and also to provide quality and adequate care. Nurses’ role is to provide competent care by ensuring that they are highly skilled to with specific competences to deal with specific elderly needs such as sensory and cognitive deficiencies as well as high levels of physical dependency.

8.1 Strengths, limitations and recommendations

From the study it is evident that people are living longer, so the research on the topic of Qol among the elderly should be continuous to investigate more ways to promote Qol. There was adequate and current literature for this study. The concept of Qol is broad as integrates other dimensions of life such as health, education, employment, safety, religious beliefs and the environment. It was a challenge to isolate the health related quality of life as all the other dimensions are intersectional with health. Another limitation was that most of the literature is for specific groups such as dementia, depression, cancer and palliative care patients while my literature review was general group of the elderly. Continuous training on areas such as individualized care and respect is necessary for elderly care nurses to improve on the nurse-elderly people interaction. Assisting with the activities of daily living becomes routine and it is easy to look at the elderly person as just a task to complete. By understanding why these issues are important to the elderly, nurses are able to continue to incorporate them consciously in the daily routines.
It is important that there is enough staff in nursing homes to ensure that nurses get enough time to spend with the elderly. When nurses are tired and experiencing burn out, it greatly affects the nurse–elderly person interactions. It is important that nurses get enough time off, flexible work shifts and that they are involved in self-care activities which rejuvenate them to be more functional in the work environment.
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## APPENDICES

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*Table 6: List of selected articles*