

# **Benefits and challenges encountered by elderly living in nursing homes**

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<p>Abstract:</p> <p>The purpose of nursing homes is to meet the physical needs, emotional and social needs of the residents. In Finland 11.4% of people aged over 75 years are in long term institutional care. State- level geriatric policy guideline states that all elders in institutional care should be guaranteed high standard care of good quality.</p> <p>The aim of this study is to explore how the needs of nursing home residents are met through identifying what are the benefits and challenges associated with living in nursing homes. In addition the author intends to find out the effects of nursing homes towards social support of residents. This will be achieved through the following research questions: What are the benefits associated with living in nursing homes? What are the challenges experienced by residents of nursing homes? How do nursing homes reduce social support and social network of resident?</p> <p>The <b>method</b> used to carry out this study is literature review; the data collected was analyzed using content analysis. Results from the study indicates that there are many benefits associated with living in nursing homes, however there are many challenges encountered by residents of nursing homes. The findings for the first two questions were grouped under four sub-categories namely, environmental factors, relations, autonomy and meaning in life. The findings in the third question were grouped under two main categories, environmental factors and resources. There are possible interventions that can be applied to alleviate or eliminate these challenges.</p> <p><b>Conclusion</b> Elderly population is increasing in most developed countries, part of this population is likely to live in nursing homes, and therefore it is important to consider ways and means of improving the conditions and the lives of elderly living in nursing homes. This involves policy makers, advocates, nurses, residents and their relatives.</p>	
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<p><b>Tiivistelmä</b></p> <p>Hoitokodin tarkoitus on vastata asukkaiden fyysisiin, tunneperäisiin ja sosiaalisiin tarpeisiin. Suomessa 11,4 prosenttia yli 75 vuotiaista on pitkäaikaisessa laitoshoidossa. Valtion poliittisen linjauksen mukaan kaikille laitoshoidossa oleville vanhuksille pitäisi taata korkeatasoinen, laadukas hoito.</p> <p>Tällä tutkimuksella pyritään saamaan selville, miten hoitokotien asukkaiden tarpeisiin vastataan; mitä hoitokodissa asumisesta johtuvia hyötyjä ja haittoja vanhukselle voi koitua. Tähän tavoitteeseen päästään kysymällä seuraava: Mitkä ovat hoitokodissa asumisen hyödyt? Mitä haasteita hoitokodissa asuvat kokevat kohtaavansa? Millä tavoin hoitokodissa asuminen vähentää vanhuksen kokemaa yhteisön tukea ja pienentää sosiaalista verkostoa?</p> <p>Tämän tutkimuksen menetelmänä on käytetty aihetta koskevaan kirjallisuuteen tutustumista ja kerätyn tiedon kvalitatiivista analyysia. Tutkimuksen tulokset osoittavat, että hoitokodissa asumisesta on monenlaista hyötyä, joskin asukkaat kohtaavat myös monia haasteita. Tulokset ryhmiteltiin neljään alaryhmään, jotka ovat 1, ympäristötekijät 2, ihmissuhteet 3, itsemääräämisoikeus ja 4, elämän tarkoituksenmukaisuus. Kolmannen tutkimuksessa asetetun kysymyksen tulokset ryhmiteltiin kahdeksi pääryhmäksi: ympäristötekijät ja resurssit. Todettiin että tietyillä asioihin puuttumisen keinoilla näistä kahdesta pääryhmästä johtuvia epäkohtia voidaan poistaa tai lieventää.</p> <p><b>Johtopäätös</b> Vanhusväestön määrä lisääntyy useimmissa kehittyneissä ja osa tästä väestöstä asuu todennäköisesti hoitokodeissa. Sen vuoksi on tärkeää miettiä tapoja ja keinoja, joilla voidaan parantaa hoitokodeissa asuvien henkilöiden olosuhteita ja elämää. Asiaan paneutuminen kuuluu niin poliitikoille, vanhusjärjestöille ja yhdistyksille, hoitohenkilökunnalle, asukkaille itselleen kuin myös heidän omaisilleen.</p>	
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# 1 INTRODUCTION

When elderly become too frail to manage at home or when their care giver cannot take care of them any longer, many want more assistance than they receive, this is one of the reasons why an elderly is taken to a long term care institution. Nursing homes are facilities for elderly people who need care, the primary goal of an institution for elderly people should be to maintain interest in life, not just maintaining life. (Heumann et al p.158)

Nursing homes function mostly as institution, they work on a schedule therefore residents have to wait for things. There is a lack of personal space and an increase in the amount of time one spends in public places. Nursing homes tend to take away many of the individual choices that people have in their lives. The result is that residents can have a feeling of loss of control over themselves. (Silin 2001 p.112)

Nursing homes provide full-time nursing coverage, nurses perform treatments and dispense medication, and they are also responsible for monitoring the health of the residents. Nurses' aides help with bathing dressing, walking and eating. There are many other supplementary professionals such as doctors, social workers and physical therapist. (Silin 2001p.66)

Inability of an elderly to perform activities of daily living (ADL) and instrumental activities of daily living (IADL) necessitate external assistance, the amount of assistance necessary is a function of their level of independence. For many long- term care residents independence in certain areas is not obtainable therefore these areas are identified as functions necessitating assistance or total help. (Hyer & Robert 2006 p.67)

Pattern of loss in these function categories vary by underlying disorder as a result Kemp says that people with chronic arthritis will have difficulties with all IADL and ADL involving mobility. Individuals with dementia will generally lose IADL before ADL because IADL require more cognitive skills while individuals suffering from severe depression may lose both ADL and IADL simultaneously. (Hyer & Robert 2006 p.39)

People who go to nursing homes have significant chronic impairments and are likely to become more impaired over time. However nursing home environment itself can either accelerate or slow down decline, depending on the types of activities and treatments that are made available. This finding has been supported by Fiatarone whose research on nursing home residents has shown that some of their disabilities are related to lack of opportunities to exercise and social interaction in those environments. Although much of the impact of nursing homes is as a result of staffing, resources, and philosophy, the physical environment itself creates some of the effects. (Krout & Wethington 2003 p.119)

Resident Characteristics of long term care setting are more likely to be widowed, also they are likely to suffer from dementia, they are likely to require more assistance with activities of daily living, and many have a chronic illness. The typical resident is more likely to be female, many are cognitively impaired and others experience mood or anxiety disorder. Some residents have visual problems and others are blind, some residents have difficulty hearing while some are completely deaf. (Hyer & Robert 2006 pp.7-9)

Additional characteristics of nursing homes residents are problem with dressing, feeding, and toileting and are often unable to speak, show low orientation levels and have a high prevalence of sadness and fearfulness. Resident physical and mental impairment has a significant effect on their ability to adjust successfully to life in the facility. The prevalence of disruptive behavior in long term care is variable and high examples are pacing, wandering, and noisy, disruptive and aggressive behavior. (Hyer & Robert 2006 pp.7-9)

Various medical conditions are seen in nursing home residents and many residents have multiple medical problems, examples are Hypertension, Depression, dementia, arthritis, diabetes mellitus, allergies, anemia, congestive heart failure, cerebrovascular accident (stroke). Admissions diagnosis change as resident progresses in a long term care facility, a comparison survey by Sahyoun that was carried out in 1985 and 1997 showed that almost all residents had more than one condition present at admission and more than half had three or more admitting diagnosis. (Hyer & Robert 2006 p.66)



Staffing of nursing homes influence the well-being of elderly clients, it is often hard to obtain good care. There is a difference between good care and good caring: good care means up- to-date and competent professionals practice from all the staff members in nursing homes. It can come only from people who have training and knowledge in the field of geriatrics. Registered nurse should have training in gerontology, other professionals working with elderly clients should have been through a training program that teaches them about how to provide direct care to fragile, impaired elderly persons. Good care also comes from the consulting and back up that is provided in the nursing home. This means that they have access to geriatrics physicians and geriatric mental health providers. Their pharmacists should be knowledgeable about medication for elderly persons. (Silin 2001pp. 68-69)

Good caring means that the staff understands the emotional needs of the residents and behaves in a manner that meets those needs. It comes from people who are warm and loving. Good caring comes about when staff members treat residents like people, with respect and dignity. Good caring comes about through the building of good relationships between the staff and the residents and among the staff members themselves. Good caring also comes when there is a good administrative structure. The staff can have the best training in the world, but still not provide good caring. They can also provide good caring without being able to provide good care. (Silin 2001p.69)

At the system level good caring comes from a nursing home that is client centered as opposed to system centered. This means that to the greatest extent possible the system is arranged so that it meets the needs of the residents and their families; it does not try to make the residents and families fit the needs of the system. This means that the people working in the system can understand the client or his/her family point of view and make an effort to accommodate it. To be client centered, the home has to involve families and residents in care planning and decision making as well as policy development.

(Silin 2001p.69)

The main aim of this study is explore how the needs of residents of nursing homes are met through identifying the benefits and challenges associated with living in nursing

homes? In addition the author intends to find out how nursing home reduces social support and social network for the elderly resident?

The author was motivated to choose this topic after working closely with an elderly client who never had children on her own and her husband had passed on, when she was living in nursing home, she was only in contact with one of her relative who used to visit her seldom, therefore nursing home was her only source of support.

## **1.1 Definition of concepts**

Concepts are research associated terms that play important roles in a specific research work. They define the central idea of a study from which other ideas generate from. It can serve as a guide in some case and determine the size and the direction of the study. Concepts are the building blocks of theory and represent the points around which social research is conducted. In other words, they may provide an explanation of a certain aspect of the social world, or they may stand for things we want to explain. (Bryman 2008, pp.143-144)

### **1.1.1 Theories**

The term theory is used in a variety of different ways, but it's most common meaning is as an explanation of observed regularities. Theory is important to the social researcher because it provides a backcloth and rationale for the research that is being conducted. It also provides a framework within which social phenomena can be understood and the research findings can be interpreted. (Bryman 2008, p.6)

### **1.1.2 Nursing home**

Nursing home is a long -term care facility licensed by the state that offers 24 hours room and board and health care services, including basic and skilled nursing care, rehabilitation, and a full range of other therapies treatments and programs. People who live in nursing homes are referred to as residents. (Encyclopedia of surgery)

### **1.1.3 Elderly**

Elderly could be referred as people that are older than 60 years; some put is at 65 years while some authors raise is to be persons aged above 65 years. (panel on research agenda 2001 p. 30)

## **2 BACKGROUND**

Nursing homes should meet the physical, emotional and social needs of its residents. There are laws regarding the care given in a nursing home, and it is essential that staff members become aware of these regulations. It is required that staff conducts a thorough assessment of each new resident during the first two weeks following admission. The assessment includes the resident's ability to move, his or her rehabilitation needs, the status of skin, any medical conditions that are present, nutritional state and abilities regarding activities of daily living. A care plan is prepared and this plan is subject to change as changes in the resident's condition occur. (Encyclopedia of surgery)

In some cases, the nursing home residents are unable to communicate their needs to the staff; therefore it is important for the nurses and other professionals to look for problems during the assessment. Signs of malnutrition and dehydration are especially important when assessing nursing home residents. It is not normal for elderly person to lose weight, however some people lose their ability to taste and smell as they age and may lose interest in food. This can result in malnutrition which can lead to confusion and impaired ability to fight off disease. (Encyclopedia of surgery)

In Finland, 11.4% of people aged over 75 years are in long- term institutional care. State -level geriatric policy guidelines state that all elders in institutional care should be guaranteed high standard care of good quality according to Voutilainen et al (2002) cited in Isola et al (2008). The task of fulfilling elderly physical needs become more important when their functional capacities decline. Older clients in institutional care may be dependent on staff for all their daily functions.

Previous findings by Isola et al (2003), Voutilainen at al (2004) suggest that nursing

staff are better able to recognize older clients' physical needs than their other needs. Both the elders and their families feel that elderly residents do not necessarily always get the help they need according to Vuotilainen et al (2004). Findings from previous studies by Leino-Kilpi et al (2000) state that Psychological needs especially relevant to good care are autonomy, individuality, dignity and privacy as cited in Isola et al (2008)

Despite institutional context, older clients should be able to observe their own habits and preferences in a safe environment. To be able to cater for their social needs, older clients should have opportunities to discuss and exchange ideas with the nursing staff and as a result obtain personal psychological support according to previous findings by Vuotilainen et al (2004) cited in Isola et al (2008)

## **2.1 Literature review**

In this part the author has used existing literature related to the topic of well-being from both text books and articles.

Well-being is usually defined in terms of satisfaction with the overall and current life and happiness. Overall subjective well-being or emotional well-being measures, consists of individuals' assessments of their lives according to Blanchflower & Oswald (2001). Current well-being measures, as stated by Sarvimäki & Stonbock-Hult (2000) focus on current circumstances. On the other hand Delhey et al (2002) states that objective well-being is associated with living conditions examples are basic needs and satisfying these needs determines people's well-being. (Bowling 2005 p.18)

### **2.1.1 Subjective indicators of well-being**

Subjective indicators as suggested by Clarke et al (2000) are those that involve some evaluation examples, expression of (dis-) satisfaction, values and perceptions of one's circumstances in life. These authors are of the view that it is unlikely that human happiness and satisfaction can be understood fully without asking people about their feelings. Subjective indicators include measure of life satisfaction, psychological well-being, morale, individual fulfillment and happiness, balance of affect and self-worth (esteem). (Bowling 2005 p.13)

From a different angle, Warr (1999) suggested that self-reported well-being measures reflect at least four factors: circumstances, aspirations, comparison with others and a person's baseline happiness or disposition. In contrast to positive psychologists who argue that optimism can be learned in order to enhance one's well-being, a study by Lykken and Tellegen (1996), reported from genetic studies of twins that there is likely to be a large natural quality of a person's character effect on perceived well-being. (Bowling 2005 p.17)

Sirgy (2002) views happiness as an indicator of well-being. According to Blanchflower and Oswald (2001) happiness is defined as the degree to which the individual judges the overall quality of his or her life to be favorable or unfavorable. Health as observed by Palmore and Luikart (1972) has been reported to be the main predictor of both happiness and life satisfaction. The personality character of Neuroticism as suggested by Diener and Lucas (2000), is strongly associated with unhappiness and extraversion is associated with happiness. (Bowling 2005 p.19) Costa et al (1987) reported that these two personalities account for a moderate amount of variation detected in perceived well-being and life. (Bowling 2005 p.19)

According to Diener et al (1985), life satisfaction is taken to denote well-being. It is a cognitive judgment or assessment, of one's life overall (made up of assessment of this component parts including health, work relationships with families, friends, community and standard of living), reflecting some perceived differences between achievement and appropriate standard of comparison. The lower the perceived difference, the higher the life satisfaction. Life satisfaction as seen by Neugarten et al (1968) as well as achievement, has been defined in terms of obtaining pleasure from everyday activities, perception of life as meaningful, positive self-image and optimistic outlook. (Bowling 2005 p.18).

### **2.1.2 Well-being in elderly**

Most older people report being satisfied with their lives overall, and longitudinal study findings by Palmore and Kivett (1977) have reported that the best predictor of later life satisfaction is earlier life satisfaction, followed by health status, functional ability, mental health, sense of self adequacy or usefulness, social networks and activity and

level of income or other indicators of social economic status .From a different perspective, Breeze et al (2001) view these as variables which also affect social participation and contacts which also affect satisfaction.(Bowling 2005 p.18).

Life satisfaction is a subjective evaluation of one's life. In old age, regarding the past as more satisfying than the present could indicate a negative orientation towards present life and thus a symptom of depression or low well-being.

Life satisfaction is a cognitive evaluation component of subjective well-being, in addition to components such as positive and negative affect according to Andrews (1976). Thus it can be distinguished from emotional component .Measures of subjective well-being and life satisfaction is, however related according to Chamberlain 1988.

The affective part of subjective well-being often measured with presence of depressive symptoms, is generally found to increase with age particularly after age 70 years, Demura et al (2003) findings also support this view. Depression is negatively related to life satisfaction according to Blazer et al (1992). This suggests that life satisfaction may decrease with age. On the other hand several studies have shown that psychological well-being remains stable or even increase with age according to costa et al (2002) therefore, despite biological and social changes in aging, life satisfaction does not necessarily decrease in late life.

Functional capacity and health are likely to become compromised in late life and therefore often assumed to be critical for life satisfaction. In a study of functional capacity including participants aged 60 and older, physical activities, including activities of daily living turned out to be a predictor of life satisfaction according to Markides (1979).

A study by Menec (2003) suggests that even in very old people greater functional capacity is associated with greater life satisfaction. So far, most studies of health status in the oldest- old are based on subjects' perception of health status that is self-reported health. Results indicate that there is strong association between life satisfaction and self-reported health according to Marc et al (2003). Studies have proved that healthier people in age group of young -old and old-old are more satisfied with life.

Cognitive functioning is another aspect of health and functional capacity that is associated with life satisfaction in old people according to Jones et al (2003). The sense of being in control of one's life represents another dimension found to be related to life satisfaction. Locus of control, influence well-being, health functional capacity as well as the ability to use social support in both old and oldest people according to Femia et al (1997). In a study on individuals 80 years and older locus of control was even more important than social resources for well-being according to Landau (2001).

Lawton (1982, 1983a, 1983b) argued that well-being in older people may be represented by behavioral and social competence which is measured by indicators of health, cognition, time use and social behavior. Another factor which represents well-being in elderly is psychological well-being which is measured by indicators of mental health, cognitive judgment of life satisfaction, positive and negative emotions (Bowling 2005 p.7)

Gender may indirectly influence well-being according to Haug and Folmar (1986), as older women are more likely than men to be widowed and to live alone, and to have poorer physical functioning capacity, even when controlling social economic status. (Bowling 2005 p.11) Gender differences in life satisfaction may be expected because women and men are exposed to unequal opportunities, a fact especially pertinent to older cohorts. Research indicates that women have more health related problems than men.

However a meta-analysis of gender differences in psychological well-being showed that gender differences were small. Men tended to report higher subjective well-being but this tendency was accounted for by the disadvantages women experience with compromised health, every day competence, social economic status and marital status.

Studies of ageing have found strong association between indicators of social economic inequality, perceived well-being and morale among older people. However the data on income and well-being is not straight forward, and it has not been found that huge increases in wealth are required to influence feelings of happiness .(Bowling 2005 p.11)

### **2.1.3 Psychological well-being**

This is a broad construct that is viewed in terms of both cognitive and affective components. Cognitive aspects are conventionally tapped by indicators of overall life satisfaction, involving long-term appraisals of one's life-course. Affective well-being involves more short-term feelings of pleasantness or unpleasantness.

Psychological well-being in older people is associated with demographic and other variables. For example self-rating of physical health is significantly correlated with subjective well-being according to Pinqart (2000, a.) Women report higher levels of negative affect than men do.

Married people typically describe themselves as more happy than those who are not married and small but significant positive associations with educational level are found according to Diener et al (1999). Income level is also associated with well-being among elderly. In respect to age, there is evidence that older people's well-being is often as high as that of younger people. This finding has been supported by Campbell (1981) and Lavery (1995) who found out that life satisfaction at older age was greater.

Morale has a cognitive component like life satisfaction which relates to positive or negative feelings according to Andrews & Mckennel (1980). It has been suggested that it can be measured multi-dimensional in relation to person's feelings about their life, himself or herself and their relation to the world as suggested by Nydegger (1986). But it is often defined in terms of life satisfaction and acceptance of life, a generalizable feeling of well-being. (Bowling 2005 p.20)

A wide range of factors have been linked with morale in older age particularly social participation and integration as viewed by Blau (1973); Wenger (1992), these authors also state that morale is associated with self-image and self-esteem. Changes in life occurring at a greater rate than perceived average were associated with decreased morale in the Bonn longitudinal study of ageing. (Bowling 2005 p.20)

Self-esteem and self-concept is generally defined in terms of self -worth: a belief of evaluation that one is a person of value, accepting personal strengths and weaknesses. It



is reflected in one's self-concept or self-image as stated by Cooper Smith (1967). Both self-esteem and self-concept are important components of emotional well-being, adaptation to ageing as suggested by Heidrich and Ryff (1993a) and King et al (1997), mental health and life satisfaction according to Andrews and Withey (1976a). In older age, as seen by Blau (1973) friendship has been reported to be important for promoting self-esteem. (Bowling 2005 p.20)

#### **2.1.4 Health and functioning (focus on health)**

The connection between individual and health and life satisfaction has implications for well-being among older adults. Older adults typically assess life through a subjective comparison of the past relative to the present or the future according to Shmotkin (1996). This suggests that current evaluations of life may be influenced by past experiences.

There is documented agreement among the scientific community that health, social-economic status, and social support are the primary correlates to subjective well-being in older adults according to Landau 2001. In particular health has been found to be an important domain of self-concept among older age groups as suggested by Frazier et al (2002). Subjective health is also strongly associated with subjective well-being among older populations.

Subjective health normally involves a perceived assessment of physical condition, as well as an evaluation of functional performance in activities and tasks of daily living. It is evident that health has a significant influence on life satisfaction in later life. Taking this in to consideration, it can be proposed that impairments represent a factor of health that may also influence life satisfaction.

Previous studies by Sen (1985) and Amanda (2002) suggest that, health is a direct component of well-being and contributes to a person's basic ability to function in their social roles, to pursue valued activities and goals in life and to choose the life which they value. According to Michalos et al (2001), good levels of physical and mental functioning and general health status have long been associated with perceived well-being and morale. (Bowling 2005 p.28)

Common diseases in older age are diseases of cardiovascular, respiratory, musculoskeletal systems. Other chronic diseases of older age are mental condition such as depression and dementia, and sensory impairment. Common problem among frail, older people relate to mobility, balance, vision and hearing. However most older people consider their health to be good, although those in lower social economic group are less likely to rate their health positively. (Bowling 2005 p.29)

While functional decline is associated with increasing old age, Malbut et al are of the view that regular aerobic can increase the maximal aerobic power in women aged over 79, and strength training can improve muscle strength and physical functioning. Health behaviour can influence health status and new roles and activities can be started. But as, Grundy (2001) argued, it is often difficult to begin to accumulate reserves in older age (Bowling 2005 p.29.)

### **2.1.5 Social support and social network**

Social support can be defined as an interaction within a social network of family members, friends, acquaintances, care givers, and significant others. According to Cohen et al (2001) Structural measures such as frequency of social contacts and functional indicators such as quality of social network and social support are central aspects of social network.

Structural measures give emphasis to assessing person's social network and indexing the total number of linkage that a person has with the community. This view assumes that regular social connections are important and suggests that diversity of relationships, reflecting a person's connections throughout the community, May also be relevant. (Cohen et al 2001, p.466)

Structural measures typically include items asking about primary social relationships example (being married or having children in the home). It may also tap frequency of visiting with neighbours and talking with friends and relatives on the telephones or communication through the internet.

These items can be combined to produce indices for the total size of person's network. (Cohen et al 2001, p.466)

Research indicates that although the frequency of social contacts decrease with age,

satisfaction with social network tends to increase according to Lansford et al (1998). A meta-analysis has demonstrated that quality of social network is an important factor for life satisfaction. A study by Newsom (1996) suggest that, low reported social support contributes to lower life satisfaction and increased depressive symptoms in older adult populations.

The largest body of empirical research on various facet of well-being has focused on the structure, functioning and supportiveness of human relationships, the social context in which people live and integration within society. An emphasis on social in investigation of well-being is supported by research on the public's priorities in life. In the survey mentioned of the most important thing in life, about half of the respondents aged 65+ nominated relationships most commonly ranked second in importance after health. Social relationships and contacts were nominated by people aged 65 and over as highly important to their well-being, in other studies. (Bowling 2005 p.31)

**Social networks** are the relationships that surround a person, as stated by Berkman & Glass (2000), these authors rather seen them in terms of their characteristics and individual's perceptions and valuations of them. Network characteristics include their size, density (connectedness between numbers), boundedness (example by neighborhood), and homogeneity, frequency of contact of members, their multiplicity (number of type of transactions within them), duration and reciprocity. (Bowling 2005 p.32)

Social support is the interactive process in which emotional, instrumental or financial aid is obtained from network members. Lack of social integration and social support can decrease the individual's resources for dealing with social stress and has been implicated in poor mental health outcome as suggested by George et al (1989).It is observed that the importance of social networks, and their characteristics, then, lies in the extent to which they fulfill members' needs.(Bowling 2005 p.32)

A meta-analysis on the literature on social support from 1970 to 1998 showed that social relationships can act to promote health as well as lead to worse health outcomes .The research evidence strongly supports an association between poor social support and increase risk of mortality in vulnerable groups of people such as the widowed, and

elderly people living in the institutions. There is also strong evidence supported by longitudinal research, that lack of social support contribute to coronary heart disease, morbidity and mortality in men according to Bowling & Grundy (1998), although the evidence is unclear for women.(Bowling 2005 p.32)

Social participation and having friends, particularly a confidant, is important for maintenance of morale and self-esteem, feeling loved, security, autonomous self- image, and prevention of loneliness, well-being and mental health among older people according to Silverstein & Parker (2002). People attain older age with the support network they have built over a lifetime. Some research indicates that older people report fewer conflictual social relationships which may adversely affect well-being. The increased risk of widow(er)hood with older age, and the number of people without children, emphasizes the importance of maintenance of wider social networks in older age.(Bowling 2005 p.33)

Provision of a wide range of resources, emotional support, practical help, advice and companionship is highest in network composed of both relatives and friends (Bowling and Grundy 1998). Previous studies reported that the quality of neighbourhood can influence the emotional well-being of older people. Neighbourhood disadvantage are for example, repeated exposure to stressful and threatening conditions which is likely to have a negative effect on health (Bowling 2005 p.35).

### **3 THEORETICAL BACKGROUND**

Subjective well-being reflects individuals' perceptions and evaluations of their own lives in terms of their affective states (emotion state), psychological functioning, and social functioning. According to Ryff and Keyes, study of subjective well-being has moved towards a broader set of measures of positive functioning. Positive functioning consists of six dimensions of psychological well-being, these are: self-acceptance, positive relation with others, personal growth, purpose in life, environmental mastery, and autonomy. (Snyder et al 2011 p. 60)

Self-acceptance poses positive attitude towards the self; acknowledge and accept multiple aspects of self; feel positive about past life.

Personal growth: have feeling of continued development and potential and are open to new experience; feel increasing knowledgeable and effective.

Purpose in life: have goals and a sense of direction in life; present and past life are meaningful; hold beliefs that give purpose to life.

Environmental mastery: feel competent and able to manage a complex environment; choose or create personally suitable contexts.

Autonomy: self-determining, independent, and regulate behaviour internally; resist social pressures to think and act in certain ways; evaluate self by personal standards.

Positive relations with others : have warm, satisfying, trusting relationships, are concerned about others ' welfare, capable of strong empathy, affection and intimacy; understand give and take of human relationships.( Snyder et al 2011 p. 60 )

#### **3.1 Social support**

Social network is an interactive web of people who provide each other with help and protection; that is they give and receive social support. Social networks vary in terms of the following characteristics: reciprocity (extent to which resources and support are both given and received); intensity (extent to which social relationships offer emotional closeness), complexity (extent to which social relationships serve many functions) and density (extent to which network members know and interact with each other. (Radomski et al 2006, p.296)

Social support is defined as aid and assistance exchanged through social relationships and interactions. The four types of social support are:

- Emotional – expressions of empathy, love trust and caring.
- Instrumental- Tangible aid and service.
- Information- including advice and suggestions.
- appraisal- feedback and affirmation.(Radomski et al 2006, p.296)

#### **4 AIM AND RESEARCH QUESTIONS**

The aim of the study is to explore how the needs for elderly people living in nursing homes are met, by identifying what are the benefits of living in nursing homes for the elderly resident? and also find out what challenges they encounter?

The author started working on the topic after it was approved by Kustaankartano and the supervisors. The search for relevant material began at this point because the author was able to come up with the key words that had direct link with the topic and were used to explore the data base.

The objective of the study will be achieved through literature review, which involve collecting, and summarising a number of pre-existing journals and articles from related research field, that is well-being of elderly and also reviewing literature about elderly living in nursing homes, which will provide background information.

This literature review study will present the findings of previous researches concerning well-being of elderly putting in to account different dimensions of well-being that is psychological well-being, social well-being and physical well-being, this will give a picture of what elderly people consider as priority in order to achieve life satisfaction . These factors that elderly consider as important for their well-being will be applied among elderly living in nursing home to find out how they benefit by living in nursing homes in term of meeting their needs, and also find out whether nursing homes environment inhibit the well-being of elderly residents.

The thesis is expected to provide answers to the following research questions:

1. What are the benefits associated with living in nursing homes?
2. What are the difficulties encountered by elderly residents?
3. How does the nursing home reduce social support and social network of the elderly resident?

## **5 METHOD OF STUDY**

Literature review by content analysis is the methods used by the author in this qualitative study. All the literature selected for use is relevant to the research topic. In order to get the results that provide answers to the research questions content analysis is used to analyse the relevant data. Since the study uses materials from previous researches, content analysis is used deductively for the first and second question because the main categories are drawn from those studies. For the analysis of the third question inductive method has been used.

### **5.1 Literature review**

Literature review is the comprehensive study and interpretation of literature that relates to a particular topic. When literature review is undertaken, one identifies research question then seek to answer this question by searching for and analysing relevant literature (Aveyard 2010 pp.1-2).

Reviewing existing literature assist the author to familiarise with the available body of knowledge in the area of interest. In the initial stages of research it helps the author to establish the theoretical roots of the study in addition it clarifies author's ideas and develop the research methodology. Literature review serves to enhance and consolidate authors knowledge base and helps him or her to integrate the findings with the existing body of knowledge later in the process, this being the most important role in research.(Kumar, 2011 p.31-32)

The author used literature review in this study, which assisted in providing wide knowledge in the area of study. It also helped the author to form ideas from the findings and relate them to the theory. Previous scientific research articles written by researches relevant to the area of study are retrieved from the internet and analysed through the

method of content analysis. From the results a conclusion will be drawn which will provide answers to the research questions.

## **5.2 Data collection**

The information for this study was obtained from data of pre-existing scientific research articles, the means of collecting data is through secondary sources because, this study uses literature review as the method of study. Kumar warns that, when data from secondary sources is used one needs to be careful as there may be certain problems with the validity, format and data quality. (Kumar 2011, p. 163)

Articles that were used in this study were carefully chosen in order to get the most current and relevant information, in addition obtain the available evidence that support putting into consideration that they answer the research questions. This study uses information from books and journals, books used were from Arcada University of Applied science library and others are Google books, journals are retrieved from the internet.

This review study utilised articles retrieved from CINAHL, OVID AND SAGE databases. At the beginning research questions were set in order to identify the materials that have relevant information. Also the author developed two groups named inclusion and exclusion criteria. The purpose of developing the criteria is to serve as a guide to keep the search on the track of meeting up with the expected features.

Key combination used in searching for the articles depends on the interface of the academic database. How the search fields are made will determine how to combine the search keys, there are four key words at the beginning of the search older people, well-being, nursing care facilities, and seniors.

While searching from CINAHL and OVID databases where the interface is designed with the use of AND during the search, it's possible to create extra rows for additional AND if required. The search idea was to combine the key words in twos or three. Example the search terms became older people AND well-being, older people AND well-being AND nursing care facilities. Use of AND makes it possible for the database



to combine journals from all the key words in the list. SAGE database is a bit different, examples of the search terms combination that was used social support or social network AND nursing home residents or institutionalized elderly.

As the search went on the author realised that that the word well-being could be replaced by with happiness then the author tried elder people AND happiness, the word nursing care facilities was substituted with elderly nursing homes or elderly institutions, other key words that were included in the search are difficulties and benefits of living in elderly institutions. In addition, well-being has three dimensions which are psychological, social and physical well-being the author searched using each of the mentioned. Examples older people, AND psychological well-being, AND nursing care facilities This led to more relevant articles evolving which was guided by other set criteria to select the appropriate ones.

*Table 1: information retrieval*

Key words combination	Databases	Search engine	Search in	Number of hits	Articles retrieved	Articles relevant	Articles used
well-being and older people OR nursing homes residents and difficulties encountered	CINAHL, EBSCO host	Advanced search	Abstract subject term Title	4203	70	27	9
well-being							

and nursing home residents OR older people and nursing care facilities	OVID	Advanced search	Abstract Title	79	25	11	4
social support or social network AND nursing home residents or institutiona lized elderly	SAGE	Advanced search	Abstract / title	319	20	6	3

### **5.2.1 Including criteria**

The author chose carefully on what criteria was to be included because these criteria will determine the quality of the study. In the search the author considered and picked only the most relevant articles to the study. All together 16 articles were used for data analysis, some were used in the background of the study others were used to provide answers to research questions.

Academic database such as CINAHL, OVID, SAGE, library books and Google scholar website were used for the main theme of the study. In the beginning year of publication was set to be 2002 and above in order to get the most recent and relevant articles.

Also in the inclusion criteria, the articles should be written in English language, written by scholars, and have abstract any article with related content shall be considered. In addition articles have to be full text and since the study is not funded by any organization, the article is accessible free of charge.

### **5.2.2 Excluding criteria**

For the reliability of the study to be more guaranteed, it was necessary to the author to exclude some criteria just as it was crucial to include some criteria. Any article that did not fall within the subject of the study was not considered.

The title of the article was not enough but the content of the article, articles below the year 2002 were not considered and those that were biased were not included as this would have distorted the facts. Articles that were not written by scholars or were not scientifically written were excluded.

*Table 2: including and excluding criteria*

Including criteria	Excluding criteria
<ul style="list-style-type: none"> <li>• Articles must be relevant to the study.</li> <li>• Should be retrieved from academic data base such as cinahl, ovid or sage.</li> <li>• Publication year 2002 and above.</li> <li>• Should be written in English language.</li> <li>• Must be written by scholars.</li> <li>• Articles must have abstract.</li> <li>• Should be available in full text.</li> <li>• Must be accessed free with no charge.</li> </ul>	<ul style="list-style-type: none"> <li>• Articles that are not relevant to the study.</li> <li>• Not from academic database.</li> <li>• Articles that were published below the year 2002.</li> <li>• Without abstract.</li> <li>• Articles with bias content.</li> <li>• Articles without full text and chargeable.</li> </ul>

### **5.3 Data analysis: Content analysis**

The method used by the author to analyse data in this study is content analysis .This is an approach to the analysis of documents and texts which may be printed or visual that seeks to quantify the content in terms of predetermined categories and in a systematic and replicable manner. Content analysis is defined as an approach to the analysis of documents and text, which seeks to quantify content in terms of predetermined categories and in a systematic and replicable manner. (Bryman 2008, p.274-275)

In content analysis the writer code text in terms of certain subjects and themes. Essentially, what is being sought is a categorization of the phenomena of interest. In this study, the author read through the material in order to identify the themes, from these themes, the author will create categories and sub-categories that will assist in answering the research questions posed by the study.

It is necessary to specify the research questions precisely, as these will guide both the selection of the media to be content analysed and the coding schedule. If the research questions are not clearly articulated, there is a risk that inappropriate media will be analysed or that the coding schedule will miss out key dimensions. (Bryman 2008, p. 276)

Advantages of content analysis are: it is a very transparent research method, the coding scheme and the sampling procedure can be clearly set out so that replications and follow up studies are feasible. In addition, it can allow a certain amount of longitudinal analysis with relative ease therefore it can allow the researcher to track changes in frequency over time. Content analysis is highly flexible method hence; it can be applied to a wide variety of different kinds of unstructured information. It can also allow information to be generated about social groups to which it is difficult to gain access. (Bryman 2008, pp.283-289)

The draw backs of content analysis are: the emphasis in content analysis on measurement can easily result in an accent being placed on what is measurable rather than what is theoretically significant or important. In addition, with content analysis it is difficult to ascertain the answers for “why?” The suggested answers can only be speculation. It is almost impossible to device coding annuals that do not entail some interpretation on the part of coders. (Bryman 2008, p.291)

## **5.4 Validity and reliability**

According to Smith (1991 p. 106) “*validity is defined as the degree to which the researcher has measured what he has set out to measure.*” In terms of measurement procedures, therefore, validity is the ability of an instrument to measure what it is designed to measure. (Kumar, 2011p.178)

In this study therefore validity refers to the extent in which research method used has been able to measure the objectives of the study. The aim of the study is to explore how the needs for elderly people living in nursing homes are met by identifying what are the benefits of living in a nursing home for the elderly resident and also find out what challenges they encounter? Literature review is the method used in this study, hence all the information used in this study was extracted from already existing scientific articles that were reliable with no bias. All articles used in this study were relevant to the topic and the information answered the research questions, it therefore means that it supports the validity of the study.

When a research tool is consistent, and stable, hence predictable and accurate, it is said to be reliable therefore, the greater the degree of consistency and stability in an instrument, the greater its reliability. (Kumar, 2011p.178) In this study, reliability refers to consistency of the findings from different studies, and the fact that same data is produced by different researchers repeatedly in spite of the fact that those researchers used different research methods. Therefore data produced from this study can be used for other studies.

## **5.5 Ethical consideration**

The author started working on the topic after it was approved by Kustaankartano and the supervisors responsible at Arcada University of Applied Science .The school authority granted permission to carry out the study and the author started working on the study. At the beginning a thesis plan was made and handed over to the supervisors, at the same time Arcada ethical guidelines were carefully read by the author. This study was conducted by use of pre-existing published research articles, which means that those research articles had already met the ethical standard.

Code of ethics of conduct guide all professions, most professions have an overall code of conduct that also governs the way they carry out research. Ethical means “*in accordance with principles of conduct that are considered correct, especially those of a given profession or a group*”, this is according to Collins Dictionary (1979, p. 502). In research behaviour such as causing harm to individuals, breaching confidentiality, using

information improperly and introducing bias is considered unethical in any profession.(Kumar 2011, p.242) This study used scientific materials from search engines that were credible and had legal right to publish the material.

Articles that were used by the author were thoroughly checked to ensure that the original researcher had taken into consideration the ethical issue example when dealing with participant who provided the information, once this was confirmed they were analysed. The author tried to avoid any bias in analysing the data that was collected. Plagiarism was avoided by referencing properly all the articles that were used in the study. In order to avoid academic theft the author ensured that, direct quotes taken from books and articles were well quoted and written in Italic this is according to Arcada rules. This study used acceptable methodology and ethical practices were put in consideration while conducting the study and research process. Information provided by the articles will be used properly with no manipulation and the findings will be reported accurately.

## 6 FINDINGS

This chapter will cover the findings from articles that the author used to answer the research questions. The author will start by summarising the findings from the research articles used and these results will be in form of a table, each row of the table represent results obtained from different articles. At this point the author intends to answer the first two research questions. The findings from the summary table will later be represented by themes; these themes will further be divided in to categories and sub-categories. Results of each research question will later be discussed.

### 6.1 Influences nursing home has towards the residents

*Table 3: factors associated with living in nursing homes*

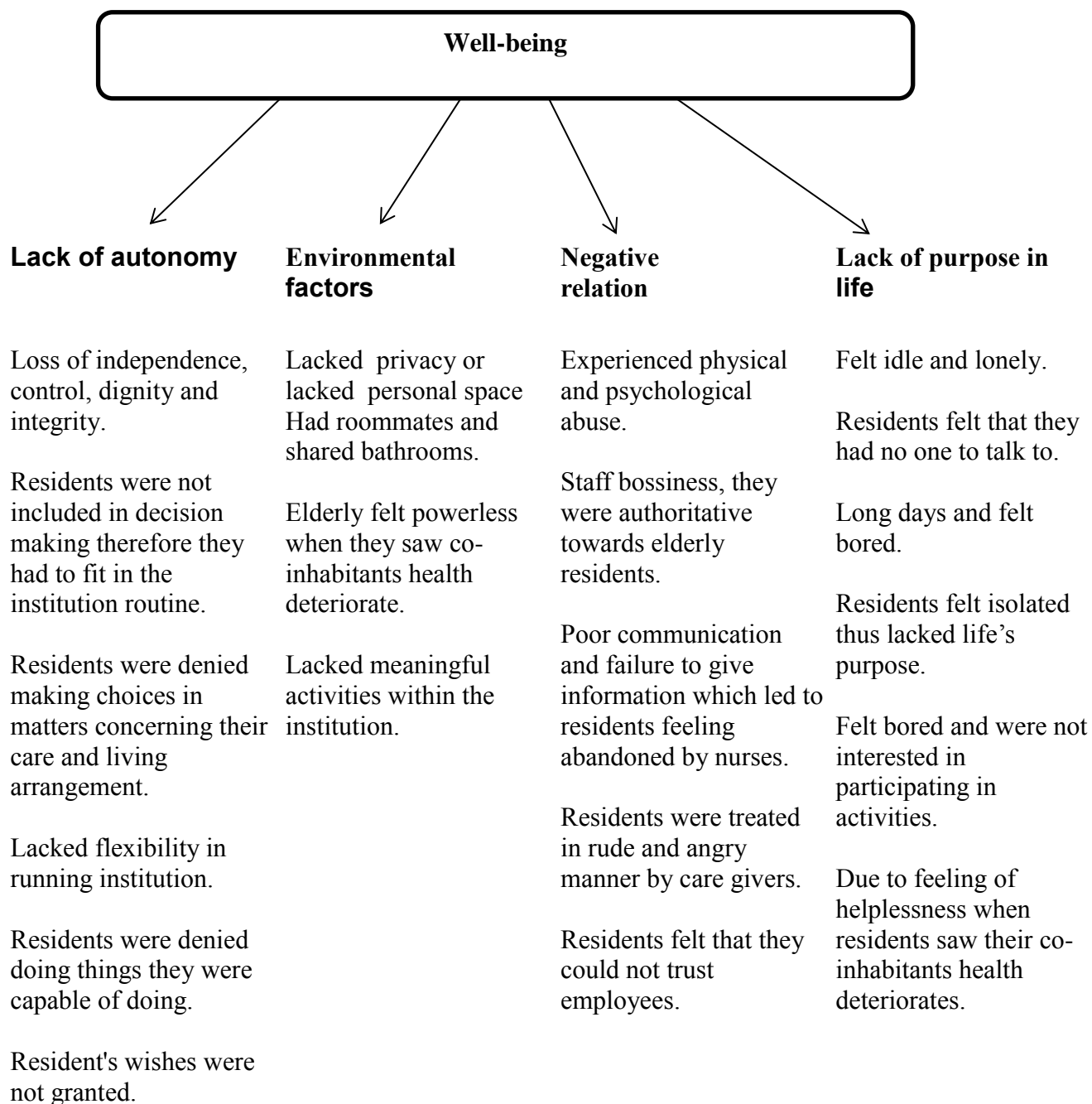
<b>Articles</b>	<b>Factors associated with living in nursing homes</b>
Barb Fiveash 1997 Australia	Results show that nursing home residents felt lack of purpose in life. They had no control in respect to relationship with their care givers, and they experienced loss of contact with outer world, enforced idleness, loneliness, and staff bossiness, loss of personal friends, independence and privileges. They also experienced physical and psychological abuse example rough handling by nurses. Residents experienced a lack of decision making and control, had minimal powers in respect to their living arrangement, residents also felt that they lacked privacy.  Residents enjoyed baths, meals, watching television, and activities
Patrice Anderberg & Anna-Lena Berglund Sweden 2009	Results show that nursing residents appreciated care that was offered to them, to some it was a relief. Some residents had positive relationship with their care givers. There were also some who experienced negative relationship with nurses, some felt abandoned by care givers, and they experienced poor communication with staff. They lacked autonomy; they could not make choices



	concerning their own care. Residents felt that the care givers had authority over them. They also felt powerlessness when they saw co-inhabitants health becoming worse, residents also felt that they lacked privacy.
Kathy Murphy & Eomon Oshea & Adeline Cooney Ireland 2007	Results indicate that lack of autonomy was one of the issues that residents were not pleased with, they felt that they were not allowed to make choices in matters concerning their care; they also felt that they had to fit in the routine. Resident lacked personal space or privacy, and they lacked independence. Residents felt that they were not allowed to do thing that they were capable of doing, instead things were being done for them.
Sari Teeri & Helena Leino-kilpi &Maritta Valimaki Finland 2006	According to the results the main concern by the residents was lack of autonomy they were not allowed to make choices and they could not influence their own care they had to fit in the routine. Another issue was loneliness in the institution; they felt that they had no one to talk to. Residents' poor relationship with their care givers, they were being treated in a rude or angry manner and experienced physical abuse.
Radka Buzgova & katerina Ivanova 2011 Czeck Republic	Results show that nursing home residents were satisfied with care, but there were personal relationship problems with the care givers. Many felt that they could not trust employees. Some experienced abuse and residents felt that the care giver did not respect their wishes. They also felt lack of autonomy and loss of dignity.
Namkee.G Choi & Sandy Ransom & &Richard J. Wyllie 2008 U.S.A	According to the results elderly residents felt isolated and lonely, had few or no visitors. They felt trapped or stuck in institution; they also experienced loss of independence and freedom due to being under institutional regime and regulation which resulted to lack of autonomy. They lacked privacy since they had roommate and shared bathrooms. Residents lacked meaningful in-house activities; however some residents were happy with some of the activities that were offered.
G.H. Train & S.A. Nurock & M.Manela 2004 United Kingdom	Results show that residents lacked privacy, shared rooms and bathrooms which was an issue to them. Residents were not allowed to make choices in matter concerning their care. There was lack of flexibility in running the institution and residents lacked autonomy; residents had to go by the routine. Some residents felt bored and lonely and they were not interested in participating in activities

	<p>offered because they were not interesting to them. Some residents felt that the staffs handled them roughly.</p> <p>On the other hand residents were happy with the food and some also with activities.</p>
<p>Mette Andresen &amp; Ulla Runge &amp; Morten Hoff 2009 Denmark</p>	<p>According to the result residents did not get the opportunity to make choices, there was a feeling of loss of control and helplessness. Some did not value themselves since they were not offered decision making opportunities and they Lacked autonomy.</p> <p>Residents liked meals, physical training, social and creative activities.</p>
<p>Lars Westin &amp; Ella Danielson 2007 Sweden</p>	<p>Results indicate that residents' personal relationship with the nurse was of importance, but some felt not being respected when they were not granted their wishes. Residents were not allowed to make choices, they felt isolated and as if they did not exist when the nurse did not acknowledge their presence. Some had feelings of lack of purpose in life as a result of being isolated.</p>
<p>Custers Annette &amp; Westerhof Gerben &amp; Kuin Yolande 2010 Netherland</p>	<p>According to the results residents felt lack of autonomy, support of dependency. They experienced negative relationship with nurses and poor communication.</p> <p>Residents liked care provided and activities.</p>

## 6.2 Challenges associated with living in nursing homes



*Figure 1: Categories and sub-categories of factors associated with living in nursing homes*

### **6.2.1 Lack of autonomy**

Many studies have mentioned lack of autonomy as one of the major factors that negatively affect residents living in nursing homes. (Anderberg et al 2009, Fiveash 1997, Murphy et al 2007, & Teeri et al., 2006) Lack of autonomy by elderly residents' resulted to feeling depressed and not being valued, autonomy is a dimension of well-being and one is considered to be autonomous if they are self-determining, has liberty to make choices and they are independent. When elderly residents were not allowed to be autonomous this resulted to decrease in their well-being.

Study by Teeri et al. (2006) mentioned that many problems experienced on daily basis in long-term care had to do with the concept of autonomy, which is achieving autonomy when it refers to decisions and activities based on individual's own choices. This involves both practical issues and problems based on ideas; these problems are due to external characteristics of long-term care and its routines.

The study further stated that, internal age related factors such as impaired vision and hearing, resulted to individual autonomy being restricted. Other factors were reduced strength, illness and cognitive changes which weaken individual's autonomy. In case where the resident strongly object to the idea of living in an institution for the rest of their lives, even at the cost of their health and security, institutionalization in itself can contribute to a sense of reduced autonomy. Other issues that existed were for example the extent to which residents were able to influence their own daily programme, including eating, taking care of personal hygiene, clothing and freedom of movement. (Teeri, et al., 2006)

A study by Hall and Bocksnick mentioned in Fiveash (1997) observed that although a care giver may assume a certain activity is best for a resident, he or she might have a different opinion. A study by Choi et al. state that residents felt that various restrictions of institutional life as more important factor affecting their psychological well-being than their illnesses and disabilities.

In another study by Solum et al mentioned in Choi et al., carried out in nursing homes reported that although employees knew and respected their clients' rights sometimes

they were not able to bear it in mind when providing specific care activities. Lack of respect in institutional care was also reported in studies by Teeri et al. Possibility of making even minor decisions is important for elderly in institutional care according to Davies et al. Buzgova & Ivanova suggested that at least clients should have a feeling of partial autonomy.

According to Collopy (1995) cited in Andresen et al., dependency and autonomy must be seen as intertwined facets of one's life and state of being in nursing home. Studies by Agich 1993, Davies, Lakes & Elli 1997, Haak, 2006 have shown that it is possible to experience autonomy whilst being dependent on assistance and that older people's perception of independence changes during the process of functional decline. (Andersen et al 2009)

A meta-synthesis by Andresen et al., (2009) on physically frail and cognitively intact older people in nursing homes showed that they were able to express themselves clearly about the importance of making choices and exerting control in daily life. Choices related to daily routines regarding when, how, and with who to perform them and choices related to activities usefulness with their interests and values were of special importance.

A study by Walker, 2005 found a difference between how young-old and very-old non-institutionalised people defined and perceived autonomy. It indicated that the young-old, physical health and capacity played an important role in perceiving autonomy, whereas the very old associated perceptions of autonomy with feeling of control and having freedom of choice. This was not reflected in the result from study of institutionalised elderly people which might indicate that age-related distinctions can be diluted by institutionalization and that institutionalization in itself has an impact in the perception of autonomy. (Andresen et al., 2009)

A study by Molony mentioned in Andresen et al., (2009) indicated that feeling at home among older people living in long term care facilities was an experience rather than the location of home and that this experience involved feelings of control and choice. Several studies cited in Andresen et al. have suggested that perceiving one as autonomous has direct influence on both mental well-being and physical alertness.

### **6.2.2 Environmental mastery factors**

For elderly people living in institutions privacy is extremely important, personal space or territory is a key aspect of privacy. However studies have identified lack of privacy as one of the major issues affecting residents living in nursing homes. (Fiveash 1997, Anderberg 2009, Murphy 2007, Train 2004)

When elderly people become permanent and often dependent residents and need more help with every personal activities, loss of privacy is felt. (Teeri 2006, et al)

Environmental mastery is a dimension of well-being and this includes ability of an individual to control vast external activities, is competent in managing environment and is able to choose and or create context suitable to personal needs and values. Residents of nursing homes do not have, either control over what goes on in the environment that they live in or opportunity to choose this results to reduced well-being.

Studies by Calkins & Cassella, (2007) have identified lack of privacy resulting from shared rooms and other shared spaces as an important contributor to low quality of life and negative clinical outcomes among nursing home residents this result in to low well-being in elderly residents. Residents mainly had little choice about the person with whom they shared a room. The shared rooms also disrupted resident's sleep as some residents had to be checked at night more often than others and the noise woke the room mates. (Choi et al 2008)

Some studies suggest that physical environment constrain resident choices, this especially concerns environment with poor facilities. Physical environment therefore has impact on well-being of the elderly residents because it has impact on the extent to which residents are able to have privacy and personal space. Personal space is about opportunities for a resident to personalise their space which means having personal belongings like furniture and pictures. For residents living in nursing homes there was little privacy and opportunity to personalise their spaces. (Murphy et al.2007)

Another dimension of privacy is that residents felt offended if a nurse intruded into their personal space, by touching or exposing them without asking for permission. Studies have shown that such intrusions are associated with submission, such that

residents whose personal space is violated during care may consent without asking questions, feeling much like passive recipients of care. (Teeri 2006, et al)

Another issue related to living in nursing home environment concerned residents who were cognitively intact, it was stressful living in nursing home with the majority of other residents who were severely cognitively impaired, residents who expressed socially inappropriate behaviour, and ever present death and grief. Deaths of residents continually forced them to not only feel a sense of grief and loss but also face their own mortality issues. (Choi et al 2008)

Staff shortage and turnover was also another issue that affected residents of nursing homes, according to a study by Choi et al., some residents mentioned that because they were aware of staff shortage, they did not like to ask for help. Due to insufficient number of staff, residents were frustrated because they had to wait for long periods for any assistance they requested for. (Choi et al 2008)

### **6.2.3 Negative relations**

Studies have confirmed that psychological abuse from employees is the most frequent form of abuse experienced by residents of nursing homes these may be in form of intentionally ignoring, humiliation by shouting, dissatisfying resident wishes and treating elderly like infants these can be as result of negative relations between the nurses and the residents. Positive relations is a dimension of well-being it occurs when individuals have satisfying and trusting relation with others, therefore negative relations result to decrease in well-being of elderly residents.

Elder abuse has been defined by World Health Organization (WHO) as a single or repeated act or lack of an appropriate action, occurring within any relationship where there is an expectation of trust and which causes harm or distress to an older person. Seniors are abused in institutional care because they are often in powerless position. (Buzgova &Ivanova 2011)

Studies have revealed that employees often abuse clients who are confrontational, aggressive, or dissatisfied with care, accommodation or offered activities, and those

requiring psychiatric care, Goodridge, et al and Pillemer & Moore have published the same conclusion. In some cases abuse can be as a result of resident expressing their own wishes about nursing care. According to Goergen et al, most typical victims of abuse are the non-self-sufficient, little visited, aggressive, and dissatisfied residents. This category also includes those who are afraid, confused, and withdrawn as stated by Saveman et al. Gender can also be said to be a risk factor of abuse, female residents are more prone to being abused as suggested by Jones et al.

Failure to attend to individual needs and lack of human touch are considered a form of abuse, if residents are unable to express themselves, abuse problem may pass unnoticed, in addition these type of difficulties may also be favourable to caring for residents with little consideration to their individual needs, examples are residents not being provided with information about their daily nursing activities, and sometimes care givers not explaining what they are doing when attending to the resident. According to the residents inappropriate treatment resulted to feeling of loss of human dignity. (Teeri et al)

Studies by Saveman et al and Goergen confirmed the relationships between abuse, burn out syndrome and job characteristics. According to these studies burn out syndrome was shown to develop more frequently in employees who had been physically or psychologically abused by resident. Abuse from resident was considered stressful by employees. (Buzgova & Ivanova 2011)

Puckett review of (2004) stated that nurses in the care of older people perceived honesty and information sharing as less important in caring. Instead nurses were often intent on having control over the situation rather than acting in the best interest of the elderly. These findings are similar to Hewison (1995) who identified that the majority of nurse resident interactions in nursing homes were superficial and related to certain tasks with a dimension of power in the nurses' way of controlling the interaction. This was described as a barrier to open and meaningful communication with residents. Another study by Wadensten (2005) showed results of nurses who initiated and chose the topic of conversation with the residents. (Westin & Danielson 2007)



#### **6.2.4 Lack of purpose in life**

Life in nursing homes has been described as inactive and lonely and most of time lacking of social activities. Older people's experiences of belonging and capability are important for the meaning of life in nursing homes. (Anderberg & Berglund) Having a purpose in life is a dimension of well-being, this occurs when an individual has beliefs that give life purpose, one feels that there is meaning in present and past life and when one has goals in life and sense of direction. Lack of purpose in life is as a result of low well-being in elderly residents.

Loss of independence of elderly residents not only meant loss of freedom, but also resulted in a sense of not being useful any more this was mainly observed among residents who used to have professional careers, they reminisced about their careers that had given them a sense of purpose, pride and satisfaction. (Choi et al .2008)

Some residents expressed concern that activities were pretty much the same and they were tired and bored with the same old thing. Some residents though they had desire to participate in activities, their weakening eyesight was a barrier.(Choi et al .2008) Survey by Murphy found out that some nursing homes had extensive range of activities, others provides little, therefore some residents had opportunities to pursue meaningful activities while others did not.

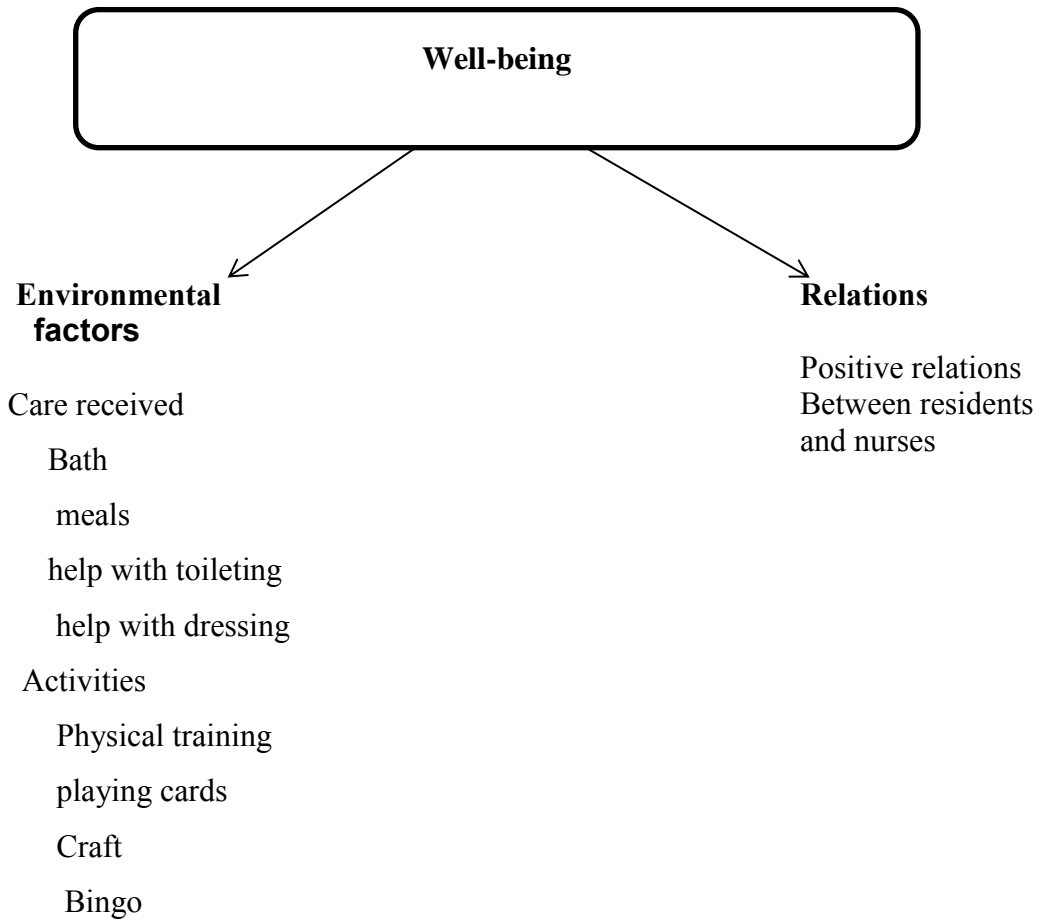
A recent study by Kofod (2008) as cited in Andresen et al., found out that residents of nursing homes lacked feeling of spark of life and that they perceived their bodies as prison. One of the main problems in the elderly care settings is the gap between political intentions regarding the importance of offering residents stimulation such as physical training and activities and actual practice. (Andersen et al. 2009)

The study further suggests that even though nursing home residents are much frailer when they move into the nursing homes now than 15 year ago, one out of seven is offered physical training. The study further indicated that the staff were skilled in improving care but had too little understanding of the importance of conserving or improving residents' physically functioning. (Andersen et al. 2009)

Some residents felt that they had long days and were bored according to (Fiveash 1997, Teeri et al. 2006, Choi et al 2008) as a result these residents were often frustrated and disengaged. It is therefore important that activities are designed and take into account individual resident's particular interest. The activities can be arranged in to small groups with people at similar cognitive level. (Murphy 2006)

According to Goffman & Rydens study, extended periods of institutional living affected residents socially, in addition the elderly accepted the role of patient and demonstrated apathy and loss of individuality. Study by Gibb & Brien also found that residents were bored and that the most significant social interaction of the day was the morning care routine. (Murphy 2006)

### 6.3 Benefits associated with living in nursing homes



*Figure 2: Categories and sub-categories of benefits associated with living in nursing homes.*

### **6.3.1 Environmental mastery factors**

According to the results residents were happy with the care they received in nursing home, in terms of personal hygiene, meals, help with toileting and dressing (Fiveash 1997, Anderberg & Berglund 2009, Buzgova & Inova 2011, train et al. 2004) Environmental mastery is a dimension of well-being, from the results elderly residents were able to make effective use of surrounding opportunities in the nursing home and this had an impact in improving their well-being.

Survey by Custers et al., findings revealed that subjective rating of residents concerning need fulfilment were relatively high, especially for need fulfilment in the caring relationship. Therefore need fulfilment in caring relationship is related to both aspects of well-being that is depressive feelings and life satisfaction.

Survey by Choi et al found out that some residents preferred being in nursing home than where they had lived previously, this is because they had lived alone without much human contact and experienced situation where they had almost died alone as a result of falls and other health crises.

Study by Lawton (1983) mentioned in (Custers et al., 2010) suggest that due to the frail situation of the population of nursing homes, living environment is a possible key factor in contributing to well-being of residents. Other studies have found that, within the physical and architectural characteristics of a nursing home, daily interactions with other people contribute to the individual development of residents. Research shows that residents in nursing homes can establish a feeling of being at home with support from staff and relatives but the residents' experience of feeling at home differs significantly from home to home.

A population studies by Pope & Mays (1993) reported that elderly were more likely to express satisfaction with their health care than other age groups, this view was supported by findings of Studies by Owens & Batchelor (1996) which suggested that older people were found to be reluctant to voice their dissatisfaction concerning unmet needs . (Custers et al 2010)

#### **Activities**

From the results most residents were happy with activities offered in the nursing home (Andresen et al, 2009, Train et al, Fiveash 1997, Choi et al. 2008). According to one of the study by train et al. (2004) residents commented on the benefits of activities, those tailored to individual needs seemed more useful than group activities.

Activity theory supports the assumption that the more active people are in their later years, the greater their subjective well-being. According to this theory, a reduction of social activity whether physical or leisure will affect subjective well-being of an elderly person.

In addition to activities offered indoors, a survey by choi et al. revealed that residents of nursing homes enjoyed outdoor activities for example going out for lunch, shopping, picnics, and museums. This helped them feel less confined and isolated from the rest of the world .Variety of activities helped to keep the minds of residents occupied thus feeling of boredom was eliminated .

Research by Legarth 2005 mentioned in Andersen et al., (2009) found significant correlation between having the opportunity to engage in meaning activities and experiencing satisfaction in life. Several studies have shown that a sense of being in control of one's own activities exerts a positive influence on older adults' well-being, also when they are dependent on assistance with activities of daily living. Studies suggest that the actual speed of physical decline, perception of self-rated well-being, and personal identity are influenced by whether or not older people are encouraged through support to preserve both their mental and physical resources. (Andersen et al., 2009)

### **6.3.2 Positive relations**

Positive relations is a dimension of well-being it is characterised by warm trusting relations with others, is concerned about the welfare of others, is capable of strong empathy and affection. When these factors take place in a nursing home environment, the result is improve in well-being of elderly residents.

A survey by Westin &Daniels (2007) showed that residents positive encounter with

nurse helped to erase feeling of being alone, residents also felt secure living in nursing home where there was always possibilities to find someone to talk to. The manner in which residents and nurses interacted with each other was described as friendly and expressed a feeling of fraternity which was apparent between residents and nurses because residents did not feel alone.

The positive encounters led to an open communication between residents and nurses, not only concerning diseases but also different care problems. In addition, the study reported that when the residents were noticed by the nurses through gestures like greetings, it was immensely important for their well-being. Residents appreciated nurse asking them how they felt especially when they were suffering from pain or were worried about something.

Being seen also eliminated the feelings of anonymity or the fear of being forgotten. Residents also expressed their satisfaction with the nurses, declaring that nurses were genuinely interested in them in order to be able to do their job well. Encounters with the nurses also appeared to have a positive influence on residents' opinions and life and values.

Survey by Murphy et al., mentioned that staff-resident relationship were good with majority of residents describing staff as caring, kind and helpful. Residents were most positive about staff that chatted and showed interest in them.

Bitzan & Kruzich (1990) mentioned in Custers et al (2010) state that the relationship between nursing staff and residents, in addition to relationship with their family members and other residents seems crucial because of its positive relationship with the residents' well-being. This according to Umoren (1992) makes the quality of caring relationship of great potential importance in the satisfaction of the residents' individual needs.

Studies from Finland and U.S.A reported that meaning in life for residents in nursing homes was closely related to human relationships, meaning in life is a dimension of well-being. The highest priority for residents in nursing home care was a feeling of security and being seen as a person by nurses according to previous study. (Westin &

Daniels, 2007)

Research has found that time pressure influences the opportunities for encounter in nursing homes. Liukkonen (1995), mentioned in (Westin & Daniels, 2007) suggested that nursing staff were mostly preoccupied with daily activities and that the residents felt that the staff did not want to talk with them. It is assumed that the meaning of encounters between nurses and residents play an important part on how residents experience care in nursing homes.

#### **6.4 How do nursing homes reduce social support and social network for elderly resident**

In this section the author will answer the third research question that was posed at the beginning of the study. The author will start by summarising the findings from the research articles used and these results will be in form of a table, each row of the table represent results obtained from different articles used. These findings will later be represented by themes; these themes will further be divided in to categories and sub-categories. Results of research question will later be discussed.

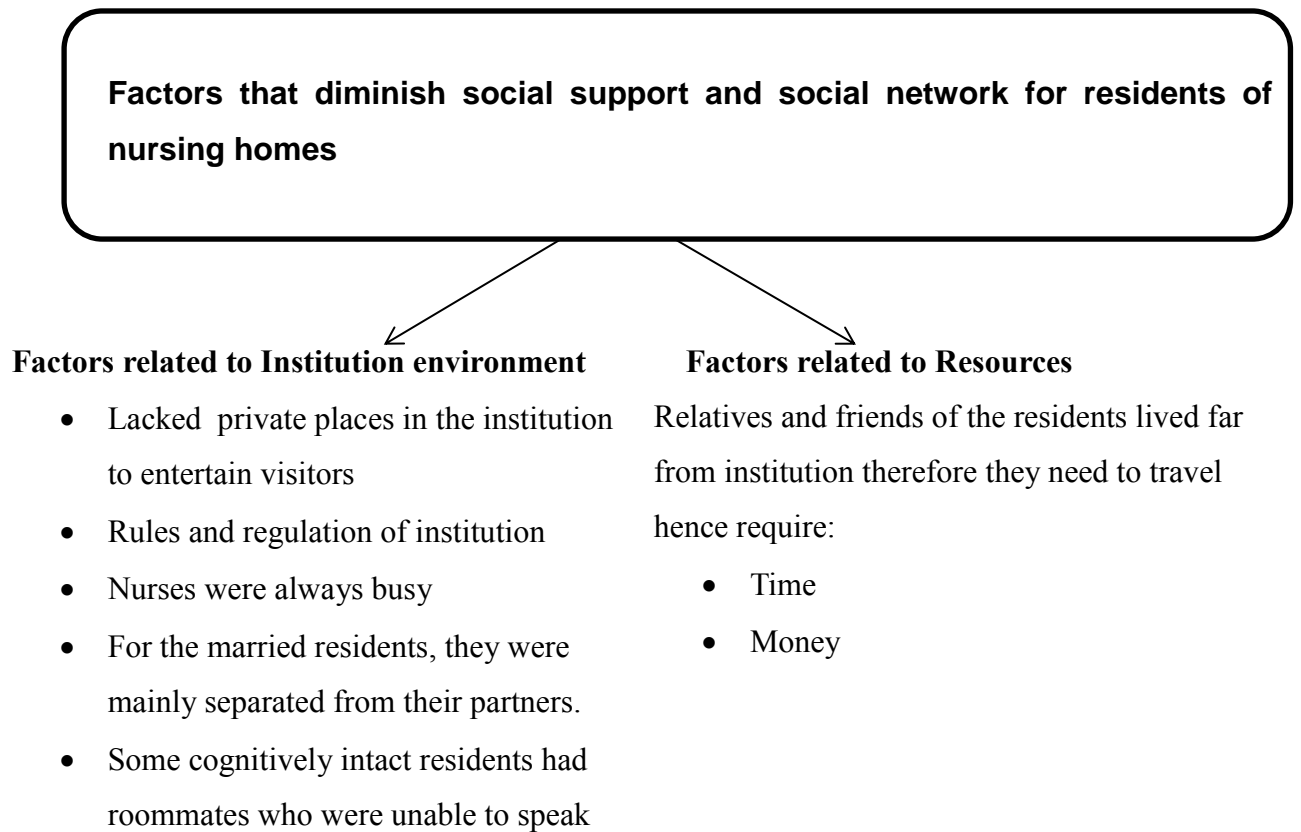
*Table 4: Effects nursing homes have towards social support and social network of residents*

Author and Date of article	Factors that affect social support and social network of residents living in nursing homes
Sari Teeri & Helena Leino-Kilpi &Maritta Valimaki Finland 2006	Residents felt that nurses were fully occupied and had no time for conversation. In addition nursing interventions were carried out in a hurry adding to sense of loneliness. Roommates were often unable to speak and residents' relatives lived far away.

<p>Kathy Murphy &amp; Eomon Oshea &amp; Adeline Cooney Ireland 2007</p>	<p>Some factors were found to diminish resident's potential to retain their connections and relationship with other people these were, perception that children were unwelcome. Residents lacked privacy. Residents had to entertain visitors in public places.</p>
<p>Barb Fiveash 1997 Australia</p>	<p>No private indoor areas where residents could meet with their relatives. Residents felt embarrassed when socially inappropriate behavior occurred in front of their visitors.</p>
<p>Namkee.G Choi &amp; Sandy Ransom &amp; &amp;Richard J. Wyllie 2008 U.S.A</p>	<p>Residents expressed their feelings of social isolation and loneliness. They felt that they were confined in institution and no longer a part of larger community outside institution because they had few opportunities to go out. Some residents had occasional visits from family members and volunteers. Some residents complained about nursing home strict policy and rule that family members were not allowed to stay overnight and restriction of the amount of leave residents were allowed to take.</p>
<p>Custers Annette &amp; Westerhof Gerben &amp; Kuin Yolande 2010 Netherland</p>	<p>Residents of nursing homes who were married were separated from their partners. It was also difficult for them to visit their family and friends.</p>



### 6.4.1 Factors that diminish social support and social network of residents



*Figure 3: Categories and sub-categories of factors that affect resident's social support and social network*

### 6.4.2 Factors related to institution environment

There are a number of factors from the results that were identified which diminished the potential of residents of nursing homes maintaining their connections and relationships with other people such as family members and friends. Factors such as perceptions that children were unwelcomed, married people were often separated from their partners, lack of privacy which resulted to residents entertaining their visitors in public.

Lack of private place to entertain visitors was likely to have an impact on the ability of residents to maintain social relationships and or develop new friendships. (Murphy et al 2006) The issue of lack of privacy was sighted by other studies too(Fiveash 1997, Custers et al 2010 ).Another issue that was experienced as a result of lack of privacy

was that residents felt embarrassed when socially inappropriate behaviour occurred in front of their visitors.

Study by Murphy et al (2006 ) suggested that visits from family and friends were important to residents because they helped maintain family bonds and kept the older person informed with what was happening at home and in local community. Connectedness to family and community was important for maintaining well-being.

Residents described life in nursing homes as lonely and they felt isolated. (Teeri et al 2006, Fiveash 1997 Choi et al 2008) In addition nurses were occupied and interventions were carried out in a hurry therefore, they also had no time to hold conversation with residents. Nurses did not have time to take residents outside institution hence residents could not maintain contact with life in outside world. Furthermore in many cases relatives of resident lived far away, this added to the resident sense of loneliness. (Teeri et al 2006)

A social network is the web of relations which surround the individual, social isolation occurs when the social network is deficient. Previous studies show clear evidence for health-promoting effects of social relationships in later life. Follow-up studies have shown that socially isolated people have a two to four fold increase in all-cause mortality compared with those with extended social ties. There is also evidence that poor social relations impact on mental health, with increased risk of depression. Social isolation is associated with cognitive decline in older people. (Golden et al 2009)

Study by Choi et al suggested that most nursing home residents had limited or no connection with life in the community outside the facilities parameters. This cut them off from the rest of the world and it was depressing especially for cognitively intact residents. The study further mentioned that the feeling of isolation and loneliness appeared to be more intense among those who did not have visitors.

Some residents complained about nursing home's strict leave policy and rule that visiting family members were not allowed to stay overnight. Many relatives of the residents lived far away from the nursing homes therefore they needed resources such as time and money to travel and pay a visit to their elderly relative living in nursing home,

these resources were not always available, also relatives were tied up by other commitments like work.

#### **6.4 What are possible interventions for improving lives of nursing homes resident**

In this section the author will focus on possible interventions which can be used to improve the lives of residents living in nursing homes. There are many challenges experienced by nursing home residents, and there is literature with suggestions on how these challenges can be dealt with.

Lack of autonomy was one of the major issues that affected nursing home residents, their wish was to be offered opportunities to make choices concerning when they woke up, had breakfast, went to bed, had meals and what they did during the day. This can only be facilitated through flexibility in care giving. This helps in maintaining personal autonomy for residents and also provides a change from routine care to personalized care. Giving people more choice may help to develop their independence and autonomy, thus contributing to their dignity and self-respect. (Murphy, Fiveash, Choi, train) This is likely to have a positive influence on perceived autonomy which is a dimension of well-being

A change in nursing home institution environment and culture, example by allowing flexibility in care giving instead of routine care and involving residents in conversations about organizational aspects. (Custer) This can be achieved through nursing homes setting up formal structures, for user and care givers view at all levels including relatives. Regular meetings for residents, advocates and staff should take place and put forward their views. Implementation of the resident's views should lead to cultural changes where residents are perceived as individuals and care is provided in a more flexible manner.

Separate rooms for meeting or entertaining visitors should be offered in nursing homes so that they can offer some sense of privacy for both the visitor and the residents, this helps the residents in maintaining their social relationships (Murphy)

More consideration could be given by nurses about the mix of residents living in nursing homes. Example people with dementia who are behaving in a way that is disturbing or distressing to other residents could be located in a separate part of nursing home. Nurses and possibly the residents could determine a nursing home environment that is suitable for both groups of people. (Fiveash)

Nurses need a heightened awareness of the rights of elderly person, and must develop skills in recognising elder abuse as well as the appropriate action to take. (Fiveash) Furthermore staff should be educated to invest in constructing a good responsive relationship with residents. Training and increased communication awareness among staff can modify conversation topics to better meet the psychological needs of older people. (Westine, Andersen)

Residents should also be allowed to maintain or improve their current level of independence; this involves allowing them to do what they can do for themselves examples by participating in exercise classes, keeping mobile, and trying to maintain their physical abilities. (Murphy)

It is also important to the residents that activities are designed to take into account their individual interest, capacities, and expectations, those tailored to individual needs seemed more useful or small group activities with people at similar cognitive level.(Murphy, train Fiveash) This helps the residence to have a sense of meaning in life which is a dimension of well-being.

It is important that residents get out of institution more often because this helps them to feel connected to the outside world and feel less isolated, these outings should be tailored to individual requirements since some residents may be easily exhausted. (trains, Fiveash)

## 7 DISCUSSIONS

The reason behind choosing this topic is because the author worked closely with an elderly client who never had children on her own and her husband had passed on, she was only in contact with one of her relative who used to visit her seldom, therefore nursing home was her only source of support. The study focus on the factors associated with difficulties and benefits of living in nursing homes for elderly resident, as reflected by research questions posed at the beginning of the study. The study also tries to identify how nursing home reduces social support and social network for elderly residents.

The aim of question one of this study is to identify benefits of living in nursing home for elderly resident. Living in nursing home offered many benefits to the elderly resident, nurses and caregivers were always available to provide the care required by residents such as assistance with bathing, toileting, grooming, dressing and meals.

Activities offered in nursing homes kept residents occupied and helped to eliminate boredom, thus creating sense of meaning in life. Activity theory supports the assumption that the more active people are in their later years, the greater their subjective well-being. According to this theory, a reduction of social activity whether physical or leisure will affect subjective well-being of an elderly person.

Since residents had different preferences, more attention needs to be given to activities. It is crucial that there is specific time allocated for activities and if possible staff should give individual time to the residents in order to identify what kind of activity is enjoyable and suitable for each resident which can be either intellectually stimulating programs for those who are cognitively intact or more physical . This is likely to improve residents' satisfaction with life in nursing home as a result improves their well-being.

The second question of this study aimed at identifying difficulties of living in nursing home for elderly resident .Many factors were identifies some which could be more related to institutional setting. One of the major issue identified from the study is lack of autonomy which denied residents possibility to make choices and as a result the elderly

residents felt loss of independence, loss of dignity and loss of control.

Due to the nature of routine in running institution, residents had very limited opportunities to influence their own care. Such opportunities were less readily available than residents expected. Resident's senses of loss included not only loss of material possession, but also what they symbolised and the memory they represented, which is loss of previous roles.

Another issue was lack of privacy in nursing home due to shared bathrooms, having roommates and no private place for residents to entertain their visitors. Previous study indicated that for elderly people living in institutions privacy was extremely important, personal space or territory was a key aspect.

Lack of meaningful activities within the homes which resulted in feeling bored and lack of meaning in life was one of the difficulty that residents of nursing homes had to deal with. Activity theory supports the assumption that the more active people are in their later years, the greater their subjective well-being.

Nurses need a heightened awareness of the rights of elderly person, and should develop skills in recognising elder abuse as well as the appropriate action to take. Training and increased communication awareness among staff can modify conversation topics to better meet the psychological needs of older people.

Negative relationships between the residents and care givers which could also include elder abuse could be caused by various factors for example pressure from work. It is worth noting that nurses' improper conduct towards residents is not necessarily intentional but often it can be as a result of extremely stressful nature of their job caused by under staffing, inadequate time for individual tasks, interpersonal conflict, and aggression on the part of some clients or their families.

Study by Agich 2003 cited in (Choi et al 2008) stated that many older adults in nursing homes lacked physical and cognitive executional capacity and autonomy for carrying out certain actions. However respecting and allowing decisional autonomy example in choosing a roommate by taking into account residents' lifestyle and preferences would

be a critical element because such practice provides opportunities for the continuity of self.

The third question of this study aimed at identifying how nursing home reduces social support and social network of residents. Factors that were identified were rules and regulations of institution concerning visiting hours and also amount of leave that could be given to an individual. Also lack of private place where residents could entertain their visitors. Nurses were too busy to take the residents out of nursing home resulting to feeling of isolation from outside world. Some residents who were cognitively intact had room mates who could not speak. Factors related to resources such as money and time since the relatives of residents lived far away from the nursing home therefore they had to make arrangements to travel.

There are several possible interventions for challenges experienced in nursing homes, but some interventions would require the involvement of policy makers such as the ones that have to do with changing the routine system of giving care to a flexible personalised care.

## **8 CRITICAL ANALYSES**

All the materials that have been written about well-being in elderly and also articles concerning experiences of living in nursing home for elderly residents could not be accessed because there was need to pay or subscribe. Therefore information that would have been valuable to this study has been left out.

The author also realised in the search that few pre-existing articles only focused entirely on benefits and challenges associated with living in nursing homes, instead most of the existing articles focused on certain issue in relation to residents of nursing home.

There was also problem with the samples example in a situation where by the study was carried on a certain number of elderly people for a certain period of time, some elderly who were in the original sample did not participate until the end of the process because of sickness or death. Such occurrences may influence the outcome of the

results.

Well-being is used as the theory to back this study, the author realised that this is a wide topic and many researchers have conducted studies on the topic using different approach but the author noted that some of the studies have come up with contradicting views in relation to certain aspects of well-being.

The author only searched for articles written in English language, since Finnish language is the main language used in Finland it is possible that there is lot of research that has been conducted in Finnish language that could have provided more information to this study that has been left out.

## **9 CONCLUSIONS AND RECOMMENDATION**

Living in nursing homes offer benefits to the resident and at the same time there are many challenges that residents have to encounter this is reflected clearly from the reviewed articles. Considering that elderly population is increasing in most developed countries including Finland, part of this elderly population will live in nursing homes. Therefore it is important to consider ways and means of improving conditions of nursing homes and also find means of improving lives of elderly living in these institutions. This involves policy makers, advocates, nurses, residents and their relatives. It is important that there are enough nurses or care providers in order to adequately meet the needs of residents. It is also important that residents are given opportunity to state their opinion on what type of care they need and prefer.

The author offers suggestions for the future researchers in this field, further study could be conducted on how the residents of nursing homes relate to each other, whether there are possibilities to develop new friendship among themselves, the extent of strained relationship among residents and the impact it has on their well-being.



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## APPENDICES 1: RESULT ANALYSIS OF ARTICLES WITH SAMPLES

<b>Authors' name &amp; publication year</b>	<b>Titles of the articles</b>	<b>Demographic of case and method</b>	<b>Aim</b>	<b>Results</b>
Patrice Anderberg & Anna-lena Berglund Sweden 2009	Elderly person's experience of striving to receive care on their own terms in nursing home	In-depth interview with 15 persons aged above 70 years	To gain a deeper understanding of elderly person's experience of care and help and how their lives change in nursing home	Results show that nursing residents appreciated care that was offered to them, Some residents had positive relations with nurses others experienced poor communication with nurses, they also experienced Lack of autonomy and lack of privacy
Barb Fiveash 1997 Australia	The experience of nursing home life	In-depth open ended interview qualitative conducted on 65 years and above	To describe, interpret, understand and question the experiences of nursing home residents.	Results show that nursing home residents felt lack of purpose in life, they lacked autonomy, they experienced loss of contact with outer world, experienced physical and psychological abuse residents also felt that they lacked privacy. Residents enjoyed baths, meals, watching television, and activities.
Kathy Murphy & Eomon Oshea & Adeline Cooney Ireland 2007	Quality of life for older people living in long stay settings in Ireland	Focus group interview with 101 people aged 65 years and above	To explore the quality of life of older people living in long -stay care in Ireland from perspective of residents and staff	Results indicate that resident lacked autonomy therefore they had to fit in the routine. Lacked personal space or privacy, and lacked independence, residents felt that they were not allowed to do thing that they were capable of doing, instead things were being done for them
Sari Teeri & Helena Leino-Kilpi & Maritta Välimäki Finland	Long term care of elderly people: Identifying ethically problematic	Interview with 10 residents aged 65 years and above	Explore ethically problematic situation in the long term nursing care of elderly people	Lacked of autonomy .Residents could not influence their own care. Another issue was loneliness in the institution; they felt that they had no

2006	experiences among patients relatives and nurses in Finland			one to talk to. Resident's poor relationships with their care givers. Residents were treated in a rude or angry manner and were physically abused.
Radka Buzgova & katerina Ivanova 2011 Czeck Republic	Violation of ethical principles in institutional care for elderly people	Interview with 100 residents aged 60 years and above	Defining the extent, nature and causes of elder abuse	Results show personal relationship problems with the care givers, many residents felt that they could not trust employees, some experienced abuse, and residents felt that the care giver did not respect their wishes; residents also felt lack of autonomy and loss of dignity.
Namkee.G Choi & Sandy Ransom & Richard J. Wyllie 2008 U.S.A	Depression in old nursing home residents and acceptance of group individual therapy.	In-depth semi structured interview with people aged 65 years and above	Residents own understanding and perception of depressive symptoms	According to the results elderly residents felt isolated and lonely, they felt trapped as a result of being under institutional regime and regulation which denied them autonomy. Other issues residents experienced were, lack of privacy, had roommate and shared bathrooms. Residents Lacked meaningful in-house activities; however some residents were happy with care and activities that was offered.
G.H. Train & S.A. Nurock & M.Manela 2004 United Kingdom	A qualitative study of the experiences of long-term care for residents with dementia, their relatives and staff	Qualitative open semi-structured interviews with 21 aged 64 years and above	To explore positive and negative aspects of experiences of family care givers, staff and people with dementia living in long term care.	Results showed residents lacked privacy and autonomy. There was no flexibility in running nursing homes; residents had to go by the routine. Some residents felt bored and lonely and did not want to take part in activities offered because they were not interesting to them. Some residents felt that the staffs handled them roughly. On the other hand residents

				were happy with the food and some also with activities offered.
Mette Andresen & Ulla Runge & Morten Hoff 2009 Denmark	Perceived autonomy and activity choice among physically disabled older people in nursing home setting	Blinded randomized trial with follow up with 50 people aged 65 years and above	To evaluate the effect of individually tailored programs on perceived autonomy in institutionalized physically disabled older people and to describe participants activity wishes and content of programs	According to the results residents did not get opportunity to make choices, they felt loss of control and helplessness. They did not feel value for one self. They were denied decision making opportunities. They lacked autonomy. Residents liked meals, physical training, social and creative activities.
Lars Westin & Ella Danielson 2007 Sweden	Encounters in Swedish nursing homes: a hermeneutic study of resident's experience	Interviews with 12 residents aged 78 years and above	To illuminate and interpret the meaning of resident's experiences of encounters with nurses in nursing homes.	Results indicate that residents' personal relationship with the nurse was of importance. Residents were not allowed to make choices. They felt isolated and as if they did not exist when the nurse did not acknowledge their presence. Some had feelings of lack of purpose in life.
Custers Annette & Westerhof Gerben & Kuin Yolande 2010 Netherland	Need fulfillment in caring relationship: Its relation with well-being of residents in somatic nursing homes	Interview with 88 residents aged 50 year and above	To examine the contribution of need fulfillment in the caring relationship to residents subjective well-being	According to the results residents felt lack of autonomy. There was support of dependency. Residents negative relationship with nurses and poor communication. Residents liked care provided and activities offered.