

# **Nurses' interventions to improve care quality in elderly care settings**

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<p>Abstract</p> <p>The population is ageing in the world. The most significant change in the human history is the rapid increase in the elder people. According to China's national data, China is also aging. Family harmony but also about social stability. Increase in aging population impacts not only enjoy the old life is helping elderly to challenge we need to solve urgently at present.</p> <p>The aim of this study was to explore the nursing interventions that can improve the quality of elderly care nursing in nursing homes. The purpose of the study was to help Chinese nurses to provide better aged care services to the elderly and improve the quality life and well-being of elderly living in Chinese nursing homes.</p> <p>A literature review and inductive content analysis was the method used in this study. Data was searched and obtained from Cinahl and Medline. A total of nine articles were reviewed and analyzed.</p> <p>Nursing staff use the person-oriented nursing concept to take care of the elderly, and provide specialized nursing care through the good cooperation between the teams, as well as the use of professional knowledge and ability, can improve the quality of care for the elderly in nursing homes. The applicability of these results include the possibility to provide better quality nursing services, and offer the Chinese nurses tools to improve their own professional skills and improve the nursing quality care of the elderly.</p>		
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# 1 Introduction

There are more and more elder people in the world, and in China the proportion of the elderly population is also quit high. Some families have ability to take care of their elder, however, some families choose the nursing home for their elder members to live. In China, though the nursing home service system is developing, many challenges need to be solved. Especially, developing the nursing care for the elderly is quit meaningful. (Hu 2017) With the progress of aging, the elderly need better comprehensive health care services, the elderly have more care needs, and the medical service system has brought additional burden (Deasey 2014).

As the concrete implementer of old-age care service, the elderly care service personnel are engaged in specific old-age care work. They have direct contact with the elderly and provide them with various old-age care services they need. Therefore, the quality of elderly care service personnel is related to their ability in practical work, affects the quality of elderly care service, and affects the quality of the elderly life and the way to enjoy the retired life. (Sun & Xia 2014)

The happiness and satisfaction of the elderly in nursing home is closely related to nurses' service. Elderly people might feel nervous and anxious when they stay in a new environment and interact with new persons. There are many kinds of different types of disease in the elderly. Many complex situation request nurses need to provide more professional services to make the elderly have quality life in nursing home. (Liu 2015)

This study used literature review method. Aim of this study was to explore the nursing interventions that can improve the quality of elderly care nursing in nursing homes. The purpose of the study was to help Chinese nurses to provide better aged care services to the elderly and improve the quality life and well-being of elderly living in Chinese nursing homes.

## 2 Background of aging

### 2.1 Aging trend of the world

The population is ageing in the world. The most significant change in the human history is the rapid increase in the elder people. Between 2015-2030, the amount of older people which are 60 years or over is projected to increase from 901 million to 1.4 billion in the world area. (United Nations 2015)

During recent several decades, the aging population of all EU member states has increased. The main reason is that the low birth rates and long life expectancy (Berna 2013; Reston 1989). However, different countries have different factors to influence this result in different period of time. For example, the low birth rates in last 19th century is the main reason to cause the high elderly population in the first half of the 20th century in many Scandinavian countries. During this time, low birth rates is more serious in southern and Eastern Europe compared with many Scandinavian countries. Because the baby boom after World War II, the elderly population is particularly large now. (Berna 2013) The part of population over 65 in UK has exceeded over than the age of below 15 in 2008; below 15 in 2008; there will be twice as many people over 65 as under 15 (European Commission 2009). The increase of very old people whose age is 80 years or older will be even more pronounced (Berna 2013). The proportion of very old people is expected to triple between 2008 and 2060 (European Commission 2009). The old-age dependency ratio means the ratio of people aged 65 or above from the population aged 15-64 years (European Commission 2009). This ratio is expected to increase from 25.4% to 53.5% between 2008 and 2060, therefore there will be only two persons aged 15-64 years for every person aged 65 years old and above (European Commission 2009).

China is the country with the largest elderly population in the world (Tang 2015). As a result of the implementation of the family planning policy and the improvement of

social medical security, the birth rate of newborn babies in China has been decreasing, the average life expectancy of people has been extended, and the proportion of elderly population has increased (Shi 2018).

According to census data released by the national bureau of statistics in 2019 by the end of 2018, China had 249.49 million people aged 60 or above, accounting for 17.9 percent of the country's total population (National Bureau 2015) and expected to grow at an annual rate of 3.32 percent. By 2050 will exceed 400 million, China has entered the aging society (United Nations 2015). Elder adult care has impact on family harmony and also on social stability, thus improvement of overall quality of life is the challenge, we need to solve urgently at present (Sun & Xia 2014). At the same time, with the development of economy and society, the elderly pay more attention to and pursue high-quality life in their later years, the elderly care services for the elderly are gradually transitioning from security to quality (Sun & Xia 2014).

Elderly population in China is increasing fast. China is still the largest developing country in the world. The social security system is not perfect and the economy is not developed, which leads to the gap between China's current social and health care services for elderly, compared with the developed countries. The United States' society structure has changed to a structure of elder society in 60 years (He 2014), France even experienced 115 years, while China only experienced 18 years, thus the socialization of elderly care services in China is still in the initial stage (Li 2013).

## 2.2 Elderly care in China

At present, China has already developed a basic old-age welfare service system which based on family supply, supported by the community welfare service and supplemented by the social welfare organizations. In China there are three main forms of care provision for elderly: family care, community care and institutional care. (An 2012)

### 2.2.1 The family role in elderly care

In China, family care of the aged has always been the main type of the elderly (Wang 2017). Family care of the elderly refers to the elderly living at home and receiving the care of their children or relatives and friends in material and spiritual life (Liu 2015). Due to the influence of traditional filial piety culture, family care of the aged has been the main type of care for the aged since ancient times (Tang 2015).

Home can provide a familiar environment to the elderly. Also can avoid the process of the elderly to adapt to the new environment. Most of the elderly are accompanied by loneliness and loss. The company and communication of family members can meet the spiritual and material needs of elderly, thus improving their quality of life. In addition, family care for the aged can also reduce the cost of social care for the aged to some extent. (Li 2013) But now home care faces many difficulties and challenges. Nowadays young people are under great pressure to work and it is difficult to concentrate all their energy on caring for the old. In addition, the elderly mostly suffer from chronic diseases and need professional and meticulous care. (Tang 2015)

### 2.2.2 Institutional elderly care

Elderly care in China is provided also within institutions. Institution care is a specialized social organizations or professional institutions established by the state and society (Jia 2017). This systematic and standardized elderly care services for the elderly by nursing homes, welfare homes, apartments for the elderly and other executive agencies of elderly care affairs (Liu 2015). With the weakening of Family Care function and increasing the person of disability and dementia, the professional care institutions for the aged is playing more important role in the Home care in Communities (Zhao 2016).

At present, the care institutions are mainly led by the government, which can be divided into two modes: run by the state while private business and run by the private while public assistance (Zhao 2016). By this way, it can mobilize the enthusiasm of



the society to participate in the public age-care and also can attract more social capital to join in age-care. Therefore, institutional care for the aged is a relatively good choice of elderly care. (Jiang 2017)

The duties of nurses in elderly care institution are complex. Apply nursing procedures to carry out the work, organize and guide the responsible nurses to implement the overall nursing of daily life, and evaluate the implementation effect. Guide the responsible nurses to complete the formulation and implementation of the care plan for the elderly who are unable to take care of themselves, and assist in organizing the rescue of the urgent and critically ill elderly. Properly settle the new elderly, and meet them, the responsible nurse guide to complete the nursing assessment of the new elderly on duty, and give the corresponding disposal. Nurses make good nursing records and be responsible for checking. (Fan 2019)

### 2.2.3 Home care in communities

Home care in communities is organized by the government, relying on the community, on the professional services, family as the core, for the elderly living at home to provide relevant services (Han 2018). Home-based care combined community is a new, effective and easy way for the elderly to receive long-term care (Liu 2007). Home Care in communities is means the elder people live in their family or in the community and are cared by the community or the communities help the family to provide the social home care service, such as their life care, medical nursing supporting, and mental health care (Zhang 2011).

Home care in Communities is quite different compared with the traditional home care. It is characterized by focusing on the family and marked by the entry of social and health care into the home. It is a good way for the elder person. Nowadays, this model has been implemented nationwide. (Liu 2019)

In 2017, The State Council in China issued to the government document shows that China will continue the multivariate social age care system that Family care as a basis, Home care in Communities as a relying, Institution Care as a supplement, and

combination of medical treatment and age care. Under the basic conditions of China, this model has higher rates of acceptance among elderly population (Fan 2019). Currently, the care institutions are mostly forms of traditional institutions care service, which combine treatment and adapted age-care. This adaptation can not only serve the elderly to provide continuity of the professional care after discharge, but also can reduce hospitalization rates. In addition, this can reduce the financial burden on their children and make the elderly continue to participate in the collective life to ease the loneliness of old age brings. However, in view of the current situation of institutional pension in China, there are still many difficulties: care institutions are expensive, the number of welfare care institutions is small, demand inadequate infrastructure construction; the overall quality of nursing service personnel is low, professional nursing service is insufficient. (Liu 2019)

### 2.3 Quality of elderly care

Quality care service refers to patient-centered and intensive primary care. Fully implement the nursing responsibility system, deepen the nursing professional connotation, and improve the overall nursing service level. Patient-centered care is considered a key factor for the quality of care. Nurses should improve the service quality, control the service cost, formulate convenient measures and simplify the work process, so as to provide patients with "high quality, high efficiency, low consumption, satisfaction and rest assured" medical services, which can provide good services to the elderly. (Zhang 2011)

The ideal situation is the elderly can have a stable and relative healthy life. They can get good physical care and mental health care which represent basic needs. The life in nursing home should make the daily needs of the elderly can be met, and their physical and psychological diseases can be detected and treated in time. In nursing home, elderly can have more respect and more opportunity to recover from the disease, even can prolong life-span. In addition to meet the basic needs of the elderly life, high quality should make them feel the meaning of old age. In this way, the elder

person life and their whole family life can get stable and achieve the goal of the family harmony. (Li 2013)

### **3 Aim and purpose**

Aim of this study was to explore the nursing interventions that can improve the quality of elderly care nursing in nursing homes. The purpose of the study was to help Chinese nurses to provide better aged care services to the elderly and improve the quality life and well-being of elderly living in Chinese nursing homes.

The research question was: how can nurses improve the quality of care for the elderly in nursing homes.

## **4 Research methodology**

### **4.1 Literature view**

Literature review is very useful as a research method because it explains the latest literature on the subject of the paper. The literature review aims to provide readers with up-to-date literature information on some of the topics inquired about, as well as provide key notes on the topic. Actually, health-care professionals have the obligation and responsibility to review and update the results of relevant experimental development and research work in a timely manner. However, it is challenging to read, appraise and process the vast amount of literature available. Most nurses do not have time to conduct clinical research, so it is easier for them to analyze the existing literature to find evidence that supports practice, and then prove that it is actually the most suitable for a particular patient care situation. (Ruw 2010) The usefulness and importance of the literature review is evident (Aveyard 2014; Bettany-Saltikov 2012).

In this literature review the following five phases were included. First of all, the research purpose and research questions were clarified. Then literature search and screening are conducted through the database, literature review is performed on selected literature, and finally data analysis and synthesis are conducted, and finally report results are obtained. (Niela-Vilén & Hamari 2016)

## 4.2 Literature search

The literature search was made with the keywords “elderly or aged or older or elder or geriatric or elderly people or old people or old people or senior” AND “quality care” AND “nursing home”. The inclusion criteria showed in Table 1 were applied to the article search.

Inclusion criteria:
Study in English
Scientific publication, doctoral and master’s thesis included
Based on the keywords “elderly or aged or older or elder or geriatric or elderly people or old people or old people or senior” AND “quality care” AND “nursing home”
Published between years 2014 and 2020
Full text access
Responds to the research question

Table 1 Inclusion criteria

Search results were extensive in order to ensure that all relevant data is included. The obtained articles were first filtered based on the title and abstract to exclude irrelevant data. Then the full text of the selected articles was read to further determine whether they meet the inclusion criteria. (Price 2009) We searched articles in CINAHL and Medline in early April 2020. Figure 1 shows the entire retrieval process. The selection criteria are selected to find compliant and high-quality research materials, and results that do not meet the inclusion criteria will be excluded. In the end, there were 9 articles adopted.

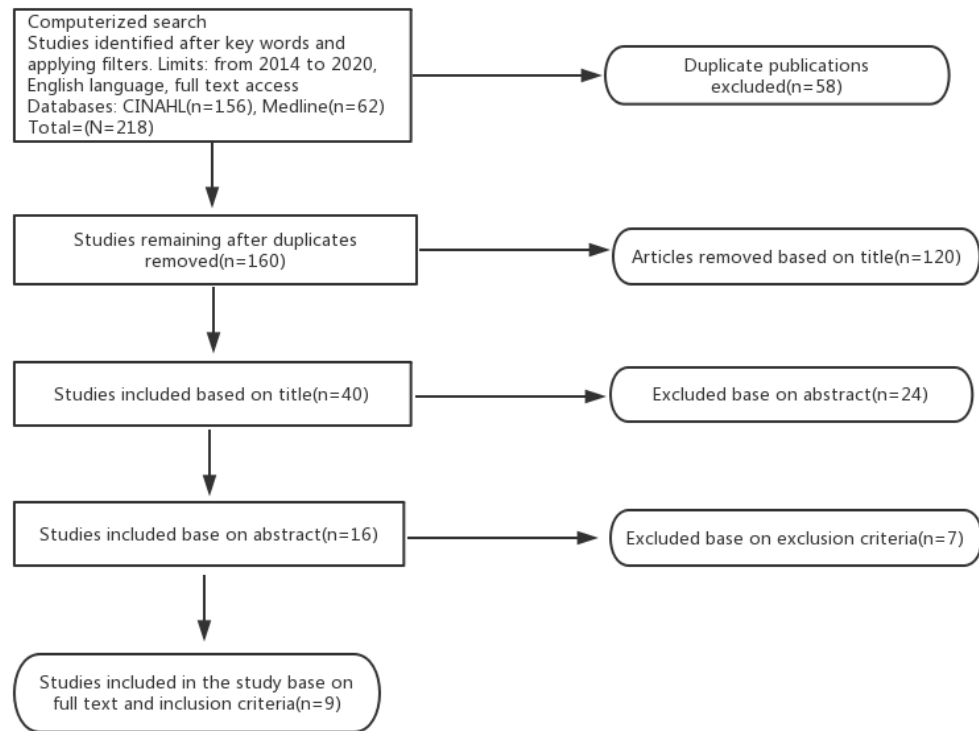


Figure 1 Systematic literature retrieval and selection process

### 4.3 Data analysis

Data analysis followed the following four steps: first, clarify the research questions, build data on this basis, collect and summarize data by studying the literature, and finally analyze the data, explain the data, and express the results in detail (Lyman Ott & Longnecker 2015). The thesis uses the content analysis method. Content analysis is a method of finding and researching according to the topic, which has been often used academically, and is widely used when there are known research problems. (Ruth et al 2015) Content analysis provides evidence-based, systematic and considerable reference data for the paper, enabling the data to be applied and quantified. In addition, depending on the purpose, research questions, results, and context, the research results can be linked to the data to improve the quality of the paper.

The two most important parts of content analysis are data collection and analysis. Data can be collected from a variety of sources and from different materials and literature, even from evidence-based videos. (Hu & Xia 2017) Content analysis has two forms: inductive and deductive analysis. According to the research question, this paper chooses the inductive content analysis method for data analysis. Inductive content analysis can clearly display the collected data, which is conducive to the presentation of the paper's data. (Thomas 2006) The steps of the contents analysis entail reading the article in order to familiarize with the data. Then divide the obtained valid data into meaningful units and condense these meaningful units, the next step is to formulate codes to describe the concentrated meaning units, and finally develop categories and topics. (Erlingsson & Brysiewicz 2017) The nine articles obtained for the content analysis were read several times. By reading materials relevant information is obtained and understanding of the phenomenon is expanded. Then data that answered the research question was collected. Collected data formed subcategories which were further combined to main categories and described in detail. (Costa Damasceno et al 2018) The data analysis process is demonstrated in Appendix 2.

## **5 Research results**

Through content analysis, three categories were obtained: person-oriented care of elderly, good cooperation, professional competence and knowledge. Figure 2 illustrates the main categories and their subcategories. The results are further explained in the text.

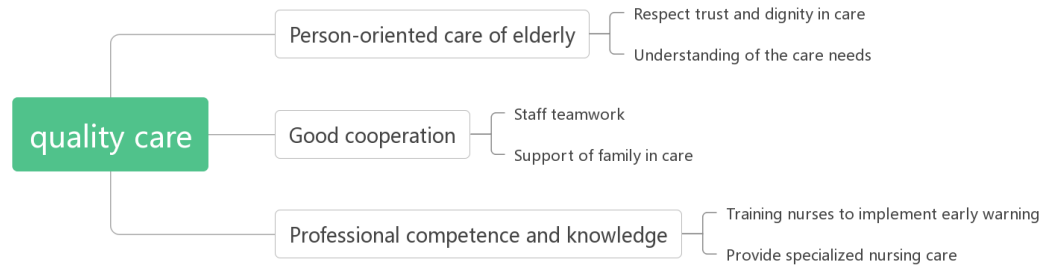


Figure 2 Categories and subcategories

### 5.1 Person-oriented care of elderly

In recent years, nursing practice has gradually shifted from institutionalized nursing to people-centered nursing with the goal of improving quality of life (Yeung & Rodgers 2017). Providing high-quality care services for these clients is complex. Providing person-centred care is the key to improving nursing quality (Dyer SM 2018). People-oriented nursing concept require nurses give the elderly enough respect and build trust between each other (André et al2014& Thompson& McClement 2019). When nurses take care of the dying elderly people, nurses give them respect and dignity can support them emotionally and spiritually, which make them do not feel lonely (Thompson& McClement 2019). According to long-term residents of nursing homes, they believe that dignity and interpersonal relationships play an important part in the quality of their life. (Yeung& Rodgers 2017)

On the other hand, people-oriented nursing concept requires a detailed understanding of the care needs of every clients (Dyer SM 2018). Nurses are required to pay more attention to the clients' inner thoughts and needs, and give their suitable care (Yeung& Rodgers 2017). There are many elderly people suffering from chronic diseases such as dementia, disability or limited mobility in the nursing homes. In the face of such people, nurses should also be treated equally, providing basic care and special care. In addition, when caring for dying elderly people, we must ensure that they are respected and dignified, and support them emotionally and spiritually so that they do not feel lonely. (Thompson& McClement 2019)

## 5.2 Good cooperation

Create a good working atmosphere can reduce nursing staff and workers work pressure, and actively promote the interaction between the elderly and staff in the nursing home (André et al 2014). An effective inter-professional teamwork and communication can improve quality of care in nursing homes. Through the establishment of an inter-professional unit, the knowledge of heart failure has been increased, the communication between nursing staff and more professional inter-departmental cooperation have been strengthened. Implement inter-professional communication and collaborative interventions to improve the nursing capacity of long-term care centers for fatigue management. The perfect inter-professional team communication process can improve the communication efficiency of team members, make the information obtained by doctors more accurate and complete, and avoid the messy transmission of information. In addition, in this process, stronger communication also led participants to value each other's roles and contributions, and to feel more involved and accomplished. (Boscart 2019)

For elderly people living in nursing homes, family member's visit is considered to be an important aspect of providing quality care to elderly people living in nursing homes. Nurses engaged in geriatric nursing work can learn more about the elderly by intimate communication with family members, familiar with and understand their values and beliefs, which is conducive to establishing a good relationship. (Yeung & Rodgers 2017)

## 5.3 Professional competence and knowledge

Mastering various professional knowledge is also an important part of improving the quality of care (Yeung & Rodgers 2017). There are not only healthy elderly people in nursing homes, but also elderly people with chronic diseases, disabilities, cognitive impairments or other dysfunctions (Thompson et al 2019). Nurses who receive high education or special training often respond more positively to the overall safety and personal changes of the care recipient. (Means 2016 & Titlestad et al. 2018) Nurses



can recognise the importance of considering all signs and symptoms within the larger context of chronic disease and understood the importance to confirm or rule out other syndromes (Yeung & Rodgers 2017). When the quality of nursing staff is higher, cooperation between contacting patients and nursing staff, or communication between different occupations, can have more professional knowledge and skills to deal with different situations, and can take a safer and comprehensive approach to elderly people (Titlestad et al 2018).

Implementation of an early warning with a training programme can have positive effects on the identification and management of deterioration in older adults living in nursing homes (Little S2017). Nurses can through the prevention of deterioration by focusing on the following key areas: managing nutrition, preventing falls, reducing infections, avoiding delirium, monitoring for depression and supporting those with clients. This way can help prevent avoidable hospital admissions. Training and support for care staff is the key of improve their caring ability. After training, staff confidence increased, most of them feel the work make sense and enjoy the work, reduction in the number of pressure ulcers after the intervention, reduction in the incidence of falls, the staff is very satisfied with the training involved, feel confident about recognizing signs of resident deterioration. (Little S 2017).

## **6 Discussion**

### **6.1 Ethical considerations, validity and reliability**

Since this was a review based on a literature search, informed consent was not needed. But the research literature used has passed ethical considerations: the research data has been approved by the social science data service agency, which complies with the national clinical medicine and legal regulations. The participants were also informed of the purpose of the study and the method of data storage. They can withdraw from the study at any time without providing a reason. (Sunde et al 2018; Nakrem et al 2019; Costa Damasceno et al 2018)

When citing data results, the author also abides by the principles of ethics and morality. The main principles of ethics include respect for human dignity and importance, as well as honest reporting of data, results and procedures, and avoid misrepresentation, fabrication or manipulation of data (Resnik 2015). In this paper, the authors have their own opinions and prejudices to consider, but they still try to write from a neutral point of view to ensure that fewer prejudices are reduced. The data and results obtained in this study were done honestly and carefully, and the research process is kept in the form of photos. Research can avoid prejudice, credibility, and true definition of effectiveness in large scale. However, both authors are students and conducting the first dissertation research may affect the quality of the research in terms of data representation and reliability.

## 6.2 Discussion of the results

Through literature review and data analysis, the main results of this study led to methods by which nurses can improve the quality of care for the elderly. In the context of the aging trend of the world's population, it is increasingly important to provide high-quality care for the elderly (Yeung & Rodgers 2017). The concept of people-centered care has been mentioned several times in different articles, and nurses have the concept of human-oriented nursing. It aims to build a friendly nursing environment to further improve their service quality. For many elderly people, the transition from home care to nursing home care is a completely different experience, because in nursing homes they are more dependent on caregivers and caregivers in all aspects of care. The research report also shows that in nursing homes elderly people often feel lonely (Yeung & Rodgers 2017). This elderly-centered care can effectively relieve the loneliness of the elderly and can feel the warmth of the home, which is also the most important point over basic health care.

In some studies, it has been found that there is a significant relationship between positive leadership behavior and style and high patient satisfaction and reduction of adverse events. Nurses working in environments where culture and leadership as-

assessments are more positive have a lower incidence of patient and employee adverse events. (André et al 2014) As nurses who understand the situation of the elderly in nursing homes the most, when empowering nurses, they can create a work culture that meets the needs of the elderly and their own work needs. The care provided in this cultural atmosphere can make the elderly people are in a happy mood and can ensure that the nurse is in a positive working state. (André et al 2014)

Nowadays, nurses of Chinese nursing home have many challenges. Although more and more professional nurse choose to work in nursing home, the number is still insufficient. Many nurses prefer to choose hospital or to be a home nurse, because they can get higher reward compared nursing home. Thus, now the condition is the number of old nurses is more than younger, however, the education level of elder nurses is lower than the younger. The elder nurses are more like to use their experience to deal with the problems and the relationship of their clients. And their work attitude more easy to loss. And it hard to respect to the clients and responsible than before. This condition easy to become the problems, for example, the clients cannot trust the nurses even other workers.

Insufficient number of professional nurses also can bring other problems. Because of this, nursing home have to hire more care givers which most are not professional person. These people have not experience of taking care of elder people, even have not relevant education. They just have short months for training. For the clients, these care givers are easy make clients get bad service, on the other hand, some professional nurses are feel hard to cooperate with them.

Compared with other services, the number of people involved in elderly care gradually decreases over time, resulting in a shortage of personnel in the elderly care area. Nurses' focus on medical care, lack of specialist geriatric care knowledge, and less opportunities to participate in professional development programs (Henderson et al 2016) have led to the inability of elderly people to receive quality services. The demand for nurses in China is far more than the existing amount. The high social demand causes nursing students to be unable to learn specialized knowledge in detail,

and they have more skills and knowledge required by society. When students become nurses and go to work, they are often in a high-load working state. In this case, applying professional knowledge and skills is more conducive to the effective progress of the work and meeting the needs of patients in a short time.

The assessment of the quality of life of nursing home residents needs to be carried out in the following six areas: comfort, functional components, privacy, dignity, meaningful activities and relationships (Yeung & Rodgers 2017). The intervention directions of this study can improve the elderly in all aspects. The quality of care, no matter what field or area the nurse works in, can keep the person being cared for in a safe and comfortable environment, let them have high satisfaction to the care work, and also help the nurse and the care recipient to establish a good relationship.

### 6.3 Conclusion

It is extremely important for nurses to provide better care for the elderly, not only can reduce the use of medical resources, improve the efficiency of nursing work, but also can improve the comfort of the elderly. Nursing staff use the person-oriented nursing concept to take care of the elderly, and provide specialized nursing care through the good cooperation between the teams, as well as the use of professional knowledge and ability, can improve the quality of care for the elderly in nursing homes. The results of the study show that in nursing work, effective communication between medical teams and appropriate family participation also contribute to nursing work. Respecting and trusting the elderly is also an important factor in improving the quality of care.

The research results of this paper are extensive. There are no detailed guidance suggestions on how to provide high-quality care for elderly people with a certain disease. In future academic research, providing exclusive care for the elderly of different types of diseases is a problem worthy of in-depth consideration. How to make nursing staff assume the responsibility of improving nursing quality is also worth

thinking about. In China's high population density, how to provide meaningful care also play a particularly important role.

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## Appendices

### Appendix 1. The reviewed articles in alphabetical order

Author(s)	Publishing year and country	Title	Research method	Main findings
Yeung, P., & Rodgers, V.	2017, New Zealand	Quality of Long-Term Care for Older People in Residential Settings - Perceptions of Quality of Life and Care Satisfaction from Residents and Their Family Members	Quantitative study	Elderly considered dignity and relationships to be the most important elements to their quality of life. People- centred care can help provide quality care. A home-like environment is also crucial to the quality of life for the elderly.

André, B., Sjøvold, E., Rannestad, T., & Ringdal, G. I.	2014, Norway	The impact of work culture on quality of care in nursing homes - a review study.	Qiterature review	A work culture is critical to improving the quality of care in nursing homes, and empowering caregivers helps achieve the goal of providing the best care for residents. Increasing nursing staff's ability to participate in decision-making and changing management style are key factors in improving nursing home care quality.
Thompson, GN.& McClement, SE.	2019, Canada	Critical nursing and health care aide behaviors in care of the nursing home resident dying with dementia.	Quantitative study	For older people with dementia living in nursing homes, nurses should be more knowledgeable. Nurses caring for people with dementia should be able to identify patterns of behaviour, provide good care and connect with their families, and end-of-life care for dying residents is key to improving the quality of care.  Palliative care is a critical component of all clinical practice.
Means, T.	2016, UK	Improving quality of care and reducing unnecessary hospital admissions: a literature review	Literature review	Education and training for nursing carers in nursing homes, as well as regular rounds of ward visits, are being provided to ensure more active care for residents, reduce unnecessary inpatient admissions and

				improve the quality of care. The level of nursing staff training, particularly in nursing homes, has been critically examined to improve standards of care.
Henderson, J., Willis, E., Xiao, L., Toffoli, L., & Verrall, C.	2016, Aus- tralia & New Zea- land	Nurses' perceptions of the impact of the aged care reform on services for residents in multi-purpose services and residential aged care facilities in rural Australia	Quantitative study	Nursing homes in rural or remote areas have inadequate facilities and nurses' limited nursing expertise in geriatric care and basic care contributes to the poor quality of care provided.
Titlestad, I., Haugstvedt, A., Ig- land, J., & Graue, M.	2018, Norway	Patient safety culture in nursing homes- a cross-sectional study among nurses and nursing aides caring for residents with diabetes	Quantitative study	Assess whether the nurse understands the patient safety culture in the nursing home to improve patient safety and quality of care. Expertise, advanced education and familiarity with current diabetes guidelines can provide good care for nursing home patients. The higher the quality of nursing staff, the better the cognition of safety culture.
Boscart VM; Heck- man GA; Huson K; Brohman L; Hark- ness KI; Hirdes J;	2017, Canada	Implementation of an interprofessional communication and	The EKWIP-HF utilised a mixed method repeated measures design.	This study supports the general assertion that effective interprofessional teamwork and communica-

McKelvie RS; Stolee P		collaboration intervention to improve care capacity for heart failure management in long-term care		tion, coupled with enhanced, multimodal and "bed-side" education can improve quality of care in nursing homes.
Little S; Rodgers G; Fitzpatrick JM	2019, UK	Managing deterioration in older adults in care homes: a quality improvement project to introduce an early warning tool.	The plan, do, study, act (PDSA) method was used, and process mapping informed a tailored intervention.	This project has shown that implementation of an early warning tool with a training programme can have positive effects on the identification and management of deterioration in older adults living in care homes.
Dyer SM; Gnana-manickam ES; Liu E; Whitehead C; Crotty M	2018, Australia	Diagnosis of dementia in residential aged care settings in Australia: An opportunity for improvements in quality of care?	Cross-sectional study of 541 residents of 17 RACFs spanning four states.	There may be a lack of formal diagnosis of dementia in Australian RACFs. Greater efforts from all health professionals to improve diagnosis in this setting are required. This is an opportunity for improved person-centred care and quality of care in this vulnerable population.

## Appendix 2. Sample of content analysis process

Raw database	Subcategory	Main category
Results of residents' quality of life indicated that their dignity in long-term care homes was the most important element to maintaining their QoL. (Yeung et al 2017)	Respect trust and dignity in care	Person-oriented care of elderly
Dignity is a central concern in nursing and the maintenance of dignity has become an important goal in nursing care of older people. (Yeung et al 2017)		
Residents and their families desire high standards of quality care but what matters most for their satisfaction with that care is the manner in which it is provided, underpinned by a meaningful relationship based on respect and trust. (Yeung et al 2017)		
Recognising the individuality of those who receive care and meeting their individual needs have been reported by staff, residents and family members as central to good quality care.(Yeung et al 2017)	Understanding of the care needs	
Experts in this study had the willingness and humility to recognize their need for assistance	Staff teamwork	Good cooperation

from other team members, and would identify appropriate resources in order to ensure that residents and their family members received optimal care. (Thompson et al 2019)		
Communication has been highlighted as a core component of providing person-centred care. (Thompson et al 2019)		
Empowerment, strong culture, better working conditions, job satisfaction, positive work group, good communication, support, acknowledgement and work environment are factors in the work culture that influenced on the quality of care.(André et al 2014)		
The perfect inter-professional team communication process can improve the communication efficiency of team members, make the information obtained by doctors more accurate and complete, and avoid the messy transmission of information.(Boscart VM 2019)		
Through the establishment of an inter-professional unit, the knowledge of heart failure has been increased, the communication between nursing staff and more professional inter-departmental cooperation have been strengthened. (Boscart VM 2019)		
Items that scored the highest in family satisfaction of the care homes revolved mostly	Support of family in care	

around communication and behaviours between staff and families. (Yeung et al 2017)		
The resident’s family was identified by experts as part of their unit of care and an important source of information regarding the resident. (Thompson et al 2019)		
Training and support for care staff is the key of improve their caring ability. After training, staff confidence increased, most of them feel the work make sense and enjoy the work, reduction in the number of pressure ulcers after the intervention, reduction in the incidence of falls.(Little S 2017).	Training nurses to implement early warning	Professional competence and knowledge
Implementation of an early warning with a training programme can have positive effects on the identification and management of deterioration in older adults living in nursing homes (Little S2017).		
Nurses and HCAs then integrated knowledge of resident preferences and personalized their care based on it. (Thompson et al 2019)	Provide specialized nursing care	
They do need to have staff with a full range of skills and knowledge to provide care for vulnerable groups, such as older people and those with mental health problems.(Means 2016)		
Dementia and mental health issues in general where identified by Nolan et al as areas that		



care staff identified as needing further education and training on. (Means 2016)		
There are a number of important barriers to improving diabetes care in nursing homes. One obstacle is inadequate training of nursing personnel in basic diabetes care, and lack of resources for such training.(Titlestad et al 2018)		
RNs working in MPS may lack specialist knowledge of aged care with participants identifying knowledge deficits around meeting ACFI reporting requirements and dementia care.(Henderson 2016)		